Abicare Services Limited

Abicare Services Limited - Bradford-on-Avon

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 27 October 2016 and was announced.

The service provided personal care to people living in their own homes. People received support through scheduled care visits or live- in care. On the day of our inspection the service was supporting 53 people.

There was a registered manager in post. 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's care records did not always contain information relating to people's capacity where it was required. This was not in line with the principles of the Mental Capacity Act 2005 (MCA). We have made a recommendation to the provider about MCA.

The registered manager promoted a caring culture that was reflected in the comments made by people and the attitude of staff. Staff felt valued and well supported. The registered manager was approachable and knew people well.

Staff received training to ensure they had the skills and knowledge to meet people's needs and had access to development opportunities.

Staff understood their responsibilities to report concerns relating to abuse of vulnerable people and where any concerns were raised action had been taken to ensure people were safe. Where risks were identified in relation to people's care needs there were plans in place to manage the risks. People were supported by safe procedures to ensure they received their medicines as prescribed.

There were systems in place to ensure care calls were scheduled and to monitor for late and missed visits. There were sufficient staff to meet people's needs. People told us they had not received rotas regularly but were aware this was due to the introduction of a new scheduling system.

People's changing needs were identified and reflected in their care plans. People were supported to access health professionals and advice and guidance followed.

Staff understood the importance of promoting independence and we heard many examples of the impact this had on people. Staff respected people's dignity and found ways to ensure people were able to have privacy when they were supported with personal care.

There were systems in place to monitor the quality of the service and action was taken to improve where issues were identified.

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.

Staff had a clear understanding of their responsibilities to report concerns relating to abuse of vulnerable people.

There were effective recruitment processes in place that ensured staff were suitable to work with vulnerable people.

Where risks to people were identified there were plans in place to manage the risk.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not always supported in line with the principles of the Mental Capacity Act 2005.

Staff had the skills and knowledge to meet people's need and had access to regular training.

People were supported to access health professionals appropriately. Guidance given in relation to supporting a person's condition was followed.

Is the service caring?

Good

The service was caring.

People built trusting relationships with staff who supported them.

People were treated with dignity and respect. Staff knew how to protect people's privacy.

Staff encouraged people to be independent. Staff promoted people's choice and involved them in their care.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and provided guidance for staff to ensure people's needs were met.

People's care needs were reviewed and changes made to support to ensure needs were met.

There was a complaints policy and procedure in place and people were confident to raise concerns.

Is the service well-led?

Good

The service was well led.

The registered manager was approachable and people were confident to contact her if needed.

Staff felt valued and supported.

The provider gained feedback from people and took action to improve the service as a result of the feedback.

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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 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 27 October and was unannounced. The provider was given 48 hours notice because the location provides a domiciliary care service and we needed to be sure there would be someone in the office.

The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at notifications received by the provider. Notifications are important events providers are required to tell us about by law.

We spoke with five people and five people's relatives or representatives. We spoke with the registered manager, the community team manager, one community team supervisor and three care workers. We looked at five people's care records and five staff files. We looked at records relating to the management of the service.

Following the inspection we contacted three social and healthcare professionals to seek feedback about the service.

Good

Is the service safe?

Our findings

People and their representatives told us people were safe. One relative said, "[Person] needs reliable consistent care to feel safe. He would not have been able to stay living at home without Abicare". Another relative told us they were "totally confident" with the care provided.

People told us how care staff had supported them to stay safe. For example, one person's telephone had not been working. A care worker had used their mobile telephone to contact the person's relative and let them speak to the person. The relative told us care staff understood the telephone was the person's life line and the importance of getting in touch with the relative to ensure the telephone was repaired.

Staff had completed training in safeguarding vulnerable people. Staff had a clear understanding of their responsibility to identify and report any concerns relating to abuse. Staff were able to give examples of the signs of different types of abuse and the action they would take. One member of staff told us, "I would report to [registered manager]. If I thought she was involved I would go higher in the organisation or to the safeguarding team". Staff were confident the registered manager would take concerns seriously and take prompt action. One member of staff gave an example of an issue they had alerted to the registered manager and felt appropriate action had been taken to address the issues and ensure the person was safe.

The provider had a safeguarding policy and procedure in place. Records showed that safeguarding concerns had been reported to the appropriate agencies and fully investigated.

People's care plans included information relating to the support they needed with medicines. Staff completed medicine administration records (MAR) to confirm people had been supported to take their prescribed medicines. MAR included details of medicines and whether the medicines were dispensed in a monitored dosage system. The provider had a medicine policy and procedure in place. Staff had completed medicine training and understood their responsibilities in relation to supporting people with medicines.
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People's care records included risk assessments. These included risks associated with the environment, moving and handling, medicines, falls and pressure damage. Where risk assessments identified a risk, people's care plans included detailed plans to manage the risk. For example, one person's falls risk assessment identified they were at risk of falls. The care plan included information relating to the mobility aids the person used, the need to remind the person to use the aids and the importance of not rushing the person.

People told us there were enough staff to meet their needs. However, people were not receiving a weekly rota to tell them who would be supporting them. People told us they had received a weekly rota in the past and preferred to know who would be coming to support them. One person said, "I feel better when there is a rota". We spoke to the registered manager about people receiving a rota. The registered manager told us the provider was transferring to a new electronic scheduling and monitoring system which had resulted in the scheduling being completed on a daily basis. This meant people were unable to receive a weekly rota. The new system was scheduled to be in place the week following our inspection which would enable people to

receive a weekly rota.

Staff files showed the registered manager had effective recruitment systems in place to ensure staff were suitable to work with vulnerable adults. Recruitment records showed relevant checks had been completed before staff worked unsupervised. These included employment references and Disclosure and Barring Service (DBS) checks. This allowed the registered manager to make safer recruitment decisions.

Requires Improvement

Is the service effective?

Our findings

The registered manager did not have a clear understanding of their responsibilities relating to MCA. People's care plans did not contain capacity assessments where there were indicators that people may lack capacity to make specific decisions. Where decisions were being made on behalf of people there were no capacity assessments relating to those decisions and no evidence that the decision maker had legal authority to make decisions on the person's behalf.

One person's care records included notes from a best interest meeting in relation to medical treatment the person required. However, there was no reference to the person's capacity in their care plan.

Staff had completed training in the Mental Capacity Act 2005 (MCA). 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. Staff described how they would support someone to make decisions and understood that where people lacked capacity decisions would be made in the person's best interest. One member of staff said, "We always make sure a person is supported to make a decision. We always have to consider what is in the person's best interest".

We recommend the provider refers to the Mental Capacity Act 2005 codes of practice.

People and their representatives told us staff were knowledgeable about people's needs and had the skills to meet those needs. One relative said, "They are very competent". One health and social care professional told us staff were competent and confident when supporting people.

Staff felt well supported and had regular contact with the management team. Staff told us they could speak with a member of the management team at any time for guidance and advice. However, records showed that staff did not have access to regular supervisions in line with the provider's policy. For example, one member of staff's records showed they had not had any one to one supervision since August 2015, had not had an appraisal since April 2014 and had not had an observed monitoring visit since March 2014. We spoke to the registered manager who told us formal, recorded supervisions had not always taken place in line with the provider's supervision policy due to staffing issues in the office. The registered manager told us they were addressing the issue and all staff had been given appraisal preparation forms and that individual appraisals were being planned. We saw that some staff had returned their preparation forms.

Staff completed training which included: Medicines, equality and diversity, food safety, dementia care and safeguarding. The provider's trainer updated the training matrix and identified where staff required training updates. Staff were given workbooks to complete and these were assessed by the trainer. The training matrix also identified where staff required competency assessments. These were completed through observations of staff practice. An action plan was being developed to ensure all staff had been assessed as competent.

Staff were positive about the training they completed and told us they could request additional training of they required it. Staff had access to development opportunities and we saw that some staff had completed national vocational qualifications in social and health care.

New staff completed an induction and shadowed more experienced staff until they were competent and felt confident to work alone. One member of staff told us the induction training was "absolutely brilliant". The induction training was linked to the Care Certificate. The Care Certificate is a set of standards that social care workers are required to work to. It ensures care workers have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.
Care plans identified where people required support with food and drink. For example, one person's care plan stated the person could sometimes feed themselves but on occasions where the person was weak, staff would need to support the person. Daily records showed the person was supported when needed.

People were supported to access health professionals when needed. People gave examples of staff contacting health professionals both in emergency situations and where their health needs changed. One relative told us, "Any changes in [person's] health, they [care staff] are on to it".

People accessed health professionals which included; occupational therapists, physiotherapists, speech and language therapy and dentists. Where guidance was provided staff followed the guidance. For example, one relative told us care staff supported the person to complete exercises given by health professionals.

Good

Is the service caring?

Our findings

Without exception people and their representatives felt people were treated with care and kindness. Everyone was extremely complimentary about the care staff supporting people. Comments included: "I couldn't fault them"; "I am in awe of the people who do this work. I have the greatest admiration for these carers"; "They are a very pleasant group of people. They are considerate and kind and suitable for this job in every way" and "They're fantastic with both practical issues and emotional. They're very friendly and courteous".

People told us it was the 'little things' staff did that mattered. For example, one care worker had bought a bell that the person could easily hold and ring. The person had the bell when they were in the bathroom and rang it when they had finished and needed support. One relative told us how they had bought flasks so the person could have access to hot drinks at any time. Care staff had suggested the relative bought sterilising solution and brushes so care staff could keep the flasks clean. The relative told us they had not considered the cleaning of the flasks themselves and was grateful for the suggestion from the staff.

People had clearly built trusting relationships with staff. One relative said, "They are very professional but laugh and joke. There is a relaxed atmosphere". One person described their relationship with a regular care worker as "quite good friends really".

Staff spoke about people in a caring, respectful manner. One member of staff said, "I like all of it. I get to build relationships and people learn to trust me".

During the inspection we heard staff speaking with people and relatives on the telephone. Interactions were supportive and understanding.

People were treated with dignity and respect. One relative told us "It has been difficult for [person] to adjust and they have made it easy for him. I've realised that it is important for him to get independence and dignity".

Staff understood the importance of respecting people's dignity. Staff told us about the use of a 'dignity towel'. This was a towel used to maintain people's dignity when supporting them with personal care by keeping them covered as much as possible. Staff told us they would wait outside the door when people were in the bathroom to give them privacy.

People were encouraged to be as independent as possible. People and their relatives gave many examples of how people were supported to maintain and improve their independence. For example, care staff had identified snacks that a person could manage themselves rather than having to ask for support. One relative told us, "As he has got better they do the care but they encourage him to do things for himself".

People were involved in their care and felt listened to. One person told us how a new care worker had encouraged the person to guide the care worker to ensure the person was supported in a way that suited

them.

People's personal information was stored securely. Electronic records were password protected and only accessible to authorised staff. Staff understood the importance of protecting people's personal information.

Good

Is the service responsive?

Our findings

People were assessed prior to accessing the service to ensure their needs could be met. These assessments were used to develop personalised care plans that gave clear guidance to staff about people's needs and the support people needed to meet their needs.

Care plans included information about people's histories, likes, dislikes and relationships. For example, one person's care plan identified the person liked their belongings to be put back in place when care staff had finished using them. Another person's care plan gave details of the person's profession when they had worked. Staff knew people well and used the information in people's care plans to get to know people and build relationships.

People's care needs were regularly reviewed and any changes to people's needs were reflected in their care plans. For example, one person's moving and handling needs had changed and the care plan detailed that support of two care workers was needed in order to use the equipment and support the person safely.

During the inspection we heard a member of staff speaking with health professionals to request an assessment due to a decline in a person's mobility. The member of staff gave detailed information and clearly knew the person well. The member of staff liaised with professionals and ensured the person was kept informed of the progress made regarding the assessment.

Social and health care professionals told us the service was responsive to any requests made and proactive in raising any concerns with professionals. They told us of one person whose needs changed on a daily basis, which was challenging for everyone involved in the person's care. The professional involved was complimentary about how the care staff and the service had met the person's changing needs in a responsive manner.

Relatives were positive about the service keeping them informed of any changes to people's needs. One relative said, "If there are any concerns they always phone me". Another relative said, "They let me know immediately if [person] is down in mood or something more serious".

Where people required support to meet social needs this was detailed in the person's care plan. For example, one person's care plan identified the person needed support to play games and look at books. The care plan detailed the games the person enjoyed. Daily records showed the person was regularly supported to participate in these activities. Staff we spoke with were able to describe the activities the person enjoyed and how they engaged the person.

People and their representatives knew how to make a complaint and felt confident to do so. No one had made a formal complaint and felt any issues were responded to in a timely manner. For example, one person had not liked one member of staff supporting them. The person had spoken to the registered manager and the member of staff was replaced immediately.

There was a complaints policy and procedure in place. Records showed that complaints had been responded to in line with the provider's complaints policy and to the satisfaction of the complainant.

Good

Is the service well-led?

Our findings

The registered manager promoted a culture that put people at the centre of all the service did and that respected and valued staff.

People were complimentary about the management of the service. Everyone we spoke with knew the registered manager by name and felt confident to speak with them. Comments about the management included: "[Registered manager] is a very good manageress. She has respect for her staff"; "It is very easy to contact the office. It is easy for me to phone if I need to check. They are very helpful. The admin side of things is very helpful"; "If I phone about any aspect of care they are very helpful" and "It is well organised and managed. If it wasn't I'd tell them".

People were complimentary about the communication they had with the service. One person said, "There is great communication backwards and forwards". Some people had told us about the lack of rotas being received. Everyone was aware this was due to a new computer system and it was clear the registered manager had kept everyone informed of the difficulties and the progress being made.

Staff were positive about the management of the service and told us they felt valued and listened to. Staff comments included: "They are pretty good to talk to. I am well supported and there is always someone at the end of the phone"; "It's like a family. They [management] are approachable; I can come to them with any problem"; "It is a lovely team of people. We all work really well with each other. [Registered manager] is very supportive and will roll up her sleeves and do care if needed" and "They [management] are very understanding. If you've got a problem you can talk to them. We're not pressured to do extra hours. They are very supportive. I love working for Abicare".

There were regular team meetings and these were held on different days and at different times to enable more staff to attend. Staff found the meetings useful and were comfortable to raise concerns. Staff told us they felt listened to and were able to make suggestions to improve the service. Staff were aware of the whistleblowing policy and were confident any issues raised would be taken seriously.

Staff achievements were recognised by the introduction of a 'butterfly awards' scheme. These were awards given to staff who had 'gone the extra mile' to support a person. For example, one member of staff had received the award after supporting a person who was extremely resistant to receiving support with personal care. The member of staff had consistently supported and encouraged the person whose quality of life had improved as a result of the support. A second award scheme rewarded staff who picked up additional working hours.

There were systems in place to gain feedback from people about the service. The provider sent out an annual quality questionnaire. The registered manager had received copies of the individual questionnaires and had responded to the feedback received. However, action taken to resolve issues was not always recorded. We spoke to the registered manager who told us they would ensure all actions were recorded. The registered manager told us that all responses were analysed by the provider and the results would be shared

with the registered manager who would then compile an action plan to address any areas for improvement.

There were systems in place to monitor the quality of the service which included some audits. However, not all audits were formally recorded to enable the registered manager to have an overview of the service. For example, medicine administration records (MAR) were audited. Where any recording issues were identified these were addressed with individual members of staff or at staff meetings if the issue affected all staff. There was no record of the audits to enable the registered manager to look for any patterns and trends in relation to the issues. We saw that staff team meeting records showed the issues identified through the informal process had been addressed with staff. We spoke to the registered manager who told us they would take action to ensure the audit was recorded.

All accidents and incidents were recorded and showed the action taken as a result to reduce the risk of a similar incident. The registered manager ensured all accidents and incidents were thoroughly investigated to ensure learning for the future.