Athlone Care Ltd

Athlone Care

Inspection report

25 East Hill
Dartford
Kent
DA1 1RX

Tel: 01322274747

Date of inspection visit:
03 December 2018
04 December 2018
05 December 2018

Date of publication:
07 January 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Athlone Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats, including people who had had a recent stay in hospital. At the time of the inspection the service was providing care for 22 older people including people with physical disabilities and people living with dementia. The service provides care to people living in Bexley and surrounding areas.

Not everyone using Athlone Care receives 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 was run by a registered manager who was present at the inspection visit to the office and home visits. 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.

At the last inspection on 25, 26 and 30 October 2017, the overall rating of the service was 'Requires Improvement. We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because records, including those about people's care, were not always accessible, up to date and accurate. We asked the provider to send us a plan setting out the actions that they would take to meet this legal requirement. The provider returned the action plan within the agreed timescale and told us they had already met the breach of regulation.

At this inspection on 3, 4 and 5 December 2018, we found that the provider had made the necessary improvements to record keeping. Records were accurate and available to people who needed them.

People felt safe whilst being supported by staff. Staff had received training in how to safeguard people, knew what signs to look out for which would cause concern and how to report them.

Assessments of potential risks in the environment and with regards to people's health and welfare had been carried. Guidance and strategies had been developed which staff followed to protect people from avoidable harm. Accidents and incidents were monitored to see if there were any trends or if lessons could be learned.

Suitable recruitment checks were in place for new staff. People had their needs met by regular staff who were available in sufficient numbers.

Staff had received training in how to give people their medicines and medicines were audited to make sure people received their medicines as prescribed by their doctor.

New staff received an induction which ensured that they had the skills they required, before they started to

support people in their own homes. Staff continued to undertake training in essential areas and their practice was observed to ensure they were competent.

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.

The provider assessed and monitored people's health and nutritional needs. Staff were given pocket guides about different medical conditions to which they could easily refer. The provider worked in partnership with people and their family members to make sure people accessed the health care services they needed.

People's needs were assessed before they were provided with a service. Care plans were personalised and gave guidance to staff about how to care for each person's individual needs and routines. Staff knew people well and treated people with kindness and respect.

Relatives and people were informed of their right to raise any concerns about the service. The provider monitored complaints to see if there were any patterns or trends or lessons learned.

Quality assurance systems had been strengthened so the provider had clear oversight of the running of the service. People's views about the service were sought and acted on.

People and their relatives thought that the service was well run and said that they would recommend it.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were enough staff deployed to meet people's needs.

People were supported with their medicines.

Potential risks were assessed and managed. Incidents and accidents were monitored to make sure the care provided was safe and effective.

Staff knew how to recognise and respond to the signs of abuse.

Is the service effective?

Good

The service was effective.

People's needs in relation to their health and nutrition were assessed and monitored.

Staff understood how to work within the principles of the Mental Capacity Act 2005.

People benefitted from receiving support from staff that were trained and supported to meet their individual needs.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and treated people with respect and dignity.

People's care plans included their choices and preferences.

People were encouraged to retain their independence as far as possible.

Is the service responsive?

Good

The service was responsive.

People's care plans had been developed and reviewed so they contained the necessary guidance to ensure staff gave personalised care and support.

People felt able to raise concerns and that when they did so they were acted on.

Is the service well-led?

Good

The service was well-led.

Quality monitoring systems had been strengthened so that lessons were learned and improvements made.

Records were checked to make sure they were accurate.

People said they would recommend the service. People told us the service was well-managed and that their views were listened to and acted on.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection site visit took place on 3, 4 and 5 December 2018. We gave the service 72 hours' notice of the inspection visit because we wanted to be sure that the registered manager and staff were available. We visited the office location on 3 December. We gained feedback from four people and two relatives. On 4 December we visited three people and two of their relatives in their own homes. On 5 December we telephoned one person.

Before the inspection, we looked at previous inspection reports, the provider's action plan and notifications about important events that had taken place at the service. Due to technical problems, we did not ask 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 spoke to the registered managers, business manager, a senior care and two carers. We viewed several records including five care plans; three staff recruitment files; staff training records; complaints log; medicines records; and quality and monitoring checks.

Good

Is the service safe?

Our findings

At the last inspection on 25, 26 and 30 October 2017 we recommended the service sought guidance and established a protocol around the flexibility of call times. This was because some people told us staff were late arriving, but electronic monitoring systems found that staff were arriving within agreed call times.

At this inspection on 3, 4 and 5 December 2018 we found that staff arrived when people expected them to. People understood that staff arrival times were dependent on local traffic conditions. They said that staff arrived within reason of when they were due to visit and that they were informed if there were any significant delays. One person told us, "I have regular staff. They come at a time that is convenient to me". Another person told us, "It is better now the girls have travel time to go from one job to another".

People told said they knew which staff member was coming to support them and that they had a regular staff member. They said staff stayed for the correct amount of time and that they were not rushed. One person said, "The girls come at the right time. Sometimes they stay a bit longer. They do more than we expect them do. They always ask if there is anything else they can do". There were sufficient staff available to meet people's needs. The provider had an on-going recruitment programme to help make there were enough staff available to support people. Staff rotas were completed in advance and any uncovered calls were prioritised to be covered by a senior staff member. A relative told us, "We have a regular carer and then another one steps in when our main carer is on holiday or off sick".

There was a comprehensive recruitment and selection process. New staff completed an application form which included a self-evaluation and they then attended a face to face interview to assess their skills and attitude towards caring for people. Checks were undertaken including a full employment history, two references, right to work in the UK and a Barring Service (DBS) check. A DBS identifies if prospective staff had a criminal record or were barred from working with children or vulnerable people. Applicants were interviewed and assessed as to their suitability to be employed. All these checks helped to minimise the risk of people unsuitable people being employed by the service.

People and their relatives said they had developed trusting relationships with the staff who supported them and that they felt safe. One person told us, "I feel safe and trust the staff". A relative told us, "I know my family member is safe when she is being cared for. I trust her in their care". The provider had policies in relation to safeguarding and whistleblowing. These set out how to recognise abuse, staff's responsibility to report any concerns and the responsibility of the provider to contact the local authority who were the lead agency for safeguarding. Staff had received training in how to safeguard people. Staff demonstrated they knew people well and understood the importance of reporting any signs or symptoms of abuse, such as changes in a person's mood or behaviour. Staff felt confident that the registered manager would act on any concerns they raised. They also knew to report their concerns to the local authority safeguarding team, Care Quality Commission or police, if any concerns they raised were not acted on. The provider had obtained a copy of the Bexley and Kent and Medway adult safeguarding policy and understood how to follow this guidance to report safeguarding concerns and so help keep people safe.

Before a person received a service an assessment of risks in the environment was undertaken. This was to identify potential hazards in the person's home such as trip hazards and to look at ways to minimise them. Individual risks to people were also assessed with regards to people's health and wellbeing such as when moving around their home and of developing a pressure ulcer. Where a risk had been identified, control measures and guidance for staff was in place detailing how to minimise the risk. For people who were at risk of falling this included an assessment of different types of transfers and the equipment they needed to help them move around their home. For people who used a hoist this included the type of sling and hoist they used, which strap should be applied to a specific part of the body and advise about taking care when removing the sling to ensure the straps did not abrade the person's skin. Guidance about how to maintain healthy skin informed staff of the signs and symptoms that the person's skin may have deteriorated, and where and how to apply any prescribed creams.

Each person's ability to manage their medicines had been assessed and people and their relatives were encouraged to maintain this responsibility when they were able. A record was made of what type of support people required to take their medicines, who was responsible for ordering people's medicines and any possible side effects. Staff received training in how to administer medicines at their induction and this training was refreshed at regular intervals. Care plans contained clear directions to guide staff to which part of a person's body each cream should be applied and this information was being transferred to medicine administration records (MAR) so it was easily available to staff. The provider audited MAR to check that staff were signing them when they gave people their medicines; and to make sure people were receiving their medicines as prescribed. When shortfalls had been identified, these were investigated and the appropriate action taken.

Staff knew how to respond to and report any accident or incidents. The provider had communicated with staff to make sure they knew what to do if they visited a person and they did not answer their door. A log was available to record all accidents and incidents and the circumstances when people contacted the service out of hours. This was to ensure the service had taken the appropriate action to keep people safe and to assess if there were any patterns or trends which required further investigation and action.

Staff had received training in infection control and understood how to put this knowledge into practice. Personal protective equipment was available to staff including gloves and aprons. These actions helped to protect people from cross infection.

Good

Is the service effective?

Our findings

People and relatives said that staff had the right skills and experience to support the people in their care. One person told us, "The staff help me get out of bed using the hoist. I feel safe and the staff know what they are doing". Staff said their induction was comprehensive and gave them the skills they needed for their role. New staff completed an induction which included reading the service's policies and procedures and shadowing senior care staff. One person told us, "Last week my carer had a new member of staff member with her. She checked with me before she came". Staff also completed the Care Certificate. The Care Certificate includes the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised.

Staff regularly updated their skills and knowledge in topics including health and safety, safeguarding and supporting people who were living with dementia. The business manager was a trainer in first aid and moving and handling and provided face to face training in these areas. Other training was provided by e-learning and an external company. Most staff had completed a Diploma in health and social care level two or above. To achieve this qualification, staff must prove that they have the ability and competence to carry out their job to the required standard.

Staff said they received the support they needed to undertake their role. This included contacting office staff when they had a query and the on-call person out of normal office hours. Staff also received formal support through supervision and appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. A planner was used to make sure staff received supervision at regular intervals and a yearly appraisal. A member of the management team carried out unannounced checks on staff. This was to observe staff practice, record keeping and make sure staff were competent in their role.

The MCA 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. 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.

We checked whether the service was working within the principles of the MCA. Staff had received training in the principles of the MCA. Information about people's capacity was recorded in their care plans and staff understood when people had the capacity to make day to day decisions. When a person had appointed a power of attorney (POA), the provider had taken steps to check the authenticity of this documentation. A POA can look after a person's financial affairs or health and care decisions.

Information about people's health and medical history was included in people's care plans. This set out the person's health condition, how it affected them and the support and assistance they needed from staff. One person had a medical condition which was treatable in its early development. Staff were guided to look at for the specific signs and symptoms which were detailed as marks on their skin. The provider had developed pocket cards which staff could carry with them on a range of health conditions such as osteoporosis,

pressure ulcers and irritable bowel syndrome.

The provider worked in partnership with people's family members to make sure people had access to the health services that they required. A relative described an incident when their family member had become unwell. They said that the ambulance crew had reported back to them how well the carer had looked after their family member until medical support arrived.

People's needs in relation to food and fluids were assessed and the support they required was detailed in their plan of care. For people who required assistance to eat, staff were guided about which foods they needed help with eating, any special food preparations and which utensil they required. Staff made a record of what people ate and drank and this information was easily accessible to monitor a person's food and fluid intake if it was required. A relative described how they worked in partnership with the carer to make sure that their family member had enough to drink.

Good

Is the service caring?

Our findings

Everyone told us that staff were kind and caring. One person told us, "I am independent and it is difficult with the changes that have happened with me and staff helping me; but staff are very caring and that makes a difference". Another person described the care they received as, "A lovely friendly supportive arrangement".

People and their relatives appreciated that they had a regular carer who provided most of their support. They said that they had developed positive relationships with this main carer who knew them well. They described this relationship as being based on friendship and respect. One person told us, "We tease each other and have banter. I would say we are friendly". A relative said, "The carer taps on the window and then when she comes in there is a sense of calm. She is professional, but we have some banter. The laughter starts when the carer and my relative get into the bathroom".

People were supported by caring and respectful staff who appreciated and welcomed diversity. Staff knew the people they were caring for, including their preferences and personal histories. People had been consulted about their daily routines, previous employment, family members and things that were important to them. For one person, teddy bears had a significance in their life and for another person it was the area of Norfolk. This information was recorded in their care plan so staff were aware and could talk about them with the person. People said staff talked to them and took an interest which had a positive impact on their well-being. One person said, "If the staff have finished getting me up and giving me my breakfast they have a chat. I like that". A relative said, "When we are having a difficult day, the carer gives us balance".

People were involved in decisions about their day to day care and encouraged to be as independent as far as possible. People were asked what outcome they would like from receiving support from staff. The provider supported some people who had been discharged from hospital and received a package of care with the specific aim of enabling them to care for themselves. When people had said that they wanted to remain as independent as possible, staff respected and followed this aim. Care plans included information about which things people could do for themselves and when they required support such as prompting, encouragement or physical assistance.

People's right to confidentiality was respected. People's records were stored securely in the office, which was only accessible to staff and computer records were protected. People had consented in which situations their personal information could be shared. People were given information about the service including how to make a complaint and the contact details of other useful organisations. Information on how to access an advocate was available if people did not have family or they needed additional support to make decisions. An advocate is an independent person who helps people express their needs and to get the care and support they need. Making sure that people were aware of advocacy services available was an area the provider had identified as an area for further development.

Good

Is the service responsive?

Our findings

At the last inspection on 25, 26 and 30 October 2017 we recommended the provider sought guidance and took action to ensure people's views were listened to and responded to. This was because just under half the people we spoke to, said that when they raised concerns they were not listened to and acted on.

At this inspection on 3, 4 and 5 December 2018 we found that people were confident that when they raised a complaint the necessary action had been taken for it to be resolved. People either said they had not needed to make a complaint or that if they had raised a concern, it had been resolved. A relative told us, "We phoned the office and left a message and no one ever got back to us. As soon as we pointed this out to them (the provider), it got sorted and it has not happened again". People were given an information leaflet about how to make a complaint when they first started to use the service. The provider investigated any compliant they received and contacted the complainant with the outcome. A log was kept of all complaints and these were monitored to see if there were any reoccurring patterns or themes which indicated that there was an underlying issue with the service that needed to be addressed.

People's needs were assessed before they started to use the service and this information was used to develop a care plan which included all aspects of their health, social and personal care needs. People knew they had a care plan and had been involved in its development. People said that staff gave them all the support they required and that the service was responsive to their needs. A relative told us, "It has made such a difference to our lives. The carer and I are a team. The agency is very flexible and if I need to go out for something, they make sure we get the care we need".

Care plans gave comprehensive guidance to staff about how to support people with their specific needs. This included assistance with washing and dressing, getting about safely, promoting their continence and managing healthcare conditions. For people who used a catheter, step by step guidance was available to staff about how to remove and attach the bag and how to provide care to minimise the risk of any infection. A catheter is a tube in the bladder from which fluid is removed into a bag. Care plans contained people's individual preferences, such as whether they had a particular routine when attending to their personal care and what foods and drinks they liked or disliked. This information helped staff to provide care and support in a way that was specific to the person.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider had asked each person what their preferred method of communication was such as face to face, by telephone, or if they needed written communication in an easy to read format. This was to comply with the Accessible Information Standard.

The assessment process included asking people about their wishes at the end of their life. People had informed the provider of who they wanted to be involved in decisions about their end of life care. This sensitive topic could then be revisited and additional information gained should people need palliative care.

Good

Is the service well-led?

Our findings

At the last inspection on 25, 26 and 30 October 2017 the provider had failed to ensure all records in relation to people's care are accessible, accurate and kept up to date. Not everyone had a care plan in their home where they received care and weekly monitoring reports gave incorrect information about the number of people who were receiving care. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection on 3, 4 and 5 December 2018 we found that improvements had been made to record keeping. Each person had a care plan in their home and these were regularly audited to make sure they were up to date. Weekly monitoring reports accurately reflected what was happening in practice.

Everyone said that the service was well managed and that they would recommend the service to others. One person told us, "I would recommend it as the girls I have are so lovely". Another person said, "I would recommend it without a doubt. I find everyone I have had very helpful. There are some lovely ladies".

The registered manager understood their roles and responsibilities and when to notify the Care Quality Commission of important events that took place in the service. During home visits it was apparent that they knew people well and took an interest in their well-being. The registered manager had developed positive relationships with people and their relatives and people felt at ease with them, sharing jokes with each other. The management team were clear about the aims and vision of the service and these were communicated to staff at induction and staff newsletters.

Quality monitoring process had been strengthened by the development of checks, audits and an independent assessor, to identify areas in which the service could improve. This included audits of care plans, staff files and medicine administration records. A weekly report was sent to the registered manager which gave them an overview of the service. It included staff training, missed calls, complaints, service user reviews and staff spot checks. Spot checks on staff were carried out to make sure they were performing to a satisfactory standard. These checks included making sure staff arrived at the right time, followed a person's care plan and the management of medicines. Where shortfalls had been identified, the provider had acted to rectify them. For example, information was added so it was clear where one person's medicines were kept and another person's "do not resuscitate form" was moved so it could be quickly accessed if needed.

Feedback from people and their relatives about the quality of the service was sought through spot checks, review meetings, telephone calls and survey questionnaires. People said that someone from the management team contacted them by telephone from time to time so see how they were getting on. At spot checks people were asked about their overall satisfaction with the service and if they knew how to make a complaint. At review meetings issues were discussed and resolved with people to prevent them from developing into a formal complaint. The results of the annual survey in November 2018 were that 95% of people would recommend the service to others. People were asked a series of questions based on the Care Quality Commission key lines of enquiry about if the service is safe, effective, caring, responsive and well led. Over 90% of people responded that the service was well-led and that staff were caring. One relative

commented, "Staff are excellent. They brought ideas to the table, providing solutions for my Nan". Another relative responded, "The carer is an absolute gentleman. He takes care of my husband". Some people had made comments about how the service could improve and the registered manager had timetabled that they would investigate and respond to these by 15 December and add them to the service's overall improvement.

The provider had developed an improvement plan which contained areas in the service which had been identified as needing improvement. The plan clearly stated when action had been taken and lessons learned. For example, a programme of spot checks and reviews had been timetabled to make sure that people's views were heard and acted on. The provider was further developing the service by identifying staff to champion different areas such as dignity, safeguarding and medicines. Staff members were appointed due to their individual attributes. Feedback from people had identified that one staff member was particularly skilled in respecting their dignity. This staff member was then given the lead role as dignity champion.

The provider worked in partnership with other organisations and sought and acted on their advice for the benefit of people. A range of meetings took place with staff to aid communication, discuss best practice recommendations and consistency in how to support people with their care and treatment. This included meetings with the management team, staff team and a focus on people's care with an external consultant. Staff were also kept up to date by phone and a newsletter. The provider kept up to date with best practice through attending local registered manager's meetings and by membership with Kent Integrated Care Alliance (KICA). The aim of KICA is to help shape the future of homecare in Kent.