

Abundant Care & Recruitment Intl Ltd

Abundant Care

Inspection report

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Date of inspection visit:
24 May 2023
01 June 2023
12 June 2023

Date of publication:
12 July 2023

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

Abundant Care is a domiciliary care agency providing personal care to people in their own homes. At the time of inspection, the service was providing personal care to 29 people. This includes people being supported through the reablement service. This service provides time limited support to assist people coming out of hospital to regain as much of their independence as possible.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Feedback from people and their representatives about the care provided was largely positive.

The provider had resolved the concerns raised at our last inspection. They had worked well with the local authority to improve their systems and ensure the registered manager had oversight of the service. The provider had recruited new senior staff, including a care manager who were committed to driving improvements.

Senior staff had introduced a range of quality checks which helped monitor care and ensure staff met people's needs safely. Concerns were dealt with promptly.

Recruitment processes had improved. The service had enough appropriately skilled staff to meet people's needs in an unrushed manner and keep them safe. Staff morale was good and staff were positive about the changes at the service.

Risk assessments and care plans had been improved to provide staff with detailed, personalised guidance on how to support people safely. No one at the service was receiving end of life care. We made a recommendation around improving end of life care plans.

Safeguarding practices had improved to help protect people from the risk of abuse. Staff had improved training and guidance to ensure they supported people to take their medicines safely, and as prescribed. Staff minimised the risk of infection.

The registered manager had improved training and supervision to enable staff to develop their skills and provide good quality care. Staff supported people to eat and drink in line with their preferences. They worked well with people, families and professionals, referring where necessary when there were concerns about people's health and wellbeing.

Staff were compassionate and committed to the people they supported. Staff were encouraged by senior

staff to spend time getting to know people and provide unrushed care. Care was reviewed regularly and adapted as people's circumstances changed,

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

The last rating for this service was requires improvement (published 4 August 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

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.

Abundant Care

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 team consisted of 1 inspector and an Expert by Experience who made phone calls to people and relatives. 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 houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection as we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 May 2023 and ended on 12 June 2023. We visited the location's office on 24 May 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and other professionals who worked with the service and received feedback from 2 professionals. 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.

The inspection

During our office visit we spoke with the registered manager, the care manager and other office staff. We reviewed a range of records relating to the management of the service, including 3 people's care records, 3 staff files, and training and quality assurance records. We spoke to or had email contact with 6 staff.

The Expert by Experience spoke with 3 people who use the service and 6 relatives to gather their feedback on the quality of care provided. During the inspection, the provider sent us additional information by email, as requested.

Is the service safe?

Our findings

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

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

Staffing and recruitment

At our last inspection we recommended the provider consider current guidance for the safe recruitment of staff and update practice accordingly. The provider had made the necessary improvements.

- At our last inspection we found the provider had not always ensured staff were safely recruited. This had now been addressed fully. Staff files had been reviewed to ensure recruitment processes were followed as required. There was now an effective system which was used to check recruitment and pick up any gaps.
- The provider had started recruiting staff from abroad. We had some feedback that occasionally staff did not have a full understanding of the preferences of the people they supported, for example how to prepare certain foods. We discussed this with the registered manager who was passionate about addressing this and already had measures in place to promote staff understanding. A member of staff said, "We have 3 or 4 videoconference meetings before staff even come to the UK." In response to our feedback the registered manager arranged additional sessions to provide further practical guidance about food preparation.
- There were enough staff to meet people's needs. A person told us, "There are always 2 people here for me and the time keeping is good. They are normally here for the right length of time. I don't feel rushed, and they are not in a hurry to get to the next person." Office staff were trained to provide care and went out in an emergency if required, to ensure people received care.
- There were effective call monitoring systems in place which flagged up promptly any potential missed visits. People and their relatives told us this system worked well. They told us of an example where there was a missed visit which was investigated and resolved promptly as soon as the office was alerted.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At our last inspection the provider had not always ensured risks to people's safety were managed appropriately, and risk assessments were not in place. At this inspection we found the provider had taken effective action to address our concerns.
- Care plans had been improved to provide clearer information to staff. They were extremely detailed and personalised. We found 1 example where a person's care plan lacked detail about the equipment used to help them move. We asked the registered manager to address this. There was minimal impact on the safety of the person. There had been improvements in staff training around manual handling and rotas were arranged so more experienced staff could show other care staff how to support people safely.
- A person told us they felt safe when staff were supporting them to move. They said, "I feel 100% safe. I never feel like I will fall, as there is support there. The equipment is used properly, and they check and double check it. It makes me feel safe. They talk to me and tell me what's happening, so nothing comes as a surprise, and I am prepared for it."

- Senior staff had a good understanding of risk across the service. They had a plan which highlighted the needs of people with complex needs and would be a priority to receive staff support. For example, it told staff to prioritise the care of a person who was at risk of falls and lived alone. A member of staff said, "It's a very rural area so we look at what would happen in heavy snow."
- There was a system for recording accidents and incidents to enable the registered manager to ensure prompt action was taken where required. Senior staff completed investigations to ensure they learnt lessons when things went wrong.

Using medicines safely

- At our last inspection the provider had not ensured medicines were managed safely and as prescribed. This had now improved. Feedback from people and their relatives was positive, reflecting a person-centred, flexible approach to ensuring people received their medicines safely.
- Staff had guidance on how to supervise a person who took their medicine independently to ensure they took the correct amount of tablets. There were good examples of staff working well with relatives to support safe care.
- Medicine care plans had improved and gave staff clear guidance. For example, photos were used to clearly show what medicines had been prescribed. There was information on why each person had been prescribed a medicine and any risks involved.
- The registered manager told us they had retained paper records so people, family members and any emergency services could immediately see what medicines had been prescribed. They also used an electronic system. The system flagged any possible missed or delayed medicine administration to a senior care staff who promptly resolved any concerns.

Systems and processes to safeguard people from the risk of abuse

- At our last inspection we found the provider had not ensured all staff had received updated safeguarding training. This had been addressed and all staff had received the necessary training. A member of staff told us, "We are much more aware of safeguarding then we used to be. The care manager has been on top of that, and we work together to contact social workers."
- Safeguarding investigations were completed fully by senior staff, with practical recommendations made where there were areas for improvement. For example, a care plan was amended to change the support provided with medicines. Senior staff worked well with external professionals in relation to any safeguarding concerns.

Preventing and controlling infection

- At our last inspection we found staff did not have relevant, up to date training in infection prevention and control. This had now improved, and the provider had practical and effective systems to manage risks from the spread of infection.
- Feedback from people and relatives was positive about the use of personal protective equipment (PPE). A person told us, "If staff are feeling under the weather they wear a mask just in case, to stop the spread of germs."
- Training around infection control had improved. Spot checks and other audits helped ensure staff were supporting people to minimise the risk of infection.

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

Staff support: induction, training, skills and experience

- At our last inspection we found training was out of date, including manual handling. This had now improved. A member of staff confirmed they had attended practical manual handling training to learn how to support people safely with moving.
- A number of new systems had been set up to improve staff practice, such as more regular spot checks. There were new senior staff who supported staff to develop their skills, providing practical advice and guidance. A member of staff told us, "Shadowing is a huge part of the job, and is really important."
- Poor practice was challenged, and learning used to improve the quality of the service. A member of staff told us, "If you are doing something wrong, they will correct you." Some of the recording around staff observations lacked detail, which made it difficult to work with staff to address any gaps. We fed this back to the management team who assured us they would support senior staff to develop skills in this area.
- Staff were well supported. A member of staff told us, "I do get supervision and I love it. I say how I feel, where I want more support and what training I need. It's all recorded."

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

- At our last inspection we found staff did not always have the information they needed about people's needs. A relative told us, "They came and did an assessment, it was perfectly fine. They are all person centred." Where people were supported to return home from hospital promptly, assessments were carried out by senior care staff at the first home visit.
- Senior staff had updated all the care plans to provide detailed guidance. Key information, such as any allergies, was presented clearly so staff could find it easily. Information was more personalised. A member of staff told us, "We changed the plans so everyone who picks up the care plan can understand who they are. Were they a retired teacher, do they like toast in the morning?"

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 MCA 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.

- At our last inspection we found there was not always a written record people had consented to care. This had now been addressed. Staff had received training on the MCA and had a good understanding about people's right to consent.
- Care plans detailed people's preferences so care staff could make decisions in their best interest. There was information about who had the right to be involved in making decisions on a person's behalf.

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

- People were supported to eat and drink in line with their care needs. A member of staff described how they supported a person with limited capacity, offering two simple options of their favourite foods to enable them to make a choice.
- Care plans gave detailed information about people's preferences, detailing any additional support needed to ensure they ate and drank enough. For example, staff worked closely with monitored a person who was at risk of malnutrition and dehydration.
- Staff had completed food hygiene training to ensure they supported people safely with their meals and drinks.

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

- Staff had worked well with external professionals to meet people's needs in a holistic manner. Staff had communicated well with a district nurse around the support a person needed with their catheter. Another person had a detailed care plan around their diabetes which had been developed with a health professional.
- Care plans had clear guidance on how staff could help people maintain their wellbeing and health. Staff were advised to check the condition of a person's feet so they could refer to the podiatrist when required.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 registered manager told us of the importance of providing consistent care. They said, "We try and keep the same care staff going to the same people. We try not to change where people have dementia because they love their usual staff."
- People said they appreciated being supported by consistent staff where possible. A person told us, "I have the same staff and their time keeping is good. If they are running late, they let me know, it's nice to know that someone will be here, and they are coming."
- Care was respectful and unrushed. People told us, "Staff are very open and make me feel important and listened to" and "I never have any problem with them appearing to be disinterested. They have a good sense of humour which makes a difference."
- Staff were encouraged to consider the wider circumstances of a person and their family. Senior staff had written a care plan in a compassionate manner, describing the stresses experienced by a family carer and how staff could support them in their role.

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

- People's involvement in their care was promoted by senior staff. There was an emphasis on giving people enough time to make decisions. Staff described how they promoted choice when supporting people, such as offering options at mealtimes.
- Care plans provided helpful information about people's capacity to make decisions. A person's care plan provided a balanced, respectful view on their preferences when they differed from their relatives.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to remain independent. Care plans promoted this practice with specific advice to staff stating what tasks a person was able to do independently. A member of staff described with compassion how they had only recently started supporting a person with some tasks as their health deteriorated, having encouraged them to remain independent as long as possible. They said, "[Person] can still manage to brush their teeth. Even though they are a bit slow I encourage them to do it themselves."
- Feedback from people confirmed they were encouraged to remain independent. A person told us, "I like to do things myself when I can, and [care workers] are happy to let me to do it. If I need extra help I ask and they do it."
- Staff promoted people's dignity and privacy. A member of staff told us, "In the hot weather we are having all the windows and curtains open, but I still shut the curtains for dignity when giving personal care." A person described how staff followed their wishes as outlined in their care plan to ensure they promoted

dignity.

Is the service responsive?

Our findings

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

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

End of life care and support

- The provider was not supporting anyone with end of life care at the time of the inspection.
- There was clear information about whether people wanted to be resuscitated. Care plans provided information about relatives and representatives involved in supporting people with decisions about their ongoing care needs.
- The newly revised care plans did not have a section to explore with people whether they wanted to discuss any needs around end of care and support.

We recommend the provider considers current best practice guidance for the development of end of life care plans.

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

- Care was reviewed regularly, with people having a say in the review process. A person told us, "I have had a review and I am involved in it. [Abundant Care] ask me how I feel, if it's okay and ask open ended questions, if I feel safe or not. They continually are asking me, if they can do anything else, it makes me feel valued."
- People who had more targeted support as part of the reablement service were reviewed more regularly and there was a focus on measuring improvements since their discharge from hospital.
- Care plans detailed people's preferences, history, and cultural needs. There was a section which detailed former careers, places and people special to them which was written with compassion and warmth. This enabled staff to provide personalised and flexible care.

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.

- Care staff knew people well and had learnt how best to communicate with them. Care plans gave information about people's communication needs.
- The provider was aware of the importance of presenting information in line with individual needs. A person described how staff had offered to provide information in different format so support communication.

Improving care quality in response to complaints or concerns

- The registered manager had a system in place to record and monitor complaints.
- People told us they were confident any concerns raised to the office would be dealt with well. We spoke to 2 people who had raised a concern and they told us their complaint had been resolved appropriately.
- Outcomes from complaints and feedback were discussed in team meetings and used to improve the quality of care. For example, staff were instructed not to cut visits short and to always wear their identification badges.

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 our last inspection we rated this key question requires improvement. At this inspection the rating 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.

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

- At our last inspection we found the provider's systems to monitor the quality and safety of the service were not robust. The senior staff team were committed to improving care and had introduced new quality systems.

- Senior staff did not always communicate effectively when working with the new systems. We found examples where they had dealt promptly with issues found in audits or complaints, however there was no record concerns were followed up at individual staff member's supervision and appraisals. This did not have a significant impact on the quality of care and was being addressed by the management team.

- The new management tools had improved oversight and helped minimise risk. A manager's audit included records of different quality checks and actions taken where tasks had not been carried out as required. For example, the audit highlighted where care plans were missing people's written consent. This management audit represented best practice and was key to the improvements at the service.

- There was a new care manager who had contributed considerably to the improvements at the service. They were supporting senior staff to develop skills in their new roles.

- Since our last inspection, the management team had worked closely with the local authority to improve the service. They had met the requirements of a local authority action plan in January 2023. A social care professional told us senior staff worked well with them. They said, "I have always found [Abundant Care] to be very helpful and willing to sort out any issues that I have had. They have been quick to respond, and the care manager always has a good understanding of the adults that they look after."

- The service had grown gradually which gave time for the provider to promote safe, good quality care. The provider assured us they were committed to continuing this gradual sustainable growth.

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

- The management team demonstrated a person-centred focus as they made improvements across the service. Care plans and quality checks constantly reminded staff of the person being supported, their preferences and needs. People achieved good outcomes and were enabled to remain independent for as long as possible.

- Feedback from people and families reflected the benefits gained from the improvements at the service. A person told us, "The level of care at the service is good, they go above and beyond."

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

characteristics; 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 an open culture and the management team were honest when things went wrong. We received feedback from 3 people who stated they had received apologies from the registered manager when issues occurred.
- People and families were asked their opinion about the service, and we saw any issues were later discussed at team meetings to drive improvements. We had mainly positive feedback about communication with the office. We had some feedback calls were not always answered. The registered manager told us an extra phone line was being added to resolve this.
- Feedback from the staff we had contact with was all positive. They told us morale was positive and staff told us the team worked well together. A member of staff said, "I have seen improvements recently. Sometimes we used to get rotas late but it's better now." There was a shared commitment to provide good quality care.