

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

About the service

Abel Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older people, people with dementia and people with sensory impairment. CQC only inspects where people receive personal care. At the time of the inspection there were 7 people using the service.

People's experience of using this service and what we found

People were protected from the risk of abuse because the provider had taken steps to identify the possibility of abuse and prevent abuse from happening. Staff understood their responsibilities to protect people in their care. Individual risks to people had been assessed and recorded in their care plans to keep people safe. Incidents and accidents were documented and reviewed to prevent re-occurrence. People were supported to take their medicines in the way they wanted. Systems were in place for the monitoring and prevention of infection. There were enough staff to meet people's needs and to provide personalised care and support.

People's needs were assessed and care and support were planned and delivered in line with their individual care needs. Staff received regular supervision and an annual appraisal. They received a structured induction and training to meet the needs of people they supported. People were assisted to have enough to eat and drink where this was part of their care needs. The registered manager worked closely with health and social care professionals to monitor the health of people.

People and their relatives commented positively about the care and support provided by staff. The provider was committed to challenging any form of discrimination it encountered. People were involved in making choices and decisions about their care. Staff ensured people's privacy and dignity were protected. They had a good understanding around confidentiality.

People received care and support that were tailored to their individual needs. Staff were aware of the needs and preferences of people. Information on how to communicate with people was included in their care plans. The provider had policies and procedures for dealing with any concerns or complaints. People were aware of how to raise issues of concern to the service. Staff had been trained to ensure they had the knowledge and skills to care for people who were approaching the end of their life.

The provider had systems to assess and monitor the delivery of care and support. The registered manager was aware of when the CQC should be made aware of events and the responsibilities of being a registered manager. People and their relatives were encouraged to contact the registered manager if they had any issues and this helped to ensure the service ran smoothly. Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them. The registered manager had good links with a number of health and social care professionals and this helped to ensure people's needs were fully met.

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

Rating at last inspection and update:

The last rating for this service was requires improvement (17 December 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up:

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Abel Care Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

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

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also reviewed notifications that the registered provider had sent to us since the last

inspection. A notification is information about important events which the service is required to send us by law. We requested an updated action plan from the registered manager regarding the breaches we found at our last inspection. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed a range of records. This included 3 people's care records, 3 staff files, training records, staff supervision records and medicine administration records. We also looked at audits and a variety of records relating to the management of the service, including policies and procedures.

Following the inspection, we spoke with 2 people who used the service, 4 relatives and 1 advocate to seek their views of the service. We also contacted 3 members of staff to ask them questions about their roles and to confirm information we had received about the service during our inspection.

Is the service safe?

Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, we found the systems were not always effective in assessing and managing risks to people while they received a service. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection, risk assessments were not always personalised. We looked at 5 care plans and saw that there were various risk assessments including manual handling, environmental risks, and skin integrity. However, we saw 1 care plan where the risk assessments did not fully capture the risks associated with the person and therefore these risks were not mitigated against. These risks related to the person's potential behaviour traits and the risks associated with their medicines, neither of which were captured in the person's care plan. 1 care plan was missing a risk assessment entirely. Another person's risk assessment had not been reviewed, and therefore, was out of date. This indicated the service lacked oversight of risk to people and a system in place to ensure risks were reviewed regularly.
- At this inspection, we found care and support were planned and delivered in a way that ensured people's safety and welfare.
- We saw risk assessments had been carried out to identify any risks to people, when providing care and support. Risk assessments covered areas such as nutrition, moving and handling and medicines management. This gave staff guidance on what actions they should take to reduce risks and keep people safe. For example, we saw there was clear guidance on how to support people who had a certain medical condition.
- Risk assessments were reviewed regularly to ensure they were accurate. This meant staff had clear guidelines to enable people to take risks as part of everyday life safely.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse or harm and staff understood how to keep them safe and report any concerns they had. 1 person told us, "I am safe with them (staff)." A relative said, "[Family member] is safe with the carers."
- The provider had policies and procedures for dealing with allegations of abuse. Staff were clear about their responsibilities to report concerns and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. A member of staff told us, "I have informed the manager if I have any concerns."
- Staff had received safeguarding training and were aware on how to escalate any concerns that they might have to external agencies. We noted this subject was discussed during staff supervision and staff meeting.

- A whistle blowing procedure was also in place and staff were confident to use it.
- The registered manager was aware of their responsibilities on how to protect people from abuse.

Staffing and recruitment

- There were enough staff available to assist people with their needs. People were very complimentary of the staff who cared for them. 1 person told us, "The carers arrive on the dot, always on time." Another person said, "The carers come on time but let me know if they are going to be late." Staff felt there was enough time allocated to them to be able to meet people's needs.
- Records showed people were allocated the same care staff so they were familiar to them. This helped with consistency and people knew who would visit them. 1 relative told us, "[Person] has wonderful continuity of care."
- The provider used a system to monitor if people had been visited when they were scheduled to. 1 person told us, "I have never missed any calls."
- The provider had a thorough recruitment and selection process in place for new staff. This helped to ensure people were protected from the risk of receiving care from unsuitable staff.
- We looked at staff files and noted checks had been undertaken before new staff started working for the service. We found evidence of identity checks, references being taken, criminal records check and right to work in the United Kingdom.

Using medicines safely

- The service had suitable arrangements in place to protect people using the service against risks associated with the unsafe management of medicines. Where people needed assistance to take their medicines, staff helped them accordingly.
- People told us they felt staff assisted them with their medicines when they needed them. 1 person said, "The girls (staff) make sure I have taken my medication." The provider had a medicine policy which outlined the safe handling of medicines.
- Medicine administration record sheets were completed correctly and there were no missing signatures. Staff had received appropriate training to ensure they were competent to help administer medicines. The service had a medicine policy which outlined the safe handling of medicines.

Preventing and controlling infection

- The provider had systems in place to prevent the spread of infection and ensure people as well as staff were safe.
- Staff had personal protective equipment (PPE) such as gloves and aprons available to them to protect the spread of infection. 1 person told us, "The staff always wear their PPE and it is disposed of properly and put into the waste bins."
- The provider had policies and procedures regarding the prevention and control of infection and they kept staff up to date with relevant national guidance.
- Staff had received training in infection control. 1 person told us, "During the pandemic they (staff) were very good and I felt safe as they did regular Covid tests and they were very particular about hand washing and changing their gloves."

Learning lessons when things go wrong

- Records showed that accidents and incidents were recorded in details and these were investigated by the registered manager to prevent or minimise them from happening again. This helped to ensure that people remained as safe as possible and where necessary, measures were put in place to avoid any repeat events.
- There was an on-call system in place, there was always a member of the management team available for advice to staff in case of any emergencies.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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. We checked whether the service was working within the principles of the MCA and found that they were not.

- At our last inspection, we found there were not always consent forms in place for people. In 1 person's care plan there was a consent form but it had not been signed. This means the service could not evidence that all people using the service, or those lawfully acting on their behalf had given consent before receiving care and support.
- Furthermore, it was not always easy to tell from reading people's care plans whether they had capacity to give consent to their care package. For example, the registered manager told us about 1 person who did not have capacity but there was no mention of this in their care plan. Therefore, it was not always clear if people were able to make decisions in line with their best interest for themselves about their care and support. This meant that the service was not always obtaining consent in line with the MCA. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.
- At this inspection we noted people had individualised mental capacity assessments in place. Where people were unable to make a specific decision, a best interest decision had been made with the involvement of the person's family members and other professionals.
- People or their representatives had signed the care plans to indicate they agreed with the care and support being provided. 1 relative told us, "When the care plan was completed we were involved in care planning."
- The registered manager and staff had a good understanding of the principles of MCA. There were policies and procedures for them to follow. Staff had received training in MCA and always made sure they sought the consent of the person before providing any care and support to them. 1 member of staff told us, "I always ask the person first before doing anything." 1 relative said, "The carers are very polite and always ask [family member] if it is ok to do something before engaging in the task."

Staff support: induction, training, skills and experience

- People were supported by staff that had the necessary skills and knowledge to effectively meet their assessed needs. The provider had a training programme in place for all staff to complete whilst they were employed at the service.
- Relatives told us that staff knew how to care and support their family members. 1 relative said, "The staff do a good job, they are well trained."
- Staff had attended various training programmes related to their roles, such as safeguarding adults, medicine management, infection control, moving and handling, first aid, and, health and safety.
- Staff were supported to gain qualifications in health and social care. 1 staff member said, "The training is very good and very informative."
- There was an induction period for new staff. Staff would shadow an experienced member of staff until they were competent to work alone. The induction covered a number of areas which included staff roles and responsibilities and key policies and procedures. 1 member of staff told us, "I did a week shadowing when I started working."
- Staff were given appropriate support which helped to ensure they were able to provide effective care. At the last inspection, we recommended the provider seek and implement national guidance and best practice guidelines with regards to providing support to staff to enable them to work effectively. This was because records confirmed that not all staff members were receiving supervisions in line with the policy which stated they should be done every three months.
- During this inspection, we noted staff had regular one to one meeting with the registered manager where a number of areas were discussed such as their training needs and people's care needs. 1 staff member said, "I have regular supervision and I also had my appraisal."
- Staff were given an opportunity to discuss any work-related issues, such as any training needs as well as needs of people in the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service to ensure these could be met.
- Before people started using the service, the registered manager carried out an initial assessment of their needs. People and their relatives were involved in the process. The assessments covered a number of areas such as people's care and support needs, wishes, preferences, routines and past histories. This helped staff to be aware of people's individual needs and how to support them.

Supporting people to eat and drink enough to maintain a balanced diet

- People were assisted to have enough to eat and drink where this was part of their care needs.
- 1 person told us, "If I have not drunk enough water, the carers are on the case and tell me, they are very good." Another person said, "I have microwave meals but they are always well presented and I am always asked what I would like to eat."
- Staff knew what people's likes and dislikes were or if they had any special dietary requirements due to their medical condition. 1 member of staff told us, "[Person] likes cereals for breakfast." People were given choices about their food and drink.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and to access health care services and professionals when they needed them.
- The registered manager worked closely with other professionals to ensure people were supported with their healthcare needs. Where people required it, the registered manager sought healthcare advice and support for them from external professionals such as GPs and district nurses.
- Staff monitored people's health and welfare and reported any concerns to the management team who made referrals to health care professionals where required. 1 relative told us, "They [staff] talk to me and let

me know about the day's activity, also they will inform me if they feel my [family member] is a bit unwell."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider was committed to challenging any form of discrimination it encountered. People were treated equally regardless of their abilities, background, lifestyle, values, beliefs and their cultures were respected. Staff knew what people's needs were and ensured these were met. A relative told us, "The staff are very good and have a difficult job as [Family member] has dementia and doesn't want them doing anything for them."
- People and relatives commented positively about the care and support provided by staff. 1 person said, "The carers are very good and very kind." Another person told us, "They [staff] are genuinely kind people and they are very kind to me." A relative told us, "The staff are very professional and so kind." Another relative told us, "The staff are part of the family."
- Staff were aware of the needs and preferences of people. They were able to give us a clear account of the person's likes and dislikes. For example, a member of staff told us, "[Person] likes macaroni cheese with fresh chopped onions."

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's privacy and dignity were protected. They explained how they maintained people's privacy, such as closing the doors and curtains when providing people with personal care. They also respected people's views and gave people space when they need it.
- Staff encouraged people to be as independent as possible. Staff gave us examples of how they did so, such as, encouraging people to dress themselves when staff were providing them with personal care. 1 person told us, "The carers do all the personal care and I do the rest, they are such good friends, just like family members."
- We found information about people was treated in confidence. Records were kept locked when not in use. Staff were aware of the need to keep people's information private and only to share information to people who had the right to see them. 1 member of staff told us, "We should talk about the clients (people) outside of work."

Supporting people to express their views and be involved in making decisions about their care

- People were involved, where they were able, in decisions about their care, which helped them to retain choice and control over how they wanted their care and support to be delivered. Where people were not able to do so, their relatives or representatives were involved.
- Information about advocacy services was available to people who used the service. An advocate helps people to express their views and wishes, and makes sure their voice is heard. At the time of our visit 1

person had an advocate.

- People were able to express their views about the care they received and were given the opportunity to regularly review their care plan if any changes needed to be made.

Is the service responsive?

Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has changed to good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- At our last inspection, we noted the service did not provide information to people in an accessible format that met individual need. One person's care plan said, '[Person] has reported that [they are] not able to read small prints these days'; however, this person had not had information relating to their care and support package produced in a larger print. The registered manager confirmed they were not aware of AIS. This meant that the service was not always providing information to people in the most suitable way for them, and in a way that they can understand. This was a breach of Regulation 9 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At this inspection we noted people had access to information in a format they could understand. For example, one person had poor eyesight and had difficulty reading small prints. Staff used big fonts so the person could read.

- People's communication needs were assessed and information on how to communicate with them was included in their care plans. Information was made available in accessible formats to people who used the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that was personalised and responsive to their individual needs and took full account of their background history and personal circumstances.

- At our last inspection, we found records did not show that people and their relatives were involved in the creating of or reviewing of their care plans. People told us they had not seen their care plan and a copy of their care plan had not been made available to them, so they did not know what was in it. We recommended the service reviews its procedures to ensure people are actively involved in their care plans.

- At this inspection we noted people received personalised care and support and they had been involved in the care planning process. People or their representatives had signed their care plans to indicate they agreed with the contents.

- Care plans were informative and gave guidance to staff to how people's needs should be met in accordance with their wishes.
- Staff told us the care plans provided them with enough information to enable them to meet people's needs. They completed a record detailing the care they had provided during their visits. This helped staff to be aware of any changes in the person's needs.
- Care plans were reviewed every 6 months or more regularly if people's needs changed. This was done with the involvement of people who used the service and their representatives. When we asked people about the reviews of their care plans, 1 person told us, "There are no improvements that are needed in the care plan, it is spot on."

End of life care and support

- The registered manager informed us that none of the people using the service required end of life care at the time of our inspection.
- People's end of life care wishes had been recorded. These helped to ensure people received the care and support they wanted when approaching the end of their lives.
- Staff had the knowledge and skills to care for people who were approaching the end of their life as they had received training in this area. 1 relative told us, "My [family member] died before Christmas and the carers were so kind and so considerate, they supported me so well through that hard time."

Improving care quality in response to complaints or concerns

- The provider had policies and procedures for dealing with any concerns or complaints. People and their relatives knew they could speak with the registered manager if they had any concerns. 1 relative told us, "As a family we know how to contact the office and manager if we need to discuss anything with them."
- Complaints were recorded and responded to accordingly. The provider had a process in place to review complaints and comments to improve the service.

Is the service well-led?

Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At our last inspection the service did not have sufficient systems in place to ensure the service was well-led. Audits and checks carried out to promote the quality of care and support provided were not always effective. For example, systems in place had failed to address the issues we identified relating to lack of risk assessment, timely review of documentation and risk management. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement has been made at this inspection and the provider was no longer in breach of Regulation 17.
- During this inspection, we found there was effective systems in place to quality assure the services provided, manage risks and drive improvement.
- We noted risk assessments had been undertaken which informed staff how to keep people safe.
- The registered manager undertook audits to monitor the quality of the service and to identify how the service could be improved. These included areas such as care records, daily notes, staff training and medicines charts, to ensure they provided care and support to people to the required standard. We saw the registered manager took actions where shortfall was identified.
- The registered manager carried out regular unannounced checks on staff to ensure they were providing care and support to people in a safe way. They also checked if staff arrived on time and wore the correct PPEs. 1 staff member said, "I had a spot check recently."
- We saw there were systems for people and their relatives to give feedback on the quality of the service being provided. These were gained through the use of satisfaction surveys. We looked at the completed surveys and noted positive comments were made about the service. 1 person wrote, "The staff are very good and most helpful." Another person told us, "The manager contacts me to make sure all is ok with my care."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of requirements in relation to the duty of candour. They knew they had to be open and transparent with the people using their services, whether or not something had gone wrong.
- The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines and was open and transparent in responding to any issues raised. They kept us up to date with any changes that happened at the service.

- The registered manager conducted themselves in an open and honest way during the inspection. 1 relative told us, "The Manager is very easy to speak to and we have no complaints."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were respected and treated equally regardless of their abilities, lifestyle and beliefs. Staff had received training in equality and diversity. Everyone had an equal chance to take up opportunities to fulfil their potential.
- The registered manager was in contact with people who used the service on a regular basis and encouraged them to have their say about the care and support they received.
- There were staff meetings held where staff were able to share ideas with each other as well as contributed to the running of the service. Staff were encouraged to discuss any issues they might have during those meetings, especially with regards to any changes in people's care needs. 1 member of staff said, "We do have regular meetings, we can discuss anything, we also have a daily group chat on WhatsApp (messaging application)."
- There was a range of policies and procedures in place that gave staff guidance about how to carry out their role safely.

Working in partnership with others

- The registered manager had good links with a number of health and social care professionals and this helped to ensure people's needs were fully met. 1 relative told us, "When [family member] has been unwell they [the registered manager] contact the GP and if there are any red marks on the skin they will contact the district nurse."
- People had access to a number of health care services within the community. Any advice or treatment from healthcare professionals were incorporated in people's care records.
- The registered manager attended regular meeting which were organised by the local authority to discuss latest guidance or practices.