

Abundant Life Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Abundant Life Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our inspection 17 people were using the service, all of which received personal care.

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

Medication administration records (MAR) were not always accurately kept. We found that staff were supporting people with medicine administration but were not always recording the names or dosage of the medicines taken.

Safe recruitment practices of staff was not always in place. We found that disclosure and barring checks had been carried out before people were employed. However, when these checks showed previous criminal convictions, no action was taken by the provider to risk assess the employees suitability to work with adults.

The provider did not always seek two employment references when recruiting staff, to ensure the employee's background was thoroughly checked.

Audits carried out were not always effective, and action was not always taken. The provider had failed to regularly audit and check certain areas of the service, and had not taken prompt and sufficient action when issues were found with MAR (medicines administration records) and recruitment.

Staff were sufficiently trained, but there was no clear oversight on all training records and when they might expire.

People told us they felt safely cared for. Staff understood safeguarding procedures and were confident in reporting any concerns. Risks were assessed and understood by staff.

Staffing levels were sufficient. There were enough trained staff within the service to ensure people's planned care needs were met. People told us staff were generally on time.

People told us staff followed infection control procedures and wore personal protective equipment (PPE) at all times during their care.

People's needs were fully assessed and understood by staff. Care plans reflected people's individual needs.

People's food and drink preferences were detailed in care plans. Any dietary requirements were documented and observed by staff.

People had access to any healthcare appointments they needed, staff supported people in this area as

required.

Staff treated people with respect and dignity, and feedback we received from people and relatives was positive about the care they received.

A complaints system was in place and people knew how to use it. Staff treated people with kindness, dignity and respect.

There was a registered manager in place and staff felt supported by them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

This service was last inspected on 15 November 2019 and was rated Good.

Why we inspected

This was a planned inspection based on current priorities for inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement 

Abundant Life Care Limited

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was a new manager in place, who was going through the registration process.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because the service is small, and we needed to be sure the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people about their experience of the care provided. We also spoke with two relatives of

people using the service, two members of care staff, the care coordinator, and the registered manager.

We reviewed a range of records. This included three people's care records, medication records, staff recruitment information, and audits.



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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medication administration records (MAR) were not always accurately kept. We found that staff were supporting some people with medicine administration but were not always recording the names or dosage of the medicines taken. Staff had written to say medicines had been taken, but the required detail was not documented.
- We did not find any examples of medicines that had not been administered correctly, or any evidence of harm to people. However, insufficient recording of medicines administered increases the risk of harm to people.

Staffing and recruitment

- Safe recruitment practices were not always followed. Disclosure and barring checks (DBS) had been carried out before people were employed. However, when these checks showed previous criminal convictions, no action was taken by the registered manager. The registered manager did not know the details around the employees convictions and had not carried out any sufficient assessments to show the employees suitability to work with adults. The registered manager told us they would meet with the employees and carry out assessments immediately.
- Sufficient employment references were not always obtained for employees. The provider did not always follow up their own recruitment policy, which stated that two employment references should be obtained before commencing employment.
- Staffing numbers were sufficient within the service. People told us that staff were generally on time. There was no electronic monitoring in place for the registered manager to check on staff call timings, but regular contact was made with people to ask if staff were on time. The registered manager told us they were looking in to purchasing an electronic care system for future use.

Assessing risk, safety monitoring and management

- Risk assessments documented risks that were present in people's lives, although they needed more detail adding in areas. For example, one person was described as being at risk of not eating and drinking enough. Staff were recording when they had supported the person with food and drink, but the specific amounts were not recorded, and there were no targets of food and fluid to be worked towards to the person's health..
- One person was described as being at risk of skin damage but no further detail was given around the specifics of the risks for the person, what staff should do and look out for, and how they should record these checks. The registered manager told us they would be adding the information immediately.
- Risks assessments that were in place were reviewed, and staff understood and followed risk assessments

appropriately.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with felt safe receiving care from the staff. One person said, "Yes I am in safe hands, I've no complaints." Relatives we spoke with confirmed they felt their family members were being safely cared for by staff.
- Staff were trained in how to keep people safe from abuse and recognised the signs that might indicate a person was being abused. They knew how to report concerns to the registered manager, provider, and external agencies if necessary.
- The provider had systems in place to safeguard people from abuse including safeguarding and whistleblowing policies and procedures.

Preventing and controlling infection

- People told us that staff always wore appropriate PPE and followed guidance.
- The service had an infection control policy in place which staff followed. The service had sufficient PPE stock, and staff confirmed the provider always ensured they had an adequate supply.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reported, where necessary, to the appropriate authorities. Managers reviewed incident and accident data to identify any themes or trends, and actions were taken to make improvements and share learning points through team meetings.

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.

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

Staff support: induction, training, skills and experience

- Regular training was provided to staff to ensure their knowledge was current and up to date. However, oversight on training records was not always clear. The registered manager did not always have a clear record as to when training required updating. The Registered manager told us they would be updating the record to have oversight.
- Staff received an induction when first working in the service. One staff member said, "I shadowed other staff who were more experienced, and they introduced me to people that I would be caring for. All the training was provided."
- The service had systems in place to support and supervise staff. Staff received regular supervision, this included spot checks of their competencies.

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

- People's needs had been assessed prior to receiving a service. The registered manager met with people and assessed their needs and created a care plan for staff to follow.
- Assessments were regularly updated to reflect people's changing needs. One person told us, "I think they (staff) know me very well and seem well trained up."

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

- People received support with meal preparation when required. People's specific needs around food and drink were documented within their care plans, although more recording detail was required when people were described as being at risk of not eating and drinking enough. The registered manager said they would add the required detail immediately.
- People and relatives confirmed they were happy with the support offered in this area.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff worked in partnership with healthcare professionals to ensure people had access to health care support when they needed it. This included doctors, district nurses and nutritionists. For example, staff were supporting one person to attend a regular therapy session.
- The registered manager and staff had a good knowledge and understanding about people's healthcare requirements.

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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met, and found they were.

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

- People and relatives told us the staff were kind, caring and respectful. One person said, "The staff are all very good to me." A relative of a person said, "If we ever want anything, it's done. We couldn't be happier with them." One written compliment from a person said, 'The carers are really good, very patient, and so helpful. They always make sure they lock the door when they leave and put the bin out for me once a week, carers are doing a wonderful job.'
- Staff we spoke with confirmed they were able to get to know the people they provided care to, and were able to build positive relationships.
- The registered manager and care coordinator had a good knowledge of the people receiving care, and what their likes and dislikes were.

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

- Where possible, people were involved in making decisions and planning their own care. Relatives were also involved in supporting people's decisions and care.
- Care plans contained people's own preferences and decisions where they were able to make them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Care plans we looked at prompted staff to be considerate of people's privacy. For example, 'Make sure the curtains are drawn and door closed before commencing any personal care'.
- Care plans and personal information was stored securely in the office, and staff were aware of data protection, and keeping people's information confidential.

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 good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care plans reflected their likes, dislikes and preferences. We discussed with the registered manager about some areas which lacked detail in explaining people's preferences and routines. The registered manager and staff had good knowledge about people's likes, dislikes, and personality but this was not always documented in care plans. The registered manager told us they would be updating care plans to reflect this.
- People and relatives we spoke with told us that staff knew them well and treated them as individuals. Staff had built positive relationships with the people they were supporting and demonstrated a good understanding of people's preferences and needs.
- The service was proactive in meeting people's needs. For example, extra social visits were arranged with commissioners for a person who was displaying distressed behaviours when alone. Staff reported the person needed extra social time with staff which was alleviating anxieties for the person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available in easy read formats when requested. For example, the service had made a poster for a person in their first or preferred language, to ensure they fully understood certain information about their care.

Improving care quality in response to complaints or concerns

- A complaints system was in use. There had been no recent complaints. Systems were in place to ensure any complaints made would be reviewed and responded to appropriately.

End of life care and support

- No end of life care was required. End of life care planning was made available to those people who wished to discuss their preferences in this area.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes in place did not always ensure the provider and registered manager maintained effective oversight of the service. Audits carried out were not always effective, and action was not always taken promptly. The provider had failed to adequately audit and check certain areas of the service. Staff were not always recruited in to the service safely. Medication administration was not always documented properly. Full oversight on training records was not in place. Prompt and sufficient action was not taken when issues were found.

This lack of adequate documentation and checks in the above areas was a breach of Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us that the usual checks and assurances had fallen behind due to the Covid-19 pandemic. The registered manager told us that audits and checks would be restarted fully.
- The registered managers fulfilled their legal obligations to notify the Care Quality Commission of serious incidents
- Staff were clear about their responsibilities and the leadership structure in place. People knew who the manager was, and staff told us they felt well supported by the management team. One member of staff said, "The registered manager is very approachable. I've worked other places where managers don't get back to you, but here they always answer the phone." A relative said, "The managers always shadow carers and check on them."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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;

- There was a positive culture within the service. A relative told us, "The managers always shadow carers and check on them. They regularly ring to check that everything is ok."
- Staff understood positive risk taking, and were motivated to support people to become more independent as much as was possible.
- The registered manager was aware of, and had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

- The management team were open and honest during our inspection.

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

- Regular feedback was sought from people and relatives of people using the service via satisfaction surveys and phone calls. People we spoke with felt the managers engaged with them well.
- Team meetings were used to share information with staff and allow staff to feedback. We saw minutes of meetings to confirm these took place, and staff told us they were comfortable to speak up within this forum.

Working in partnership with others

- The management team worked closely with the local authorities and health and social care staff to review care packages and implement improvements when required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Failure to audit and check areas within the service. Safe recruitment procedures were not followed. Medicines administration was not always documented sufficiently.