

Athlone Care Ltd

Athlone Care

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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 25 May 2016. This inspection was announced.

Athlone Care is a domiciliary care agency which provides personal care to people who live in their own home, including people with dementia and physical disabilities. The service provides care for people in Tower Hamlets, Bexley and North Kent area. There were 37 people receiving support to meet their personal care needs on the day we inspected.

The service had a registered manager who was also the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Most people we spoke with were positive about the service provided. We were unable to speak to relatives of people receiving care.

The service was not always safe. People were not protected from the risk of medicines management. Staff were not appropriately trained to administer medicines however, staff were administering medicines to people. The provider and staff were not following their own policy in relation to the management of medicines.

Not all risks to people had been identified and assessed. Care plans contained contradictory information in relation to risk. Risk assessments did not go on to show how risk could be mitigated.

Recruitment practices were not always safe. Gaps in employment history were not always explored. We have made a recommendation about this.

Feedback from health care professionals over staffing levels was not positive. Senior staff told us that they never committed to care packages unless they were certain they had the care staff available. We have made a recommendation about this.

Accidents and incidents were responded to appropriately.

Staff training was not always up to date but the provider had made a commitment to put all staff through the Care Certificate training regardless of the length of service with the company. Training was managed via supervisions and they had recently recruited an in house trainer for the service. Staff received supervision and appraisals and were suitably supported to carry out their roles.

Staff did not have a clear understanding of the Mental Capacity Act 2005 (MCA) and how this informed care.

The provider had policies in place for MCA and for the Deprivation of Liberty Safeguards (DoLS). However, DoLS do not apply in a community based setting and therefore the policy was not relevant or fit for purpose. We have made a recommendation about this.

People were encourage to maintain a healthy and nutritious diet and daily care records showed that where there were concerns over people's diet food and fluid intake was recorded. People were also supported to access health care professionals such as district nurses and their GP's.

The service was caring and staff knew people they were caring for well. Staff were able to tell us how they respected people's dignity and privacy. People's cultural and religious needs were respected. Staff of the same religion or those that spoke the same language as people were matched to people to enable them to be supported..

People were generally supported by regular care staff for the purpose of continuity.

People were provided with a service user guide that set out what people could expect from the service. However, this was not available in an alterative format. We have made a recommendation about this.

People's care records were kept confidentially on a password protected IT system.

People had pre assessments carried out that fed into care plans which they had been involved in drawing up. Care plans were not person centred and did not contain details of people's likes and dislikes. The provider was in the process of transferring care plans over to a new system which was person centred. Care plans had been reviewed on a regular basis with the involvement of people. .

The provider had a complaints policy in place that set out how people could make a complaint if they needed to.

The provider had not carried out a recent customer satisfaction surveys. The feedback we received from people around the management of the service was mixed. Some people felt that it was well led. Health care professional felt that it could be better led.

The provider was not carrying out any quality assurance monitoring or audits of the service.

Communication to staff was via email although some staff told us and staff survey's showed that communication was not always effective. Care staff told us that there were issues with the office and the on call system. We have made a recommendation about this.

The registered manager was able to tell us about their role and responsibilities and were aware of the obligations in reporting incidents to the Care Quality Commission. The registered manager told us that they were building an experienced and qualified team at a senior management level to help support them to make changes and improve the service.

The registered manager kept up to date with best practice and also sought support from their peers in the industry.

The registered manager and senior staff were clear about what the visions and values of the service were. Care staff demonstrated the values when they described the care they provided.

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

People were not protected from the risks associated with the management of medicines.

Risks were not always identified. Where risks had been identified there was no information on how to mitigate that risk.

Staff recruitment was not consistently safe.

Incidents and accidents were responded to appropriately.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff did not have a good understanding of the Mental Capacity Act and how this affects care given.

Staff had completed an induction, received supervision and were checked for competencies on a regular basis.

People were supported to access health care professionals

Is the service caring?

Good ●

The service was caring.

Staff knew people they were caring for well.

People's cultural and religious needs were taken into account.

People were involved in the drawing up and reviewing of their care plans.

People's dignity and privacy was respected by staff.

Is the service responsive?

Good ●

The service was not consistently responsive.

The service carried out pre assessments of needs.

Care plans were not person centred and did not reflect people's personal preferences.

The provider had a complaints policy in place.

Is the service well-led?

The service was not always well led.

The provider did not carry out any auditing or monitoring of the quality of care that would help with any improvements to the service.

Communication between the office and care staff was not consistent or always effective.

The registered manager kept up to date with best practice and sought support from their peers.

The registered manager recognised the need for more support and had recruited senior staff to provide this support.

Requires Improvement 

Athlone 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 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 25 May 2016 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that the registered manager and other staff were available.

The team consisted of one inspector. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications we had received and previous inspection reports. A notification is information about important events which the service is required to send us by law.

We telephoned seven people to ask them about their views and experiences of receiving care. We were unable to speak to any relatives. We spoke with three staff during the inspection, which included the registered manager and telephoned three staff to interview them.

We looked at records held by the provider. These included five people's care records, risk assessments, staff rotas, four staff recruitment records, policies and procedures and other management documents.

We contacted health and social care professionals to obtain feedback about their experience of the service.

The service was previously inspected on the 5 August 2014 and we found no concerns.

Is the service safe?

Our findings

People told us that they felt safe with the carers that came into their homes. One person said "they're like my sisters, they're brilliant." Another said "They meet my needs." People told us that they had regular staff coming to care for them. "I won't stay with them if my girls aren't there."

Despite the positive view of the service we found that it was not always safe. The provider had a medicines policy in place. Senior staff told us that carers were not trained to administer medicines and that it was the company policy not to administer them. They also told us that they note any medicines taken on a medication prompt record sheet. We spoke to care staff who told us that they did administer medicines. "I open the box and I give them the medicines in their hand. I then record on the yellow and pink sheets. I write the date and the time, if it was taken or refused but not what the medicines are." The provider's policy made no mention of staff not being able to administer medicines, but to ensure that they are suitably trained to do so. The provider's policy said that all medicines administered should be recorded on a Medication Administration Record (MAR) sheet, to include the medicine administered and the dose. Training records showed that 13 staff out of 37 staff had completed a Medicines Awareness unit within the Care Certificate. Records showed that none of the staff had received training in the administration of medicines. The provider was not following its own policy. Therefore people could not be confident that they would receive their medication safely or as prescribed.

The provider failed to protect people from the risks of medicines management and is a breach of Regulation 12 (1) (2) (c) (g) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were some risk assessments in place for activities that might pose a risk to people and staff. Not all risks assessments had been fully completed and they did not follow the providers own framework. Where risks had been identified as medium or high some did not detail the action staff should take to minimise the risk. One care plan identified that the person had poor mobility but the risk assessment completed said the person's risk on mobility was low. Another person's care plan stated that they were unable to use stairs but then went on to say that they did not require a moving and handling assessment. A further care plan said that the person had a visual impairment and was at high risk of falls. It then went on to say that their general health including sight had no difficulties. Risk assessments were not always fit for purpose and did not go on to say how risk could be mitigated. Care plans contained risk assessments for the environment in people's homes. We asked staff about risk and what their responsibility was. One staff member told us. "I assess the risk to both me and the clients. For example, I opened the door to one client and there was a flood. I told the person to stay still and not get up in case they slipped over." People were not appropriately protected from risks that the provider had not properly identified.

The provider failed to protect people from identified risks and this is a breach of Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a safeguarding policy in place to protect people from harm and mistreatment. This made reference to the local authority's safeguarding protocols and procedures and staff had access to this

document on the staff shared computer drive. Training records evidence that staff had received training in safeguarding but that some staff had not completed the whole course. Staff we spoke to were able to recognise signs of abuse and tell us about what their responsibilities were in relation to safeguarding vulnerable people. Staff were able to tell us correctly what they would do in the event that they had any concerns. Staff had access to the provider's whistleblowing policy.

We recommend that the provider ensures that staff have completed all mandatory training in relation to safeguarding vulnerable adults.

The provider had a recruitment policy in place however recruitment practices were not always safe. All staff were vetted before they started work at the service through the Disclosure and Barring Service (DBS) and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. References from previous employers had been sought. Two staff records we looked at had gaps in employment history that had not been explored.

We recommend that the provider reviews gaps in employment history during the recruitment process.

The staffing levels were not adequate to meet people's needs. Feedback from health care professionals about staffing levels was not positive. "They definitely haven't got enough staff. We get a lot of complaints about missed or late calls." We observed office based staff speaking with care staff over the telephone asking them to help them out covering care calls. We spoke to the provider and senior staff about how they ensured there was enough staff available to meet people's assessed needs. They told us that they never committed to any care packages until they confirmed they had the staff available to complete the calls. The provider told us that staff were on zero hours contracts but that they were looking to move staff on to permanent hours contracts. They had recently employed a member of staff who was responsible for staff recruitment. During the inspection we asked for a copy of staff rotas. We were given copies of individual staff rounds but not a staff rota. We asked for a copy to be forwarded onto us after the inspection but this was not provided. We could not see evidence that there was enough staff to cover all care calls.

We recommend the provider considers reviewing staffing levels to ensure that people's needs are being fully met.

The provider documented appropriately accidents and incidents. There were few reported incidents however; records showed they took appropriate action. For example one incident was a pressure sore that had developed and had not being reported. Staff had been interviewed in relation to the incident and asked about their understanding of pressure area care. The provider told us that after the investigation had been completed they established the need for further training in this area and had implemented this training. Therefore the provider was using incidents and accidents to improve the service they provided.

Is the service effective?

Our findings

People told us that they liked the way that staff looked after them. One person told us "the girls know exactly what to do. If I want anything they do it for me." Another person said "yes they know how to look after me." "They are used to me now, even the replacement is. They have trained people and they know how I behave."

The provider had a policy on the Mental Capacity Act 2005 (MCA) giving clear guide lines on what steps staff needed to take in order to comply with the legal obligations of the act. Some care plans had consent to care and treatment forms signed by people but this was not consistent. Training records showed that 13 out of 37 had completed training on MCA. We asked staff how they would gain consent for care and treatment from people. One staff member told us "I take my time. Sometimes they don't like what you are doing, but if I take my time it's ok." The provider had a policy on the Deprivation of Liberty Safeguards (DoLS). DoLS only applies in a care home or hospital setting and is not relevant in a community base setting. The provider's policy did not make reference to this or that there would be a requirement for an application to the Court of Protection for those living in their own homes. The provider and staff did not have a clear understanding of the Mental Capacity Act 2005 and how this would affect the care and treatment given. The provider's policies were not fit for purpose. This meant that people were not protected from unsafe care and treatment in respect of the Mental Capacity Act 2005.

We recommend that the provider ensures staff have a clear understanding of the Mental Capacity Act 2005 and how this needs to inform care.

Staff had a good knowledge and understanding of how to support people in their care. The provider had a training policy in place. They told us that they had made the decision that all staff should complete the Care Certificate. Staff had received training that the provider considered mandatory such as safeguarding, moving and handling people, equity and diversity and person centred care. Staff had also received training to support people specific individual needs such as those with a diagnosis of dementia. Training records evidenced that staff had started to complete training however not all staff had submitted course work or finished some modules in a timely way. The provider confirmed that this was being managed in supervisions. The provider had recently employed an in house trainer to support staff and ensure that training was up to date and relevant. This meant that staff were receiving appropriate training in order to be able to meet people's needs.

Staff told us that they had completed an induction to the company when they first started working. Records also showed spot checks were carried out on staff to ensure staff were confident and competent to carry out their roles.. People told us "so many people come here, they come to see from Head office." Another person said "they've done a couple of checks a while ago." Staff had received regular supervision and appraisals and were being supported to carry out their roles.

People were supported to maintain a healthy and nutritious diet. Staff told us that they helped support people to cook or sometimes cooked for them. Records showed that where there were concerns over people's food and fluid intake staff were monitoring this and noted down what people had eaten and drunk.

We could not see in care plans if people were supported to access health care professionals. However, staff told us that it was usually the families of people or people themselves that arranged appointments with GP's and other health care professionals. However, in the event of an emergency or if they found someone unwell they would either call the office or their family member to arrange for them to see a GP. Staff said for example that they would remain with people until a doctor arrived. People were supported in the event of an emergency to ensure their well fare and ensure their medical needs were being met.

Is the service caring?

Our findings

People told us that they thought staff were caring and that they were well care for. "They are never rude. They are very patient. I find them alright." "They are very cooperative with me." "The girls that come in, I trust the pair implicitly."

The service had a user guide that had been put together to provide information for people on what they could expect from the service, contact details for the office and for the local authority. When we spoke to people they confirmed that they had a copy of this guide and were able to read out details from it whilst we spoke to them. The guide was not available in alternative formats that might be more suitable for people's different needs, such as audio or easy read.

We recommend the provider researches alternative formats for their service user guide.

People had signed their care plans to show their involvement and agreement to their plans. These plans clearly showed the care tasks that people needed. Daily records evidenced that people received the care in accordance with their care plans. They showed that people had the correct number of calls, that they had been supported with personal care and what food and drink people had. People were involved in planning their care.

Staff knew how to respect people's dignity and privacy. "I give them respect; I ask them if I can change their clothes, I am respectful of how I speak to them. I always check what they like to be called. People told us that staff knew them well. "They are used to me. Even the replacement they sent. They are used to me and how I behave." People's cultures and religions were taken into account and respected. One person told us that their regular carer spoke the same language and came from the same cultural background as them and that this made it very easy. They were aware of their cultural differences and able to respect traditions in people's homes. The provider was aware of people's different religious and cultural needs and looked to provide care accordingly. .

Staff new people they were supporting well. Staff rota's showed and people told us that people had continuity in the staff supporting them. For example one person said they had the same carer providing support during the week and a different member of staff at the weekends, but always the same staff.

People's records were kept confidentially on a computer system which was only accessible to staff with a password. Staff files were also kept on an IT system. The office was a paperless office where all work relating to the business was done on the computer system which was backed up on a server.

Is the service responsive?

Our findings

Some people told us that they thought the service was responsive. "If they are running late they always phone me." "I've never had a reason to complain, but I would if I needed to." Other people told us "They never phone me if they are going to be late or not coming. My girls phone me, but never the office." Health care professionals we spoke to told us they often had complaints from people about late or missed calls and that they had to seek alternative providers for some people.

The provider carried out pre assessments before taking on new care packages for people. This included information on what support people were currently accessing and what support they would now need. We also saw pen portrait pictures from the local authority which helped to piece together what support and care people might need. These assessments fed into the care plans, however they were not person centred. They had not included what people's preferences and like and dislikes were. One care plan we looked at had some brief details of that person's personal history. The provider told us that they were in the middle of transferring the care plans over to a new IT system. At the time of inspection there was only one care plan available in the new format and this was still being completed. We could see that the format was more people centred. We also observed that the old style care plans were regularly reviewed with the involvement of people. Plans had been discussed and people had signed in agreement to their plan of care.

There was no written evidence or information that people were actively encouraged to participate in activities. The provider told us that people were encouraged to participate in activities when this was part of their care package. They told us that one person living with dementia had been quite insular when the service first commenced providing care for them. Since they had been providing care this person now attended a book club, gardening club and a local day centre.

The provider had a complaints policy in place and details of how people could make a complaint was given in the service user guide. This gave very clear details of what people needed to do, the details required and what people could expect in terms of responses and time scales. We looked at the complaints log and saw that the provider responded in accordance with their policy. We were also able to see details of and the investigation and response of a complaint drawn to our attention after the inspection. The provider had responded appropriately to this complaint.

People told us that they were occasionally asked to complete a customer satisfaction survey. We asked to see the results of customer satisfaction surveys and were shown results from February 2015. We were unable to see results from more recent survey's but senior staff told us that they were continually seeking feedback from people. They would ask for feedback when carrying out checks on staff and call people over the telephone to ask for feedback. We recommend the provider ensures customer satisfaction surveys are carried out on a regular basis.

Is the service well-led?

Our findings

Not all people we spoke with were complimentary about the service. One person said "They've got a job to do, I suppose they do it to the best of their ability." Another person said "It's not a good firm. I don't know who the manager is and I think the office is a room with one phone in it." Health care professionals told us they thought the service could be better led and managed than it was. Other people were more complimentary and said that "they are very accommodating to me."

The registered provider was also the registered manager of the service. We asked them what systems they had in place to audit and monitor the quality of the care being provided. They told us that they had only just started carrying out audits. We asked to see a copy of these audits but the provider was unable to provide these. It was established that audits were not currently being carried out but there were plans in place to start them. For example there were no checks to ensure the care plans were up to date or relevant, risk assessments were completed or up to date or reviewed. This meant that the provider had no way of monitoring or making required improvements to the service.

The provider was failing to monitor the quality of the service. This is a breach of Regulation 17 (1) (2) (a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of inspection the provider was in the process of renewing all their policies and procedures. They had bought a generic suite of policies and were in the process of making them relevant to the service. We asked the provider how they ensured that staff were made aware of changes to policies and procedures. They told us that they emailed out new policies to staff and also emailed out a newsletter to staff on a monthly basis. Copies of this newsletter showed that they highlighted different policies and issues on a monthly basis. Some staff told us that the communication from the office was very good and other said that it was not so good. Communication was done via email. We asked the registered manager how they ensured that staff had received and read their emails. They told they had a software programme that monitored staff emails and when they had been opened.

Staff we spoke with agreed that the registered manager and senior staff were very approachable. However not all staff reported that there was an open and transparent culture in the service. Some staff reported that there were issues regarding communication with the office and on call staff. One member of staff told us that they "did not trust the staff in the office" and that calls were not taken by the out of hours service and that supervisors did not call back. We were told that staff meetings were being held on a regular basis in order to discuss issues and keep the lines of communication open. A copy of April's newsletter said that "team meetings would now be held on a regular basis and to see the white board in the office for the next meeting." Staff would access the office when collecting Personal Protection Equipment and this was easily accessible to them. We were forwarded a copy of the minutes from staff meetings after the inspection. April's newsletter did contain a statement asking for staff feedback. 'All suggestions/comments or feedback are welcome whether they are positive or negative. We will take your views to Senior Management Meetings and you can have your voice heard. Don't be shy, we want to hear your views.' The provider was trying to engage with staff and gather feedback but we could not see any evidence of this happening. Staff

satisfaction surveys were carried out but only a small proportion of staff responded and one of the concerns raised was about communication between staff and the office. This meant that staff might not receive important messages about the company and that the provider might not be responding to staff concerns and suggestions in a proactive way.

We recommend that the provider ensures that team meetings are held on a regular basis and that lines of communication are clearer.

The registered manager was aware of their role and responsibilities in managing the service. They told us that they were responsible for everything that happened with the service. For the delivery of a safe service, recruitment of suitable staff, all IT/telephone systems, supporting and leading staff. They were able to tell us about their reporting responsibilities to the Care Quality Commission and records showed that they had completed notifications in line with their responsibilities. The provider had recognised that they needed more support and had recently recruited two senior staff. Both staff had significant experience and qualifications within the care industry and the registered manager hoped that this experience would bring improvements to the service.

The registered provider told us that they kept up to date with best practice by subscribing to industry specific website and newsletters. They also accessed the "Skills for Care" website and attended local provider forums in order to gain peer support. They had recognised an issue with staff retention and the importance of carer continuity. The provider was looking to change staff contracts over from zero hours contracts to contracted hours contracts in order to show support to staff and that they were valued. Newsletters showed that there was a care staffs of the month award. Staff were also being encouraged with financial incentives to refer suitable people to join the staff group.

The service user guide set out what people could expect from the service, parts of which reflected the visions and values of the service. This included allowing people to live as independently as possible with care geared towards personal choice and preferences. Senior office staff were able to talk to us about the visions and values of the service, and that it was about respect and people's choice. When we spoke to care staff they were not able to describe the visions and values of the service. When they described how they provided care for people we were able to see them echoing these visions and values. People were being cared for according to the visions and values of the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: People were not protected from the risks associated with the management of medicines.</p> <p>Risks were not always identified. Assessments were not robust and did not go on to show how risk could be mitigated.</p> <p>Regulation 12 (1) (2) (a) (b) (c) (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met: The provider had failed to operate a quality assurance system.</p> <p>Regulation 17 (1) (2) (a)</p>