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 responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Athlone Care is a domiciliary care agency, providing personal care to 58 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found
The service people received was not always safe. Concerns had been raised with CQC before the inspection in relation to the timings of people's care and the hours staff were working. We found evidence the concerns were founded. The provider could not be sure people were receiving the care they needed at the right times as records were not closely monitored.

Systems to monitor the quality and safety of the service did not evidence the provider could make and sustain improvements to people's experience of care in their home. There were mixed views from people and their relatives about the responses they received from the office and management team.

Complaints and concerns needed a more robust approach to evidence people were listened to and action was taken when they raised concerns about their care. We have made a recommendation about this.

Plans were in place to mitigate individual risks. People's medicines were administered and managed safely by staff. Staff understood their responsibilities in keeping people safe and reporting concerns if they had them, including accidents and incidents. The provider kept staff up to date with the latest guidance around infection control through meetings and social media messaging.

People, and their relatives where appropriate, were involved in planning their care. Care plans provided the information staff needed to provide people's care in the way they wanted it.

Staff we spoke with were positive about the support they received from the provider and registered manager, saying they could speak to them about anything and were confident about their response. The provider and registered manager engaged well with local services and commissioners.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 5 January 2019). The service has now deteriorated to requires improvement.

Why we inspected
We received concerns in relation to staffing concerns including missed and late care visits and the providers

response to complaints and concerns. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.
We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe, responsive and well-led sections of the full report.

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

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

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified one breach of regulation, in relation to accurate record keeping and oversight and monitoring at this inspection.

Please see the action we have told the provider to take at the end of this report.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Athlone Care

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The Expert by Experience made telephone calls to people and their relatives to gain their views of the service they received.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had two managers registered with the Care Quality Commission, one of whom was the provider. This means that the registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider was not available during the inspection, so the reference to registered manager in this report does not refer to the provider.

Notice of inspection
This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 August 2021 and ended on 2 September 2021. We visited the office location on 19 August 2021. The Expert by Experience called people and their relatives on 20 August 2021 and we spoke with staff on the telephone on 2 September 2021.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the concerns we had received and had contact with the local authority safeguarding teams. We used all this information to plan our inspection.

During the inspection
We spoke with four people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, the quality assurance lead, senior care workers and care workers.

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

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at rotas, training data, concerns, staff meeting minutes and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

● Before the inspection, concerns had been raised with CQC by people, relatives and anonymous whistleblowers about staffing levels, missed and late care visits. They told us that staff were working long hours without breaks and staff arrived late or did not arrive to provide people's care. We were also told, according to staff rotas, some staff were expected to be at three people's houses for their care visit at the same time.

● Staff told us they visited five or six people a day, unless they were covering staff sickness, which was not often. However, this was not what we found when looking at the staff records and visit times. Electronic rotas showed some staff working very long hours with as many as 38 visits in one day. Some visits were duplicated with sometimes staff visits logged for three people at the same time, for example, all at 8am to 8.30am. Some visits were overlapping, for example, one staff member visiting one person at 8.30am to 9.15am and down to visit another person at 9am to 9.30am. We looked at records for July and August 2021 which all showed the same. These concerns were in line with what people had shared with CQC before the inspection. The registered manager said this must be a data issue but could not provide evidence of this during or after the inspection.

● According to care records and rotas, staff had visited some people as early as 5am and 5.45am when their care plan showed their preferred time as 7.30am. The registered manager could not explain why staff had visited so early. Another person's care records showed staff had visited later than their preferred times. Over three days, one visit was recorded as three hours late and two visits were one hour 15 minutes late. This meant the person could have been waiting for staff to provide crucial care which could have a direct impact on their health and well-being.

● People and relatives shared mixed views about staffing levels and care visit times. The comments we received included, "Once or twice they have missed a call completely and of course that was very difficult and a worry for me"; "Sometimes they are late, and I think I have missed my call"; "They are with us on time give or take an hour"; "They normally give us a call to say they will be late, and it doesn't bother us too much as long as she's not left all morning"; "They don't ever leave early and do everything that needs doing." Some people and relatives said things had improved since they had shared their experience with CQC.

There were ineffective systems to monitor the accuracy of records and the provision of safe care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider continued to manage a safe recruitment process. Application forms were completed with any gaps in employment accounted for. The provider had completed Disclosure and Barring Service checks

(DBS) and references had been checked. DBS checks help prevent unsuitable staff from working with people who could be vulnerable.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe with staff and had confidence in their ability to meet their needs. Comments included, "I have never felt unsafe with them or worried"; "No problems at all, I am safe, and they look after me best they can"; "I am definitely safe with all of them."

● Staff understood what constituted abuse and what they needed to do if they had a concern that abuse may be taking place. One member of staff said, "I would go to the supervisor but would also be happy to talk to the manager. I am confident they would take action and quickly."

● Staff received safeguarding training and kept this updated. Staff told us they felt confident senior staff and the registered manager would take action if they raised a concern.

Assessing risk, safety monitoring and management

● Care records included the risks associated with people's individual care. Risk assessments provided guidance to staff about identified risks, action to take to minimise risk and how to support people safely.

● Some people needed to use aids such as a hoist to support safe movement, or to move them safely in the bed. Clear moving and handling plans gave staff the information they needed to keep people safe when performing the tasks. One person told us, "They all use the hoist no problems at all, I'd say they are very good with it." A relative said, "They are always good,(my relative) gets upset when she is moved but they are very good at talking her through it and they sing and help her relax, really lovely."

● Staff told us they had the guidance they needed within people's care plans to feel confident providing their support, even during their first visit.

Using medicines safely

● Not everyone needed staff support to take their medicines. Where people did need help, safe medicines administration practice was used. One person told us, "They make sure I have taken my tablets every day."

● People's medicines were administered as prescribed and recorded in the provider's medication administration records (MARs). The MAR chart had details of what medicines people needed and the reasons for this as well as risks, such as allergies. Medicines prescribed 'as required' had protocols for staff to follow for their use.

● Staff undertook medicines training and had their competency to give people their medicines safely assessed by a member of the management team.

Preventing and controlling infection

● We were assured the provider maintained good infection control practices. Staff had been trained and followed the provider's infection control policy and procedure. Staff understood what they needed to do to ensure that people were protected from the risk of infection spreading.

● The provider followed the latest COVID-19 guidance and staff were regularly reminded of their responsibilities to follow the latest guidance through meetings and social media group messages.

● Office staff were regularly reminded in meetings to ensure visitors to the office base followed infection control procedures in place.

Learning lessons when things go wrong

● People told us staff helped them to stay safe from accidents. One person said, "I do feel safe with all of them (staff) and they know what they are doing and tell me when they think I might harm myself, on a chair in the wrong place or a book up too high on a shelf that sort of thing."

● When accidents and incidents occurred, staff responded appropriately to reduce further risks. Incidents

were recorded by staff and investigated and reviewed by the registered manager.
● People's care records were updated to support prevention of further incidents.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The provider and registered manager had responded to some of the complaints raised through CQC by people and their relatives. They were still investigating one complaint. However, it was unclear how effective their response to concerns and complaints raised by people and their relatives through their own systems was.
- A complaints process was in place and people had raised concerns with the provider. The provider had a complaints tracking log where some complaints had been logged and recorded as being actioned. However, many of the complaints received through CQC were not recorded on the log. People and relatives who contacted CQC before the inspection told us they had raised issues with the provider and action had not been taken. Some people said it was only after contacting CQC that their concerns were listened to.
- The complaints log recorded action taken to resolve each complaint recorded. However, the provider did not have letters of acknowledgement to all the complaints logged or the outcome of their investigations. The provider had not followed their own complaints procedure.
- At a manager's meeting in August 2021, before the inspection, the provider had recognised the complaints process was not always being followed correctly. They planned to arrange complaints training for relevant staff.

We recommend the provider seek advice and guidance from a reputable source to support improvements to the management of complaints and concerns.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care plans were personal, recording individual information about their preferences and who and what was important to them, supporting a personal approach. People were involved in developing the care plan, and family members where appropriate. One person's relative said, "At the beginning we did an emergency package with the care plan and we have negotiated and niggled it ever since."
- People's care plans were recorded on an electronic system and easily accessible to staff. Staff told us they could access people's care records before attending their home to provide their care. This meant staff knew what people's needs were and the care they required before entering their home, supporting people and staff confidence.
- Reviews of people's care plans had not been completed as regularly as the provider's guidance suggested. Some people's care records showed their care plan should have been reviewed in June 2021, but this had not happened. We spoke to the registered manager about this who said they would ensure these were completed. This is an area to improve.
- The registered manager told us that they were not providing end of life care to people at the time of the

inspection. They were aware of the need to ensure that people's preferences and choices around their end of life care should be recorded and gave examples of this.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Peoples' communication needs were recorded to enable staff understanding before they visited people in their home. Information was available and shared with people in formats which met their communication needs, such as large print or a more pictorial format.
- Care plans included the support people needed to communicate effectively where relevant. This included if they needed time to express what they wanted to say, or if they needed hearing aids checked.

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was not always able to find information to support the inspection. They said they could not access some electronic systems as they did not have the passwords needed. These were held by the provider. Some documents were locked in an office occupied by the provider who was absent.
- The concerns we found in relation to the staff rotas and records had not been identified before we raised the issue. Although the registered manager told us this was a data issue with the electronic recording system, no evidence of this was available. The data issue showing staff working very long hours, visits planned in duplicate and sometimes triplicate, and overlapping visits could be seen through July and August 2021 but had not been identified. One person's relative told us their loved one had been left more than once without personal care which impacted their health, well-being and dignity. The registered manager told us they planned to contact the company providing the software to rectify the issue.
- The registered manager told us visits that staff attended outside of people's planned times would flag as an alert and office staff would ring staff to find out why. They would record this in the person's care records. However, care records did not always provide this information and the registered manager was not aware of this and had no explanation why. The registered manager told us they had been monitoring one person's care visits by checking they were visited at the correct times each day. However, they were unaware of morning visits recorded for the person as being one hour 45 minutes early. Rota's showed staff visited another person at 5am rather than the planned time of 6.45 – 7.30am.
- A process to monitor staff rota's and early, late and missed calls was not in place. Although the registered manager told us they checked these areas every day, they were unaware of the recording issues until they were pointed out. They said they did not record their checks so could not show us their findings. People and relatives had contacted CQC with many concerns prior to the inspection. The issues may have been avoided if a more robust monitoring procedure was in place.
- The provider's quality assurance lead told us they had highlighted similar concerns with the electronic rota system in an email to the provider in April 2021. However, no evidence was available that these had been investigated.

There were ineffective monitoring systems in place to ensure the quality and safety of the service provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Regular meetings had been held between the provider and registered manager. Discussion topics included recruitment, staff training, complaints, COVID-19 and staffing issues.
● The registered manager had introduced a 'managers weekly report', including checks of staffing information such as spot checks undertaken, complaints, late and missed calls and care planning. They had only completed two weekly checks, so needed to continue to evidence how the tool will contribute to sustained improvement.
● Services providing health and social care to people are required to inform CQC of important events that happen in the service. This is so we can check appropriate action has been taken. The registered manager had correctly submitted notifications to CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● Staff told us there was an open culture where they were listened to by the management team. Staff said they could speak openly to anyone in the office, including the registered manager, and they took action to address issues. Some people and relatives told us they received a good response from the office staff when they rang to report a concern, saying they had been listened to and that responses had improved recently. Some people were not so positive about the response to issues raised, saying the telephone wasn't always answered promptly, or they didn't receive a call back and action had not been taken.
● We had received complaints and concerns at CQC before the inspection. Issues were raised by whistleblowers, people and relatives. People told us they had raised their concerns with the provider and registered manager, but no action had been taken to resolve their issues.
● The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about any incidents, providing truthful information and an apology when things go wrong. The provider understood their responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider asked people and relatives to complete a satisfaction survey in September 2020. Staff had completed a survey in February 2021. The provider had looked at what people had said and responded individually where needed but had not yet completed an analysis to gain an overall view due to the pressures of COVID-19.
● We had mixed views from people and relatives about the office organisation and responses. Some people shared a good experience and others gave a more negative response. The comments we received included, "The best thing I would say is I can phone the office if I have an issue, but they should really call me I suppose"; "The office are pretty helpful if you can manage to get someone on the phone"; "I do not have much contact with the office but they are always cheery and listen to me"; "They are not too bad overall and we have only had the one problem but organisation is the main issue I'd say."

Working in partnership with others
● The service worked in partnership with local authorities and other health and social care professionals. There was a local managers social media network providing mutual support to managers and providers. The provider and registered manager were active members.
● There were good local working relationships. The provider worked closely with other local providers to share local knowledge.
● The provider had an active role within the local authority provider forums which were valuable in keeping up to date with new developments and local knowledge.

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 17 HSCA RA Regulations 2014 Good governance The provider and registered manager failed to ensure records were accurate and failed to ensure systems to monitor the quality and safety of the service were effective and robust.