Abbeyfield Ferring Society Limited (The)

Abbeyfield Ferring Society

Inspection report

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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

The inspection took place on 8 September 2016 and was announced.

Abbeyfield Ferring Society is domiciliary care service that provides support to people in Ferring and the immediate local area. At the time of our visit the service was supporting 20 people with personal care. The registered manager told us that they offered a community service and that whilst they hoped to grow, they would remain focused on the local area.

The service had a registered manager. 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.

People spoke positively about the service and told us that they enjoyed the company of the staff who supported them. When we visited people in their homes, we observed that they enjoyed warm and friendly relationships with staff. People appreciated the continuity in the staff who visited them and staff understood how people wished to be supported. Staff supported people to be as independent as they were able and were mindful of their privacy. People told us that staff treated them respectfully.

People received a safe service. Staff understood local safeguarding procedures. Risks to people's safety were assessed and reviewed. People received their medicines safely and at the right time.

There were enough staff employed to cover the calls currently booked with the service but there was limited scope for people to increase their care hours. The registered manager explained that they were in the process of introducing new systems to manage the growth of the service. This included an electronic records system to plan staff rotas and manage invoicing. At the time of our inspection the service was taking time to stabilise and was not accepting any new clients or taking on new staff.

Staff understood how consent should be considered in line with the Mental Capacity Act 2005. Staff supported people to prepare meals and to eat and drink if required. Where people could benefit from additional support, referrals were made to other healthcare professionals such as the GP, district nurses or falls prevention team.

People had confidence in the staff who supported them. Staff received training to enable them to deliver effective care. They were supported in their roles by a system of supervision and appraisal. A training manager had been recruited to the service. The staff training offer was being developed and enhanced to offer staff further opportunities for professional development.

People were involved in planning their care and determining how they wished to receive support. People's care was reviewed and any changes communicated quickly and effectively to staff.

People felt able to contact the registered manager if they had concerns and said that they received a quick response. People knew how to make a complaint and were assured of a full and prompt response.

The registered manager monitored the quality of the service and used feedback from people and staff to identify improvements and act on them. Senior staff carried out spot checks on care workers to monitor the delivery of care. Although the registered manager had responded appropriately to any incidents that had occurred, we discussed how the consistency of incident reporting could be improved to allow for effective audit. The registered manager took prompt action following our visit to address this.

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.

People said they felt safe. Staff had been trained in safeguarding so that they could recognise the signs of abuse and knew what action to take.

Risks to people were identified and assessments drawn up so that staff knew how to care for people safely and mitigate any risks.

There were enough staff to cover planned care calls and ensure people received a reliable service. At the time of our inspection, the service was not accepting new clients.

Medicines were administered safely.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about people's care needs. They had received training to carry out their roles.

Staff understood how consent should be considered and people were consulted on the care they received.

People were offered a choice of food and drink and given appropriate support if required.

The provider liaised with health care professionals to support people in maintaining good health.

Is the service caring?

Good

The service was caring.

People received person-centred care from staff who knew them well and cared about them.

People were involved in making decisions relating to their care. They were encouraged to pursue their independence.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Staff understood how to support people and responded quickly to any changes in their care needs.

People's care had been planned and reviewed to reflect their needs and preferences.

Staff knew people well and understood their wishes.

People were able to share their experiences and were confident they would receive a prompt response to any concerns.

Is the service well-led?

Good

The service was well-led.

The culture of the service was open and friendly. People and staff felt able to share ideas or concerns with the management.

The management team were readily contactable. Staff felt they were listened to and valued.

In addition to people's feedback, the registered manager used a series of checks on care records and unannounced visits to monitor the delivery of care and ensure that it was consistently of a good standard.

Abbeyfield Ferring Society

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 8 September 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 someone would be in.

One inspector undertook this inspection.

Before the inspection, we reviewed the provider's statement of purpose and website. We used this information to decide which areas to focus on during our inspection.

We visited the office where we met with the registered manager, deputy manager and training manager. We looked at care records for three people, medication administration records (MAR) and visit record sheets. We also reviewed five staff training and supervision records, three staff recruitment files, quality feedback surveys, minutes of meetings, staff rotas, compliments and complaints.

We visited three people in their homes and met with two care workers. We also met with the manager of an extra care housing service where people received care from the agency. We telephoned three people, one care worker and three relatives after the visit to ask for their views and experiences.

Abbeyfield Ferring Society was registered on 27 November 2014. This was the first inspection of the service since its registration.

Good

Is the service safe?

Our findings

People told us that they felt safe. When we asked one person, they responded, "O yes, definitely. I'm very well looked after". Another said, "I don't have any worries". Staff had attended training in safeguarding adults at risk. They were able to speak about the different types of abuse and describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. Staff told us that they felt able to approach the registered manager or senior staff if they had concerns. One said, "If I had any concerns I'd say openly". They also knew where to access up-to-date contact information for the local authority safeguarding team.

Risks to people's safety were assessed. People's care plans described each risk that had been identified and instructed staff on how support should be delivered to minimise the risk. This guidance was specific to the individual they were supporting. We saw guidance in areas including falls, continence and nutrition. We observed a care worker as they supported one person to walk using their trolley in their home. This was done safely, with the care worker walking closely behind the person as they moved from their bedroom to the bathroom. At the time of our inspection, everyone using the service was able to mobilise independently with the support of aids. Where risks had been identified monitoring was in place to ensure that people received appropriate support. This included bowel monitoring to reduce the risk of constipation and fluid monitoring to ensure that people remained hydrated.

When a person started to use the service the initial assessment included a review of the home environment. This identified any risks to people or staff such as trip hazards in the home or poor external lighting. There was guidance for staff on where to park and contingency plans for accessing the person's home in the event of adverse weather. Staff had completed a 'grab sheet' for each person detailing their primary support needs and prescribed medicines. This would mean that information would be readily available to other healthcare professionals, such as paramedics, in the event of an emergency.

There were enough staff to cover the scheduled calls to people. In the provider's statement of purpose we read, 'We are set apart from other service providers as we do not offer back to back calls thus eliminating staff pressures and giving the clients the sufficient time needed to ensure their needs are met'. Staff told us that they were not rushed. One care worker said, "It's all local so we have plenty of time and spend the time they (people) need". Care workers told us office staff were on hand to support them if they needed to spend longer with a person on a call. They said that the deputy manager would cover their next call in these circumstances. The deputy manager told us, "I can shoot straight out to help staff. If somebody has gone sick I can go out". People told us that staff arrived on time and that they were very satisfied with the support they received. The registered manager said, "Abbeyfield is more personal, you're not rushing client to client".

Staff told us that the rotas were well managed. One care worker said, "We pick up our rotas every Friday but they are discussed before that. We always know where we're going, that's the main thing". At the time of our inspection, the rotas were prepared manually. The registered manger had purchased an electronic management system to speed up this process and enable the service to grow. A care coordinator post had also been created. Some people and relatives told us that the service had been unable to cover additional

calls that they requested. The registered manager explained that they were not taking on new clients or staff. This was to allow the service to stabilise and embed the new systems that would allow them to provide more hours of support.

Staff recruitment practices were robust. Staff records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). The DBS provides criminal records checks and helps employers make safer recruitment decisions. In addition, two references were obtained from current and past employers. These measures helped to ensure that new staff were safe to work with adults at risk.

People were happy with the support they received to manage their medicines. We observed as one care worker supported a person to take their morning medicines. The care worker checked the Medication Administration Record (MAR) before dispensing the medicines from the blister pack. The MAR included details about the medicines prescribed to the person and the support they required to take them. Some people had been assessed as able to safely take their medicines at a later time, after staff had left. For example, staff prepared one person's sleeping medicine for them but left if for them to take just before bed. This was clearly documented. There was guidance on where topical creams should be applied and their administration was routinely recorded. Medicines prescribed on an 'as needed' (PRN basis) were offered to people. The majority of people using the service were able to ask for their PRN medicines. We saw that new PRN protocols were being put in place. These provided additional guidance to staff on when the medicine should be administered, the anticipated effect, the maximum dose and what to do if the symptoms persisted.

Good

Is the service effective?

Our findings

People had confidence in the staff who supported them. One person said, "They all know what they are doing". The manager of an extra care housing scheme where staff supported people told us, "It's proving an invaluable service". Staff felt confident in their skills and abilities and told us that they had received training relevant to their role. Training was provided by an external training company who delivered face to face sessions to staff. Additional training was provided using online resources. A training matrix was in place. This showed that staff had received training in areas including first aid, fire safety, moving and handling, infection control, safeguarding and medication.

A training manager had recently been recruited to the service. We discussed the plans to develop staff training. They told us that the first priority was the complete the Care Certificate with new staff and to deliver updated medicines training. The training manager explained how the new courses would be tailored to the service, reflecting the provider's policies and using the records that staff would be using in their day to day work. The training manager had also sourced new external training such as first aid and food hygiene via the local authority, a course in catheter and stoma care and courses on communication run by a local hospice. They told us, "They have a group of staff who are staying and committed to what they are doing. They are keen to do things right and have a proper structure".

When new staff joined the service they were supported. One said, "If there is anything I'm not sure about, I can always call (Registered manager) and find out". Another told us, "When you get stuck she's (deputy manager) straight out. She's so easy to learn from. She's fantastic". A checklist was in place to ensure that key information was shared, for example on emergency procedures and the code of conduct. Before working independently, new staff shadowed experienced staff. This helped them to understand what was expected of them and for their competency to be assessed. New staff worked to complete the Care Certificate, a nationally recognised qualification covering 15 standards of health and social care. The training manager had scheduled a training day for all staff working towards the Care Certificate to address any training needs and to validate the competency assessments. New staff met with the registered manager after four, eight and 12 weeks of employment. These meetings considered the new employee's work performance and considered any additional training or support needs.

Staff were enthusiastic about their work and felt supported in their roles. One said, "The support for staff is amazing". Another told us, "It's the best I've ever been supported in a job". There was a system of supervision in place which included an observation of practice in a person's home. All staff had received supervision in the last three months. The training manager had introduced a 'reflective practice' questionnaire for staff to complete before their next supervision. The aim of this was to identify training needs and wishes so that the training programme could be tailored accordingly. A development pathway for care workers was also in place setting out the opportunities for professional development. Once a year, staff attended an appraisal meeting which considered their performance, professional development, approach and training objectives.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. People's consent regarding their care and treatment had been sought. One person told us, "There's a book (care plan) with it all in, it was all discussed with me". In another person's care plan we read, '(Name of person) has capacity and is able to retain information and inform carers of her decisions and level of support needs'. During our visit to one person's home, we heard the care worker seeking the person's agreement before providing care, for example checking the person was happy for them to remove their top or start to wash them. When people refused support this was respected. For example, one person told us that they had declined to have their face washed the night before as they'd enjoyed a facial that day.

The registered manager had a clear understanding of the MCA and their responsibilities. Staff were able to describe how they considered people's capacity and consent in their daily work. One care worker said, "Many can still tell you their requests but if they can't it is the legal obligation to ensure we give correct care, as they want it. It's respecting their wishes". In addition to staff training, staff had been given guidance on the MCA in an easy to read format. Where people had appointed representatives to act on their behalf, this was recorded in their care plan. The registered manger had a copy of the authorisation to be sure that they were legally authorised to make decisions on behalf of the person.

Some people were supported to prepare meals and drinks and to ensure that they ate and drank enough. People's care plans included details on their dietary preferences. We accompanied a staff member on a morning visit to one person. Although their breakfast preference was clearly stated in the care plan, the staff member checked with the person to ensure that it was what they wanted to eat that day. The person responded, "The usual please". Staff maintained records of drinks given to people to monitor their fluid intake. In one person's daily notes we read, 'Encouraged (name of person) to drink plenty of water in this hot weather'.

People were supported to maintain good health. People had been referred to the GP and district nurses when required. One person had been referred to the falls prevention team. Staff had recently been liaising with one person's GP and the pharmacy to ensure that ear drops the person had in the home were prescribed. Having checked this, staff were assisting the person to administer their ear drops and the person's records had been updated.

Good

Is the service caring?

Our findings

People spoke very positively about the staff who supported them. One person said, "All the staff are wonderful, I couldn't wish for better". Another told us, "I couldn't be happier, they're really wonderful. Everybody is so nice and so kind". Relatives were also very satisfied with the care. One relative had written a card thanking staff. We read, 'My Mother is also delighted with (names of staff) and there is no doubt they provide an excellent service. They have become friends to my Mother and she very much looks forward to their visits and their chats'. A second relative wrote, 'Thank you very much for your care of Mum – lovely ladies with lovely smiles – a real blessing'.

People had developed good relationships with the staff who supported them. They told us that they knew who was due to visit them and that they usually saw the same care workers. One person told us, "If it isn't (known care worker) they'll ring and tell us the person's name. Sometimes they'll (the new care worker) pop in the day before and say hello when the other carer is there". Staff also told us that they were generally introduced to the people they were visiting. One care worker said, "I've been introduced to all my clients, either (registered manager or deputy) will come out and introduce you". Information about people and their background was included in the care plan, for example where they went to school, where they worked and about their family and interests. This helped staff to get to know people.

The registered manager told us that when she was recruiting care workers she looked for those who clearly wanted to do the job because it makes a difference. Staff felt they had a good team. One care worker said, "I know they care. They pick carers they know are compassionate". When staff told us about people they described them affectionately. One care worker said, "I love it (the job). I enjoy their (people using the service) company. They're all great characters". All of the staff that we spoke with said that they would recommend the service to others.

Staff knew people well and understood how they liked to be supported. People had been involved in planning their care. The care plans included details on how people wished to be supported. When we visited one person in their home we saw that staff followed the care plan. They also involved the person asking questions such as, "Do you fancy a blue or a while shirt today?", "How is that (their belt)? Tight enough? " and, "Shall I pop yesterday's newspaper in the recycling?" The care worker took plenty of time and provided support at a pace that appeared comfortable to the person and promoted their independence. One person told us, "I tell them what's needed at the time. They look after me and help me dress". They also said, "They do a report each time so we know what has happened".

The care plans and service user guides had been provided in large print for some people to make the information more accessible. People told us that they knew when to expect staff and that this helped them to plan their days. One person said, "The office calls me occasionally, if anything is different'.

People felt respected by staff and staff understood the importance of respecting people's privacy. When we visited a person at home, the care worker closed the bedroom door while they assisted the person to wash and dress. When the person was in the bathroom, they left them alone saying, "Give me a shout if you need

me". The registered manager monitored the way that staff supported people through observations of practice. This included how they provided personal care, how they spoke with the person and how they tidied the home. In a survey by the provider in January 2016, all of the seven people who responded said that the care workers were discreet and respected both their privacy and personal possessions. We found that people were treated with dignity and respect and that the provider took an active approach to monitoring this.

Good

Is the service responsive?

Our findings

People received personalised care that met their needs. Before a person received support from the service, they were involved in setting up the care that they would receive. This information was detailed in a care plan which guided staff as to how the person wished to be supported. It included information about the person's medical history, their needs in areas including moving and handing or continence care and a description of the tasks required on each visit. The description of tasks clearly explained what staff should do. For example, we read that one person liked to peel their own banana and to serve their own cereal from the box which staff were to place on the table along with the milk. People's care was reviewed every six months, unless there were changes that necessitated an earlier review. One person told us, "Nobody could do any more for me". A relative said, "They're doing what we ask them to do".

The registered manager was in the process of introducing an electronic records system to manage people's care. She told us that the advantage of this system would be that staff could access people's care plan via a tablet computer, meaning that any changes would be immediately visible. We reviewed one care plan which had been transferred to the new format. A care worker told us, "They are very thorough care plans and the office are more than happy for us to ring up and say if something isn't working".

Staff responded to changes in people's needs. One of the people we visited had fallen the day before. We heard the care worker checking if the person was in any pain. They asked, "How are you feeling in yourself? Is anywhere tender?" Following the person's fall, a member of the office team had visited the person to ensure they were safe and well. The care worker told us that they were looking to increase the duration of this person's morning visit so they could ensure the person walked safely to the lounge after finishing their breakfast.

People told us that staff assisted them with additional tasks. One person said, "They're very attentive and very good". We read in the daily notes of one person that some small additional tasks had been carried out, such as putting dry clothes away from the airer. A relative had written to the provider saying, 'I would just like to say how kind and courteous and helpful everyone is".

People felt able to share any concerns with staff and told us that any issues they had raised were quickly resolved. One person said, "I feel I can talk to them". Another told us, "I could talk either to the office or I would talk to the carer. They're all very helpful". People were asked for their feedback on the service via surveys as part of their care plan review. This provided them with an opportunity to raise any suggestions or address any areas of concern.

People understood how to make a complaint. The complaints policy was included in each person's home file, along with contact details for the office and the emergency contact number. We looked at the record of complaints. Just one complaint had been received. This was resolved quickly and in accordance with the provider's policy. One person said, "I've got no complaints at all. They couldn't do any more for me".

Good

Is the service well-led?

Our findings

There was an open culture at the service. People and staff felt able to approach the management team and felt valued by them. One staff member told us, "I'm proud to say I work for Abbeyfield". The service's mission statement was, 'To enhance the quality of life for older people'. People told us that they valued the service and the friendship they had developed with staff. The registered manager explained that she intended to keep the service local and small. She told us, "It's a community service that we're offering".

At the time of our inspection, the service was going through a period of change. To support the growth of the business, a new electronic records system had been purchased and was due to be rolled out. This would help to manage the staff rotas, invoices and people's care records. A deputy manager had been recruited at the start of the year and a training manager had recently started in post. While the changes were put in place, the service was not accepting any new clients or taking on board any new staff. The registered manager told us that they needed to stabilise in order to manage the growth of the service safely.

People and staff told us that the service was well managed. People knew the registered manager and said that she had been to visit them in their homes. People and relatives told us that if they raised any queries with the office, they received a response. Staff told us that the registered manager was approachable and supportive. The registered manager reported to a board of trustees. She told us that she also received support from the managers of two other services run by the provider that were located in the same area.

Staff felt involved and told us that communication was good. Any immediate updates or changes to a person's care were initially communicated by text message. There were regular staff meetings. In the minutes of the meeting in March 2016 we saw that there had been discussions about spot checks, the introduction of monitoring charts (such as for fluid) and a reminder about how to complete MAR, specifically that they should not use white out fluid. We read, 'If you make an error just tell us in the office and we can raise an incident report. Remember duty of candour which means that we must not cover anything up always be honest'. There was also a 'grumble time' for staff to air any frustrations or ideas for improvements. One care worker told us, "They're pretty well covered when you've got problems". Another said, "They're very supportive on everything".

The registered manager had systems in place to monitor the service and to identify areas for improvement. The care that people received was evaluated via reviews and through staff supervision. Spot checks on staff in people's homes considered how they interacted with the person, their ability to carry out the tasks required, their timekeeping and the records they maintained. A new 'file note' had been developed to record any discussions regarding incidents or poor practice. This was a discussion between the care worker and their supervisor about what went wrong and how they might respond differently in future. There was a space to document any agreed actions which would be reviewed at future supervisions. The deputy manager told us, "In the two (spot checks) I've been on they've been very respectful. It's lovely to see".

The registered manager used feedback from people, relatives and staff to monitor and improve the service. The results of surveys had been analysed to identify areas for improvement. We looked at the action plans

which detailed the 'improvement opportunity' and the 'action taken'. For example, feedback from people was that staff did not always wear identification badges. In response, the office ensured that all staff had been issued with an identification badge and spot checks would monitor that they wore them. In response to the staff surveys where staff had indicated that they lacked opportunities for professional growth, a training manager had been recruited to the service and staff had been asked to complete 'reflective practice' records detailing the additional support or training they wished to receive.

A system was in place to audit the daily care records and MAR. We saw that this had identified a small number of gaps in MAR. For each of these an incident report had been completed, and the care worker had been called to meet with the registered manager. In the notes of one meeting we read, 'I reinforced the importance of these legal documents'. In another, 'Not filled out correctly or in black pen. Training has been given'.

Although the registered manager had taken appropriate action to respond to incidents, we found that they had not been consistently recorded. For example, when staff discovered that a person had fallen, they took action by calling the paramedics. This was recorded in the daily care notes and a member of the office team had been to visit the person and ensure they were safe. There was, however, no incident form to document this. The provider's policy stated, 'In this organisation all accidents, incidents, emergencies and 'near misses' must be recorded and reported to the management using a standard incident form'. It went on to say, 'All accident and incident reports are reviewed monthly and action taken where required to prevent where possible further occurrences'.

The absence of consistent incident recording had not had a negative impact on people who used the service. In each case, appropriate action had been taken to protect people and to reduce the likelihood of repeat events. We discussed with the registered manager, the importance of clear recording to allow for effective auditing, especially as there were plans to grow the service. Following our inspection, the registered manager sent us an updated record sheet to monitor incidents. She had also sent a letter to all staff explaining the processes for reporting and recording incidents. This included a list of examples that should be reported including falls or injuries, any behaviour that challenges, gaps on MAR or missing medication. We read, 'I would rather you over reported, than failed to tell me something that had happened. This will help me to understand how to improve working practices or to offer support and further services for our clients'.