







Abbeyfield Society (The) Abbeyfield Girton - Care at Home Service

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	

Overall summary

Abbeyfield Girton - Care at Home Service is registered to provide personal care to people living in their own flats. There were 16 people using the service when we visited. This inspection was announced and took place on 6 January 2016. The service did not have a registered manager at the time of this inspection. Although there was a manager in place they were not yet registered. A registered manager is a person who has registered with

the Care Quality Commission (CQC) 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

Summary of findings

service is run. However, a manager had recently been appointed in November 2015 and they were in the process of applying to become registered with the Care Quality Commission.

Staff knew what action to take to ensure that people were protected if they suspected they were at risk of abuse. There were sufficient numbers of staff to provide care to the people using the service.

Recruitment procedures ensured that only suitable staff were employed to work with people using the service. Risks to people's health, wellbeing and safety had been assessed and actions had been taken to reduce any identified risks. Arrangements were in place to ensure that people were supported and protected with the safe management of their medication.

The CQC is required by law to monitor the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider was acting in accordance with the requirements of the MCA including the DoLS. The provider demonstrated how they supported people to make decisions about their care and where they were unable to do so, there were records showing that decisions were being taken in people's best interests. This also meant that people were not being deprived of their liberty with the protection of the law.

Staff had received training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were supported by staff with their nutritional needs, where appropriate, during the care visits they received.

Members of staff were trained to provide effective and safe care which met people's individual needs and wishes. Staff understood their roles and responsibilities. They were supported by the manager to maintain and develop their skills and knowledge through ongoing support and regular training. The staff were in contact with a range of health care professionals to ensure that care and support to people was well coordinated and appropriate.

People's privacy and dignity were respected and their care and support was provided in a caring and patient way.

Care and support was provided to people in their own flats situated in a purpose built housing complex. People received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care plans were amended when required. The service was flexible and responded very positively to people's requests. People who used the service felt able to make requests and express their opinions and views. Proactive measures were in place to prevent people from becoming socially isolated. A complaints procedure was in place and complaints had been responded to, to the satisfaction of the complainant. People felt able to raise concerns with the staff at any time.

The provider had effective quality assurance processes and procedures in place to monitor the quality and safety of people's care. People and their relatives were able to make suggestions in relation to the support and care provided.

Summary of findings

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 safe.

Staff were aware of their roles and responsibilities in reducing people's risk of harm.

Recruitment procedures showed they only employ staff suitable for the role. Staffing levels ensured care was provided to meet people's assessed needs.

People were prompted to take their medications as prescribed.

Good



Is the service effective?

The service was effective.

An ongoing training and supervision programme was in place to ensure that staff had the support, knowledge and skills to care for people who used the service.

Staff were acting in accordance with the Mental Capacity Act 2005

Including the Deprivation of Liberty Safeguards This meant that people were not at risk of unlawful restrictions being placed on them.

People's health and nutritional needs were being met.

Good



Is the service caring?

The service was caring.

Care was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued by staff.

People were involved in reviewing their care needs and were able to express their views and make changes to their care.

Good



Is the service responsive?

The service was responsive.

Reviews were carried out on a regular basis to ensure people's care and support needs were being met.

People were supported to pursue activities and interests that were important to them.

People were aware of the complaints procedure and felt confident that their complaint would be dealt with thoroughly.

Good



Is the service well-led?

The service was well-led.

Procedures were in place to monitor and review the safety and quality of care and support being provided.

Staff were supported and felt able to raise concerns and issues with the manager.

Good



Summary of findings

People and staff were involved in the development of the service, with arrangements in place to listen to what they had to say.

Abbeyfield Girton - Care at Home Service

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 was announced and took place on 6 January 2016 and was undertaken 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.

We gave the provider 48 hours' notice of this inspection. This is because the manager is often out of the office supporting staff and we needed to be sure that they would

be available. Before the inspection we looked at all of the information that we held about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

During the inspection we visited the service's office, visited and spoke with four people in their flats. We spoke with six people and four people's relatives on the phone. We also spoke with the manager and two members of care staff.

We looked at five people's care records and records in relation to the management of the service. We also looked at the management of staff such as recruitment, supervision, and training records. We spoke with healthcare professionals who had contact with the service. These included a local GP practice, an occupational therapist, a local pharmacy and a manager at the housing complex who had regular contact with the service.

Is the service safe?

Our findings

None of the people we spoke with had any concerns about their personal safety. One person said, “The care staff look after me very well and I feel very safe when they are here.” Another person said, “Yes I feel safe here, as time goes on I will need more care and I’m confident they will be able to provide that.” People also said that they were able to talk to with the staff and have a laugh and joke together. A relative told us that, “I feel that [family member] receives safe care and the care staff are careful when providing the care.” Another relative said, “The care and support is very good and my [family member] is very happy with the care and feels safe.”

The provider had ensured that there were detailed safeguarding guidelines and policies in place, which were in line with the local authority safeguarding procedures. Staff were aware of their roles and responsibilities in relation to protecting people from harm. They had received training and were aware of the procedures to follow. They told us they would not hesitate in raising any incidents or concerns with the manager and or the local authority’s safeguarding team.

Contact details for reporting safeguarding incidents to the local authority were available and were included in people’s information pack. One member of staff said, “If I saw any poor care I would feel confident in reporting it to my manager without hesitation.” This showed us that there were processes and procedures that helped keep people as safe as practicable.

Each person had a folder in their flat containing daily notes which were completed by care staff detailing the care and support that they had provided during the visit. This was to demonstrate that people had been cared for according to their care plan needs and to record any other significant events such as medical appointments or visits from healthcare professionals. Risk assessments were in place. These included assessments for moving and handling, assistance with medication, skin integrity and any environmental risks. Staff were aware of their roles and responsibilities in keeping people safe when they were providing care.

People’s care plans included information on the level of support that people required with their medication and also whether the person would be responsible for the administration of their medications. One person said, “The carers remind me to take my tablets which is very helpful.” Risk assessments had been completed for people requiring assistance from care staff to administer their medication. One person said, “The carers always make sure that I receive the tablets that I need.”

People and their relatives said that the staff provided care and support in a consistent and professional way. Some people told us that staff were busy and seemed “stretched” at times and that more staff were being recruited. The manager confirmed that additional staff were being recruited to ensure that sufficient staff were available to people at all times.

People that we spoke with confirmed that staff were on time and had never missed any of their care calls. One person said, “The carers come within 15 minutes of their time and if they are going to be late then they phone me” The manager told us staffing levels were monitored on an ongoing basis. The manager said that people only received a service once the appropriate numbers of staff had been allocated. This was to ensure that the person’s care and support needs could be safely met.

People and their relatives were complimentary about the care staff and one person said, “The staff must be ‘hand-picked’ because they are so professional and treat me so well”

Staff only commenced working for the service when all the required recruitment checks had been satisfactorily completed. Records showed us that appropriate checks including a satisfactory criminal records check and receipt of references from previous employment had been carried out prior to staff starting work. Any gaps in employment were pursued with prospective staff during their interview. This showed us that the provider only employed staff who were deemed suitable to safely work with people using the service.

Is the service effective?

Our findings

People spoke positively about the care workers and were satisfied with the care and support they received. One person told us, “The [care staff] are very good and help me with whatever I need.” Another person told us, “The carers are really cheerful and they make sure everything has been done before they leave and they are very careful and considerate.” Relatives we spoke with said they all felt that the care and support provided by care staff met their family member’s needs. One relative said, “My [family member] has a number of needs and the staff really understand and take time to help them in a kind and effective way.”

The manager confirmed there was a programme to make sure training was kept up to date. The training record showed the courses that staff had undertaken and dates for when they were required to retake them. . Examples of training included; safeguarding, dementia awareness, food hygiene, dignity in care, nutrition and safe moving and handling. Staff we spoke with confirmed that they received regular ongoing training sessions throughout the year and that they were advised of dates for the training. This showed that staff were supported to have ongoing training to refresh and improve their knowledge and skills and enable them to effectively deliver care to people.

Staff told us they had received regular supervision and an annual appraisal and that they could speak to the manager at any time to discuss issues or concerns. This meant there was an effective system to support and monitor staff so that they were delivering effective care for people. Staff files showed that they had received an induction and training when they started work to ensure that they followed safe working practices. The staff induction programme covered the induction standards which were in line with ‘Skills for Care’ (Skills for Care is a workforce development body for adult social care in England).

People told us that where meals were provided, staff had consulted with them regarding their individual needs and preferences. We saw that assessments of people’s dietary needs and preferences had been made and that these were recorded in their care plan. One person said, “The care staff are very kind and make me breakfast and lunch and always make sure that I have chosen what I would like to eat.”

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. 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 were being met.

We found that people’s rights were being protected from unlawful restriction and decision making processes. The provider had procedures in place, with training for staff during their induction and on an ongoing basis regarding the Mental Capacity 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with confirmed that they had received MCA/DoLS training. The manager and staff were knowledgeable about the situations where an assessment of people’s mental capacity could be required. The manager was also aware of the relevant contact details and local authority procedures regarding this area.

We saw that a mental capacity assessment had been completed regarding one person and the administration of their medication. Their relative confirmed that this had been completed in conjunction with the person. The manager had also contacted the supervisory body regarding an application for a DoLS assessment for the person.

Health care professionals we spoke to also told us that they had received good quality information from the manager and staff when healthcare issues arose and staff always acted on any advice they were given. We spoke with the practice manager at a local surgery who had contact with the service and they were positive about their communication with the service and found them to be professional and responsive to changes in people’s health needs. A local pharmacy and an occupational therapist were complimentary about the service and said that the manager and care staff always followed any advice and were proactive in reporting any issues.

Is the service caring?

Our findings

People and their relatives we spoke with confirmed that the staff were very kind and caring. For example, one person said, “The care staff are superb and kind and respectful towards to me and they know what they are doing.” A third person said, “The staff help me with a shower and I look forward to seeing them.” A relative said, “The staff are excellent and always make sure my [family member] is well looked after.” Another relative told us, “The care staff who support my [family member] are very kind and helpful.”

All of the people we spoke with, including their relatives, told us that care staff respected people’s privacy and dignity. People told us that they usually had the same care workers providing care to them. People said that they usually knew which member of staff would be visiting and providing their care. One person said, “I am really happy with the carers who come to help me and they are so kind and caring and they know how I like things to be done – they always check that I am comfortable and ask if anything else is needed before they leave.” This showed that the service took time to ensure people were respected and consulted about their care and support needs.

When we visited people in their flats we observed that staff knocked on the door before entering and introduced themselves. Staff spoke with people in a friendly, caring and respectful manner. Staff used people’s preferred names and demonstrated an attentive and caring attitude towards people. People told us that staff had taken time when talking with them about things which were important to them in a respectful way.

One person said, “The carers take time to chat with me whilst they are providing care.” Another person said, “The care staff are polite and respectful whilst in my flat and they always treat me well and respect my privacy.” Relatives we spoke with also confirmed that they had seen staff treating their family members in a respectful and caring manner. One relative said, “The staff and manager deliver respectful care to my [family member].”

The staff we spoke with showed a great deal of warmth about their work and the people that they were providing care to. One staff member said, “I really love my job and enjoy providing the best care to people living here.”

Records showed that staff received training about how to promote and maintain respect and dignity for people and meet their needs in a caring way including caring for people living with dementia. Care and support plans reflected people’s wishes and preferences and how staff should support them. The manager told us that they ensured that they were able to meet people’s preferences. This showed us that people’s equality and diversity was considered and acted upon.

The manager told us that people were provided with information as required so that they could access local voluntary and advocacy services when necessary. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

All of the people we spoke with and their relatives told us they were provided with information about the care and support provided and also if any changes were to be made. For example, one relative said, “My family member’s care is regularly reviewed and any changes to calls are made as necessary.”

People said they were able to choose the care workers they preferred, the time of their care and how they wanted their care to be delivered. The manager told us that new care staff were introduced to people prior to them providing care and support. This was confirmed by care staff and people we spoke with. One person said, “Any new staff are always introduced to me so that I can get to know them before they give me care.”

The manager told us that they provided care only where the staff could do this reliably and effectively to ensure people’s needs were met. This was also confirmed by healthcare professionals who we spoke with.

Detailed assessments had been undertaken prior to the commencement of care packages to ensure that people’s needs could be safely met. Care plans that we saw were signed to confirm that people had agreed the care and support that was to be provided. Five care files we looked at showed evidence that people were consulted about their care and support needs. We saw that the manager and staff had regularly reviewed people’s care plan with the person using the service and their relatives where necessary.

The relative of one person said that, “They know [family member] really well and I am very happy with the care they give.” People and their relatives confirmed that they had been regularly consulted and were involved in reviews of the care provided. Staff told us that they had been involved in reviewing care and confirmed that they were made aware of any changes to people’s care and support needs by the manager.

From the five care plans we looked at during our inspection. There were guidelines in place about the care and support that was to be provided during each visit. Information was recorded and written in a person centred style regarding the person’s background, family contacts and personal preferences as to how care and support should be delivered. Examples of care and support that

people received included assistance with personal care, preparation of meals and drinks, assistance with medication and domestic tasks and social and welfare calls. There were agreements in place, signed by the person which agreed the care and support that was to be provided.

The manager stated that care plans were also updated where people’s needs had changed for example following a hospital admission or a health care issue. We saw that there had been six monthly reviews completed regarding the care and support that was being provided.

Daily notes completed by care staff detailed the care and support that had provided during each care visit. People and their relatives told us that staff had been responsive and flexible to people’s needs such as visiting them earlier or later when the person had planned to go out or had an appointment to attend.

People and their relatives that we spoke with were clear about who to speak with if they were unhappy or wished to raise a concern. One person said, “If I ever have any concerns the staff are very good at sorting it out for me.” A relative told us that, “The manager and staff are very good and deal with any issues or concerns quickly and efficiently.” People told us that their concerns and any complaints were always dealt with in a timely and professional manner. People said they felt confident in raising and discussing their concerns with staff and the manager at any time. The complaints log showed complaints had been dealt with and satisfactorily resolved.

A copy of the service’s complaints procedure was included in people’s information packs kept in their flat which contained guidelines for people on how to make a complaint. The manager told us that all complaints were acknowledged and resolved to the person’s satisfaction as much as possible. One person said, “I feel confident that if I wished to raise any concerns or a problem it would be dealt with properly.” A relative said, “The manager and staff sort out any concerns that my [family member] may have. Communication is very good.”

The service was in regular contact with local surgeries and people had access to appointments with their GP and received visits from district nurses where required. Each

Is the service responsive?

person also had a 'hospital passport' in their file which was a document that gave essential health and care information and accompanied the person should they need to be admitted to hospital.

The service regularly and consistently considered the quality of care it provided and took appropriate action where required. This was carried out by speaking with

people, their relatives, staff and health care professionals. Their views were gathered and the manager responded to any changes to the services provided as required. Staff worked in partnership with health care professionals and a local practice manager said "The service deals with healthcare issues in a professional and efficient manner."

Is the service well-led?

Our findings

People we spoke with and their relatives told us that they had regular contact with the manager and the service's management team. They knew who to contact if they wished to discuss any concerns about the care and support being provided. One relative said, "I am more than happy with the service and the management - they are very good." Another relative said that, "The care and support is well managed and organised and the carers are very efficient".

Regular courtesy calls were undertaken and recorded. These were made to people by the manager and senior staff to monitor people's satisfaction with the care being provided. One person said that, "I often have a telephone call with the staff and they always ask me if I am happy with care that I am receiving."

Surveys for 2015 had been sent out to people using the service as part of the ongoing quality assurance audits. They were positive and no concerns or issues had been raised. The manager told us that surveys were being sent to people, their relatives and staff during January 2016 to gain their opinions regarding the care provided.

Staff told us that they felt the service was well managed and that the manager was 'hands on' (they work alongside care staff providing care) and were available and approachable. They said they felt supported and that they were able to raise issues and concerns at any time. They told us their views and opinions were respected, listened to, valued and acted upon. Staff confirmed that their supervision sessions and staff meetings helped to ensure that information and developments were shared in a consistent and reliable way. Minutes of staff meetings confirmed this to be the case

There was an open culture within the service. Staff told us they enjoyed their work and working for the service. One member of staff said, "I really love my job and this is a really

good service to work for." Staff we spoke with were aware of the whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice if this arose. Another staff member said, "If I saw or knew about any poor care or bad practice I would report it to my manager and I would be confident that it would be acted upon without any hesitation or delay."

Notifications had been submitted to the Care Quality Commission as required. This showed us that the provider and staff were aware of their legal responsibilities.

The manager undertook a number of audits to monitor procedures to ensure that people using the service remained safe. Audits included the monitoring of people's care plans and risk assessments, discussions with people who used the service and staff, recruitment, health and safety and staff competency checks regarding their working practice. Staff said and records we saw confirmed that the manager and senior staff carried out competency/spot checks to monitor safe practice. Staff told us that they felt able to discuss any care and support issues or concerns with the manager and senior staff. Where action had been identified there was a clear plan in place to ensure that improvements were made.

Operational managers from the organisation conducted three monthly audits of the service which covered; staffing issues, care and resident satisfaction, health and safety and complaints. We saw copies of completed audits. These identified any improvements that were to be made in procedures and processes?

The manager and staff worked in partnership with other organisations and this was confirmed by health care professionals we spoke with. Comments we received were positive and any communication issues, concerns and queries with the service were responsive, professional and promptly dealt with.