Abel Care Ltd

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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

This inspection took place on 21 November 2016. The provider was given 48 hours' notice because the service provides a domiciliary care service in people's own homes and we needed to be sure that someone would be available to assist with the inspection. We last inspected the service on 11 November 2015 and found breaches to legal requirements relating to safe care, staff training and support, complaints management and good governance, such as record keeping. At this inspection, we found improvements had been made and that the service was now meeting the required standards.

Abel Care provides personal care and support to people in their own homes, within east London. At the time of our inspection, approximately seven people were using the service. The service was employing ten care workers who visited people in the community.

Since the last inspection, the previous registered manager had left the service and a new registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered care homes, 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.

The new registered manager had made improvements to the service and had made efforts to address the concerns we identified at the last inspection.

Systems were in place to ensure people were protected from the risk of abuse. Staff were aware of the different types of abuse and how to respond. People had their individual risks assessed and staff were aware of the plans to manage the risks.

People received care at home from staff who understood their needs. When required, staff administered people's medicines and had received the appropriate training to do this.

The provider had sufficient numbers of staff available to provide support to people. Staff had been recruited following appropriate checks with the Disclosure and Barring Service.

Staff received training in a number of topics that were important for them to be able to carry out their roles. They told us that they received support and encouragement from the registered manager and were provided opportunities to develop. Staff were able to raise any concerns and were confident that they would be addressed.

People were treated with privacy and dignity. They were listened to by staff and were involved in making decisions about their care and support. People were supported to meet their nutritional needs and were registered with health care professionals.

People told us they received support from staff who understood their needs and encouraged them to remain as independent as possible. Care plans were person centred and contained details of people's preferences and choices.

A complaints procedure was in place. People and their relatives were able to make complaints, express their views and give feedback about their care. They told us they could raise any issues and that action would be taken by the registered manager.

The registered manager was committed to developing the service and monitoring the quality of care provided to people. They ensured that regular checks were completed and looked at where improvements could be made.

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 felt safe using the service. Staff understood how to identify potential abuse.

Staffing levels were sufficient to ensure people received support to meet their needs.

The provider had effective recruitment procedures to make safe recruitment decisions when employing new staff.
People received their medicines safely when required.

Is the service effective?

Good

The service was effective. Staff received appropriate training and support. They received supervision to monitor their performance and development needs.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005. People's capacity to make decisions was recorded and staff acted in their best interest.
People had access to health professionals to ensure their health needs were monitored.

Staff ensured people had their nutritional requirements met.

Is the service caring?

Good

The service was caring. People were happy with the support they received from staff.

Staff were familiar with people's care and support needs. Staff had developed caring relationships with the people they supported and promoted their independence.

People were involved in making decisions about their care and their families were also involved. The service was able to meet people's cultural requirements.

Is the service responsive?

Good

The service was responsive. Care plans were personalised and reflected each person's needs and preferences. People had

involvement in planning their care.

People knew how to make a formal complaint. Where concerns were raised, the registered manager took appropriate action to resolve them.

Care plans were reviewed and updated when people's needs changed.

Is the service well-led?

Good

The service was well led. People and their relatives spoke positively about the improved management of the service.

Staff received the necessary support and guidance from the management team.

There was a system in place to check if people were satisfied with the service provided. The registered manager welcomed their suggestions for improvement and took appropriate action.

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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 was 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 was an announced inspection, which meant the provider knew we would be visiting. This was because it was a domiciliary care agency and we wanted to make sure that the registered manager or someone who could act on their behalf would be available to support our inspection.

The inspection was carried out by one inspector and took place on 21 November 2016. Before the inspection, we reviewed the information we held about the service. We looked at any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

During the inspection, we spoke with the registered manager, an office administrator and a care worker. We looked at documentation, which included five people's care plans, including risk assessments; six care staff recruitment and training files and records relating to the management of the service.

After the inspection we spoke with two care workers, two people who used the service and with two relatives by telephone.

Good

Is the service safe?

Our findings

At our last inspection of this service in November 2015, we found risks relating to people's safety were not always identified or recorded and there was not a suitable approach to monitoring people's care.

During this inspection, we found these issues had been addressed. People were kept as safe as possible as they had risk assessments in place. The risk assessments were based on the needs of the person. The assessments identified and detailed what the risks might be to them, what type of harm may occur and what steps were needed in order to reduce the risk. These included risks associated with the moving and handling of the person, any skin integrity conditions, risks related to the home environment and their nutrition and hydration requirements. For example, we saw that one person was at risk of developing pressure sores on their skin, which can occur when people have to remain in their beds for long periods. Their care plan stated, "Ensure [person] is repositioned regularly and comfortable. Ensure moisturising barrier cream or spray is applied on the skin paying good attention on the pressure areas." People's risk assessments were reviewed and updated yearly or when their needs changed.

People told us they felt safe using the service. One person told us, "I feel safe." Another person said, "The carers are very safe. They do things properly and carefully." A relative told us, "The carers are safe and they do a good job."

People were protected from the risk of abuse. Staff were provided with training in safeguarding adults and understood their roles and responsibilities to report any abuse. They were able to describe the process for reporting any potential, or actual, abuse and who their concerns could be escalated to, including notifying the local authority. Staff told us that they would also speak to the registered manager for support and guidance. They were aware of the service's whistleblowing policy. Whistleblowing is a procedure to enable employees to report concerns about practice within their organisation to regulatory authorities. One staff member said, "If I could not inform the manager or the director, I would speak to the authorities if I had worries about what was going on."

At our last inspection, we found that the provider was not recruiting staff safely and the necessary security checks were not being carried out. For example, there were not an adequate number of references received for some staff employed or up to date Disclosure and Barring Service (DBS) checks. The DBS is a check to find out if the person had any criminal convictions or were on any list that barred them from working with people who use care services. At this inspection, we saw that the provider was following safe recruitment procedures. Since the last inspection, the provider had recruited four staff. New staff completed application forms outlining their previous experience, provided references and evidence that they were legally entitled to work in the United Kingdom. They attended an interview as part of their recruitment process. We saw that a DBS check had been undertaken before the member of staff could be employed. Where there were any previous gaps in the information that was collated for existing staff employed by the service, such as references, the registered manager had sought to obtain these and update all records.

At our previous inspection we noted that people did not always receive care at the correct times, due to

lateness of staff and some missed visits. We found that these concerns were now being addressed and people received care and support at times that they required. An online system was used to coordinate the days and times care would be provided to people. We looked at staff rotas, daily notes and timesheets and saw that staff were able to complete their tasks. Staff told us their workloads and schedules suited them. They said they had sufficient time between their shifts to deliver the support that was detailed in people's care and support plans. The registered manager said, "We have made some vast improvements. We just need more clients so we can start growing as an agency. We had a lot of issues as some carers were not being supervised appropriately but things are quieter now. We have had less incidents."

The service also used the online system for staff to log in and out of each visit using their phones. Staff used their phones to access the system, which sent an alert to the registered manager, informing them that staff had started and completed their tasks. We saw this in practice during our inspection. People and their relatives confirmed they usually had the same staff providing care and this helped with consistency. Staff provided care to people who mostly lived in the local area, which meant that journey times between visits were quite short. People told us that staff usually arrived on time or were notified by the service if, for example, their care worker was running late due to traffic. One person said, "If they are a few minutes late, they call me. I have arranged with the service that they should call me if they are late and they do." A relative told us, "They arrive mostly on time. Sometimes they can be late because of traffic but that is understandable." There were enough staff employed to meet the needs of the people using the service. If there were staff absences or an unexpected increase in people's needs, the registered manager made themselves available to provide care. The registered manager said, "I am very hands on and I go out to provide care myself. We also have a care supervisor who is able to fill in."

Staff entered and exited people's homes safely by ensuring that they announced themselves when arriving by ringing the doorbell or in some instances, entering with a 'keysafe'. This was a secure key to the home that is only accessible with a passcode. Staff were required to identify themselves when they entered a person's home, wear a uniform and carried identification. Staff told us they worked together in order to move people safely. Care records showed two staff were always present to assist people that required help with moving and handling, for example, when the use of a hoist was required. Staff used Personal Protective Equipment (PPE) such as anti-bacterial gels, gloves and aprons to prevent any risks of infection when providing personal care.

Care plans detailed if prescribed medicines were to be administered by either staff or relatives or were to be taken by the person themselves. We looked at daily record notes and saw staff administered medicine when this was stipulated in the care plan of the person. Staff who were required to give people their medicine, recorded the dosages taken in medicine record sheets and in daily note files to evidence that the medicine was taken. One member of staff told us, "If we are required to administer medicine, we take them from the Dosette box and record it on the sheet. Most people are self-administering and we only prompt them." Dosette boxes are containers with compartments for pills and tablets.

We saw that where staff prompted people to take their medicines, they recorded that they did so. Staff were also observed prompting and administering medicines by the registered manager during spot checks, where applicable. Spot checks were observations of staff to ensure that they were following safe and correct procedures when delivering care. The registered manager told us they were providing additional training to staff to help them improve their recording skills and use of new systems. They showed us a new template that staff would be using to record medicines. They said, "Our previous forms were not suitable and I have introduced more detailed forms for us to use that show the names of medicines. Staff will be given additional training to record medicines accurately as well."

Good

Is the service effective?

Our findings

At our previous inspection, we found shortfalls in staff training, support and development. Staff were not supported with regular supervision or annual appraisals and were not provided with sufficient training to help them carry out their roles. At this inspection, we found these issues had been addressed and improvements had been made.

People and relatives told us staff met their individual needs and that they were happy with the care provided. One person told us, "The carers are excellent." Another person said, "My carers are well trained." A relative said, "They take care of [my family member] and help us out."

Staff told us they received the training and support they needed to do their job well. They had received training in a range of areas which included health and safety, infection control, medicine administration, Mental Capacity Act (2005), safeguarding adults and moving and handling. Additional training on topics such as equality and diversity, end of life care, reporting and recording, dementia awareness and pressure area care was provided after a few months. The training included Care Certificate standards, which were a set of standards and assessments for health and social care workers and required them to complete modules, in their own time, when they started their roles. We looked at care workers' training records which confirmed the dates that they took training and any scheduled dates for refresher training in the future. We viewed a staff training matrix, which confirmed the dates that they took training, what training they had completed and what training they were due.

The induction training was provided to new staff in their first week and had to be completed before they were permitted to work. New staff shadowed more experienced staff for two to three days, as part of their induction and to learn about people's individual care needs and preferences. Staff told us the induction training they received provided them with the knowledge they needed. A member of staff said, "I did some shadowing and received the support that I required. We have done lots of online and classroom training, such as first aid "

Staff were supported and monitored by the registered manager and a care supervisor, who introduced new care workers to people. The registered manager also visited people in their homes and carried out unannounced spot checks on all staff. This ensured that care was being delivered and people were satisfied with their care worker.

Staff were aware of how to fulfil their roles and responsibilities. They received a handbook when they began their employment which set out codes of practice, terms and conditions, the service's philosophy and the policies and procedures they are required to follow. Staff confirmed that they had read and understood the handbook.

Staff said regular supervisions took place every three months, in which they had the opportunity to discuss the support they needed, guidance about their work and any training needs. Supervision sessions are one to one meetings with line managers where staff are able to review their performance. Records confirmed that

supervision meetings took place when due with the registered manager, which staff said they found helpful and supportive. We saw that supervision meetings contained structured discussions with staff around time keeping, standards of their work, their rota and any concerns they may have. One member of staff told us they felt more supported under the new registered manager, "I have regular one to ones with the manager. We have much better support now and more training. We can discuss everything such as anything we are not sure about and I am confident that the manager will address it."

People's consent was sought before any care was provided. Staff acted on their wishes and asked for their consent before carrying out any task. People receiving care told us that the service shared information with them and their family members. We looked at records held in the office and saw that consent was confirmed with people and relatives and the contents of care plans were agreed.

We looked at the registered provider's policy on the Mental Capacity Act 2005. The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We found that the provider was working within the principles of the MCA and that people's human rights were protected. We saw that records of capacity assessments were available, where applicable. People were able to make their own decisions and were helped to do so when needed. Staff understood their responsibilities under the MCA and what this meant in ways they cared for people. Staff would discuss concerns about people's capacity with the registered manager.

Where needed, people were supported to have their nutritional and hydration requirements met by staff. Care plans included details of types of food they liked to eat and what they preferred to drink. We noted that one person required a percutaneous endoscopic gastrostomy (PEG) tube, which helped them consume their food. However, it was stipulated that a family member was responsible for helping the person eat. One member of staff told us, "I can make food and drink for breakfast and lunch for my client. We can make soup, a hot drink or microwave meal." People told us that staff ensured they were provided with food and drink. One person said, "Yes I get my meals when I need them and am hungry. My [relative] usually prepares it."

Records showed that staff took appropriate steps when a person was unwell and knew what to do in emergencies. A member of staff said, "In an emergency, I would contact the GP or an ambulance and also inform the manager." A relative told us, "They always let me know if they have a concern about my [family member's] health. They will say [my family member's] hands are swollen or [my family member] has scratched themselves. And they write it all down as well." Staff were able to contact the registered manager out of office hours and during weekends in case of emergency.

Good

Is the service caring?

Our findings

People and their relatives told us that the staff treated them with respect, kindness and dignity. They also told us they felt the staff listened to what they said and provided them with care that suited their wishes. One person said, "They are wonderful." Another person told us, "They are marvellous. The carers are so lovely and caring. I couldn't ask for a nicer bunch." A relative told us, "The carers are very respectful of the wishes of my [family member]."

Staff understood the importance of respecting people's privacy and dignity. Staff knew about people's individual needs and preferences and spoke about people respectfully. One member of staff told us, "We have to make sure doors and curtains are closed when we are providing personal care and ensure the room is warm."

Staff told that they got to know people and their families well. We noted that people felt comfortable with the staff and enjoyed their company because there was an understanding and familiarity between them. One person said, "I enjoy having them come to see me. They are really sweet and helpful." Another person told us, "I know the carers very well, they are kind and caring. We have lovely chats and they really understand my needs." A relative told us, "My [family member] is very happy helpful. The carers are very considerate and nice." One member of staff said, "I have a very good relationship with my clients. Some people live on their own so I have to make sure they are ok." Another member of staff told us, "I wouldn't want to do anything else. I love caring for people and I show them the utmost respect when I go to their home. I want to make sure they are happy." The registered manager said, "Our staff are very caring. I want our care to be person centred. I make sure the carers are treating people how they would want their parents to be treated." We saw that staff were assessed during observations of their work and key criteria included, politeness, consideration, punctuality and respect for the person and their property.

Staff were respectful of and had a good understanding of all people's care needs, personal preferences, their religious beliefs and cultural needs. People's care records identified people's specific needs and how they were met. Records also provided guidance to staff on people's preferences regarding how their care was delivered. We saw that people were supported to remain as independent as possible by staff. For example, we noted that one person said in their care plan that, "I am not comfortable using electrical appliances so I like to order take away and hand wash my clothes. I am able to verbalise my needs fully and I like it when people listen to me. Kindly speak clearly and slowly to me so I can understand you."

People told us they had involvement in their care plan when it was reviewed and updated. There was evidence in the care plans and through our discussions with the registered manager that people were consulted and involved in their care and support. One person told us, "Yes I have seen my care plan and I am taken care of the way I want to." This meant people had the opportunity to contribute and have their say about the support they would receive.

Good

Is the service responsive?

Our findings

At our previous inspection, we found that the provider did not have satisfactory systems in place to manage complaints and concerns. During this inspection, we saw that this area had been addressed. People could contact the service if they wanted to raise a complaint. The provider had a policy and procedure for reporting complaints. People were provided with information about how they could raise complaints. We noted that any issues and concerns were brought to the attention of the registered manager. We looked at records and saw that investigations were carried out and action was taken promptly in response to incidents.

People told us that staff were responsive to their care and support needs and they were happy with the care they received. One person told us, "The new manager is good. They ask if I am happy with the service. They phone me and sometimes visits." Another person said, "The carers and manager listen to what I have to say." A relative said, "The staff always listen. The manager normally responds quickly when we have queries. Their communication is pretty good."

The service received referrals from the CCG (Clinical Commissioning Group), which is a local health service that works with patients and healthcare professionals and in partnership with local communities and local authorities. The CCG referred ppeople to the provider who required assistance with personal care at home. Referrals were also received for people who were being discharged from hospital and required further care. We saw an initial assessment of people who use the service was carried out before a care package was agreed, including any risk assessments. Discussions were held with other health or social care professionals for further information. The care plans outlined people's needs. Care workers were able to learn about the needs of the people they were supporting and check if there had been any changes to their needs. A senior staff member said, "I assist with ensuring clients are happy with their carer. We go out and meet them during the assessment so that they get to know us before we start the care package."

Each person had a copy of their care plan in their home, which reflected their personal choices and preferences regarding how they wished to be cared for. For example, we noted that one person requested a care worker who understood certain requirements, such as how to prepare culturally specific food and we saw that this request was met. The registered manager said, "If we are able to, we match carers to service users, such as providing them carers from a similar background."

Care plans and risk assessments were also available to be viewed electronically on the provider's systems and care plans were available online for staff to refer to on their phones. We saw how it could be updated automatically as staff carried out their tasks in people's homes. Care plans were reviewed and updated to reflect people's changing needs. The care plans were personalised and included details such as how a person wanted their care to be delivered, their interests, likes and dislikes, details of significant relationships, and details about their personal histories under a section called What Is Important to Me. For example, we noted that people were able to highlight a specific activity they enjoyed. One person's care plan said, "I like to write down how I feel in my diary. I like decorating with my own arts and crafts. I like collecting unusual dolls." This information was important because it enabled people to describe their personality and

informed care workers about the things they enjoyed or previously enjoyed doing.

Care plans contained detailed information about people's medicine requirements, nutrition and hydration needs, financial support, their preferences around housekeeping, for example how they liked staff to clear things away and an assessment of their home environment. We saw that care plans contained details of what support people wanted for each part of the day when a member of staff was scheduled to visit, such as in the morning, lunchtime or in the evening. We looked at daily records written by staff and found that they were hand written by staff and contained details about the care that had been provided to each person and highlighted any issues. This helped to monitor people's wellbeing and respond to any concerns.

People were complimentary about the service and said they had regular carers and were happy with their care arrangements. One person told us, "They are very good now, better than before." Another person said, "The carers are brilliant and I have nothing to complain about. I know how to complain so would do if I need to. My carers are very reliable."

Good

Is the service well-led?

Our findings

At our previous inspection, we found there was a lack of appropriate systems in place to monitor the overall safety and quality of the service. There was not a system for the transfer of records from people's homes to the service office to ensure that all records were complete from the start to the end of the care package, records in the office were not updated, feedback from people was not always responded to and staff recruitment and supervision files were incomplete.

At this inspection, we saw that these concerns issues had been addressed and the service was performing more effectively. The new registered manager commenced their role in March 2016 and was responsible for the day to day running of the service. They demonstrated good knowledge of the people who used the service. They also had experience in providing care to people and training to staff. The registered manager previously provided training to the provider and was therefore already known to some of the staff. We found that people were satisfied with the improved quality of the service and told us the service was now being managed well. One person told us, "The manager seems approachable and helpful, although sometimes you can't get through to the office." Another person said, "I would recommend Abel Care as they have certainly improved on things like turning up on time."

The new registered manager understood their role and responsibilities. We saw that they had written to all people who used the service earlier in the year, informing them that the provider was undergoing changes to "stabilise our organisation and improve our services during a challenging period." The registered manager told us, "We have made real efforts to change and ensure we deliver a better service. It was a chance for us to start afresh. My aim is to improve and grow the business. It is challenging but rewarding."

Staff told us they were happy working for the registered provider. One member of staff said, "The new manager is very helpful. They are easy to talk to, approachable and nice." Another member of staff told us, "I have been working for the agency for eight months and it has gone very well. We get help and support from the manager. We also have a chat group on our phones so we can communicate all the time and help each other out." This meant that staff were able to send messages to each other and to all other staff using their phones in order to discuss information such as their rotas and shift patterns. This would be in the event they required assistance or were not going to be available due to annual leave or sickness and required another care worker to provider cover.

At our last inspection, we saw that regular staff meetings did not take place. However, during this inspection we noted that staff meetings took place every three months and enabled care workers to discuss any areas of practice or concern as a group. This was confirmed by the minutes of meetings we looked at. Items covered during team meetings included guidance for care workers on recording and reporting, using new systems, following good practice, infection control, training and a more general discussion. We saw that the minutes were detailed and that they were well attended.

The registered manager received feedback from people who called the office and visited people in their homes to ensure they were happy with the care and support that was delivered. Daily report records, which

contained information on tasks that were carried out, were completed and brought back to the office each month to be audited and quality checked. We saw that there was a system to monitor that care workers were following a set schedule on their individual rotas. We also saw that timesheets were completed by staff as a back-up and signed off by people who received care. This helped managers see that staff had arrived to carry out personal care for people at allocated times and according to the wishes of the person.

The registered manager sent surveys to people and relatives to seek their views and opinions. We saw questionnaires and telephone monitoring checks which had been sent out or returned from this year. The service had received compliments and feedback from people and relatives which were positive. For example, we noted that one person commented, "Since the new management took over, there has been a dramatic improvement. It is all down to the new manager. They need this manager to continue." A relative of a person wrote, "I am very pleased with the care my [family member] receives. The carer is very caring, understanding and a great representative for Abel Care." Where feedback was negative, we found that the registered manager took on board people's comments and took action to improve the service. For example, where a person was not happy that their care worker was often late, the registered manager spoke to the care worker and reminded them of their responsibilities to ensure they arrived on time.

People's records were filed in secure cabinets which showed that the provider recognised the importance of people's personal details being protected and to preserve confidentiality. Staff were aware of confidentiality and adhered to the provider's data protection policies. For example, the provider's care plan system was linked to an application on staff's phones, as they used them to record when care tasks were completed for each person. The application was password protected and staff ensured data was not shared or discussed with unauthorised people.

The registered manager was supported by the responsible individual, who was the director of the provider and they were in regular contact to ensure that the service was being managed appropriately. Providers of health and social care have to inform us of important events which take place in their service. The registered manager notified the CQC of incidents or changes to the service that they were legally obliged to inform us about. They sought advice and sourced additional support and advocacy for people from St Francis Hospice, so that they could signpost people to access other services.