

Abourthorne Healthcare Limited

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Inspection report

S O A R Works
Knutton Road
Sheffield
South Yorkshire
S5 9NU

Tel: 07795966600

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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

This inspection took place on 24 and 28 August 2018. We gave the provider 48 hours' notice of this inspection.

Abourthorne Healthcare Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community in Sheffield. The service registered with the Care Quality Commission (CQC) in August 2017.

This was the first inspection of Abourthorne Health Care Limited and at the time of this inspection the service was supporting two people.

The service had a registered manager in post. A registered manager is a person who has registered with the 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 service is run.

People were positive about the care they received from Abourthorne Healthcare Limited. People told us they felt safe and that they trusted the care staff.

Risks to people were assessed and kept under review so staff knew how to provide care for each person in a safe manner. Staff were trained in their responsibilities for safeguarding vulnerable adults and were confident the registered manager would act upon any concerns they raised.

People were treated with dignity and respect. They told us staff always respected their privacy.

People were asked for consent before care was provided to them. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

Staff received a range of training as part of their induction when they started working at the service. Staff were supported in their roles through supervisions, appraisals and spot checks of their practice.

The provider had appropriate systems in place to manage any complaints about the service. At the time of this inspection the service had not received any complaints.

People's needs were assessed and kept under review. Their support plans contained detailed guidance for staff about how each person wished to be cared for. This meant staff could provide personalised care to each person.

People receiving support from Abourthorne Healthcare Limited and staff felt the service was well managed.

They all provided positive feedback about the registered manager.

The registered manager had implemented systems to monitor the quality of the service. They regularly gained feedback from staff and people who used the service. They analysed this feedback to see if any improvements to the service could be made.

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.

People told us they felt safe. Staff were aware of their responsibilities to safeguard vulnerable people from abuse.

Staffing levels were sufficient and flexible to meet the needs of people who used the service.

Risks in delivering care to people were assessed and kept under review.

Is the service effective?

Good ●

The service was effective.

Staff were provided with an induction, relevant training and regular supervision to give them the right skills and knowledge to support people.

People were asked for their consent before care was provided. The provider had appropriate policies and procedures in place for people who lacked capacity to consent to their care, in accordance with the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good ●

The service was caring.

People told us their care workers were caring and kind.

People were treated with dignity. They were treated as individuals and their choices and preferences were respected.

Staff knew people well and could describe the care they required and their preferences, likes and dislikes.

Is the service responsive?

Good ●

The service was responsive.

People's support plans accurately reflected their needs. People

were involved in planning and reviewing their care and support. This supported staff to provide person centred care.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

Is the service well-led?

Good ●

The service was well-led.

People and the staff said the registered manager was approachable and the staff felt supported by them.

People and the staff were asked for their feedback about the service. The registered manager analysed this feedback to help drive improvements to the service.

The service had a full range of policies and procedures available which were compliant with current legislation.

Abourthorne Healthcare Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 and 28 August 2018 and was announced. We gave the service 48 hours' notice of the inspection because the service provides a domiciliary care service and the manager is often out of the office providing care to people. We needed to be sure that they would be in so we could speak with them. The inspection team consisted of two adult social care inspectors.

Before this inspection we reviewed information available to us about the service and we contacted the contracts and commissioning team at Sheffield City Council. We also contacted Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the feedback received from these organisations to inform our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. The PIR contains information we usually require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

On 24 August 2018 we visited one person who received support from the service at their home. We asked their opinion of the service and we looked at their care records. We telephoned another person receiving support from the service on the same day, to obtain their views.

On 28 August 2018 we visited the service's office to view their records and speak with the registered manager. We spoke with four staff members on the telephone on the same day. We viewed a range of

records during this inspection including two people's care records, three staff files, policies and procedures used by the service and other records relating to the management of the service.

Is the service safe?

Our findings

People receiving support from Abourthorne Healthcare Limited told us they felt safe with their care staff. One person commented, "I feel safe" and "I trust the carers."

The risks involved in delivering people's care had been assessed. Risk assessments were person centred and provided clear guidance to staff on how to manage the risks, whilst promoting people's independence. For example, if a person was assessed to be at risk when mobilising, their care plan informed staff of what they could do for themselves, the level of support required from staff and the details of any equipment they required. Risk assessments and care plans were reviewed regularly and updated when necessary to make sure they accurately reflected the support people needed from staff.

An environmental risk assessment had been completed for each person's home. This meant staff were made aware of any potential risks in the person's home that may affect how they should provide care for that person, or that may affect the person themselves.

There were suitable systems in place to safeguard people from abuse. The provider had a safeguarding vulnerable adults' policy which guided staff on action they should take if they witnessed or suspected any abuse. Staff had been trained in their responsibility for safeguarding vulnerable people and they told us they were confident the registered manager would act upon any concerns they raised. The registered manager was aware of the circumstances in which they would need to refer concerns to the local safeguarding authority and to the Care Quality Commission (CQC).

The registered manager kept a log of any accidents or incidents which recorded the actions taken to reduce the risk of similar incidents reoccurring. This helped the service to learn lessons from incidents and make improvements to the service.

There were enough staff employed at the service to meet people's needs. At the time of this inspection, two people received support from Abourthorne Healthcare Limited and five people were employed at the service who could provide care to people. The service was in the process of recruiting six more members of staff, in anticipation of the service taking on new clients. The registered manager used an electronic system to monitor staff attendance at each care visit to make sure staff arrived on time and stayed for the correct amount of time. People receiving support told us staff stayed with them for the agreed length of time. One person commented, "They [care staff] always stay for the allotted time and always do the tasks they're meant to."

The provider followed a recruitment procedure to make sure the staff employed at the service were assessed as suitable to work with vulnerable people. Each staff file contained an application form detailing the applicant's work history. However, it was not always clear whether the applicant had provided a full work history. We discussed this with the registered manager who provided us with the full work history of each applicant following the inspection and confirmed that this would now be made clearer on each recruitment file. Staff files also contained two references, proof of identity and a check with the Disclosure

and Barring Service (DBS). A DBS check provides information about any criminal convictions a person may have. This helps to ensure the people employed are of good character and suitable to work at the service.

There was a policy in place to guide staff in supporting people with their medicines. At the time of this inspection the service was not supporting anyone with their medication however staff had received training in this area. The registered manager confirmed that staff would only be able to support people with their medicines once they had completed the necessary training and had been observed by the registered manager to provide this support competently.

The service followed policies and procedures regarding infection prevention and control. People receiving support from Abourthorne Healthcare Limited confirmed staff always used personal protection equipment (PPE) such as gloves and aprons, in line with good infection control practices. The provider had a contract with a supplier of PPE to make sure the service always had sufficient PPE available for staff.

Is the service effective?

Our findings

People receiving support from Abourthorne Healthcare Limited were happy with the care they received. Comments included, "They do everything I ask" and "They [the carers] take the time to get to know me and how I like things to be done. The carers listened to how I wanted to do things and they do everything my way."

Feedback received from people who previously received support from Abourthorne Healthcare Limited was displayed in the office and was very positive. One person had commented recently, 'Always punctual and willing to be flexible to suit my needs. Experienced care workers who know the correct way to move and handle me so as not to cause any unnecessary pain. Care is never rushed and they will stay longer than the allocated time if needed.'

People's needs were assessed before Abourthorne Healthcare Limited started providing them with support. This helped to ensure the service could meet their needs and that people received the care they wanted, at the times they wanted it. A detailed support plan was written for each person and this guided staff in how to care for them. People and their relatives were involved in the assessment which meant their care was planned in accordance with their own preferences.

Where staff supported people with meal preparation, their care records contained information about their food preferences and any special dietary requirements. One person told us, "The staff cook anything I want."

Staff received training to help them develop the skills and knowledge required to deliver effective care to people. When staff started working at the service they were required to complete a range of training which the provider considered to be mandatory. Staff told us they were happy with the training offered by the service. The registered manager used a training matrix to monitor which staff had completed the mandatory training and when further training was due. If any issues with staff practice were observed, they were supported to complete additional training.

The registered manager planned to hold supervision meetings with each staff member every three months and an annual appraisal. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training. Appraisals are meetings between a manager and staff member to discuss goals and objectives. At the time of this inspection, most staff had only recently started working for the service; however, one staff member had received a supervision and a spot check of their practice. Staff were given the opportunity to raise any concerns or ideas they had about the service during supervisions. Staff told us they felt able to approach the registered manager about any issues or concerns and they said they felt appropriately supported.

People's support plans held clear information about their health so staff were guided to provide any specific care required by a person's health condition. The registered manager told us the service worked with other organisations to help make sure people's health and social care needs were met holistically. The provider

used assessments undertaken by other organisations, such as the local authority, to inform and guide their own assessment of people's needs.

We checked whether people had given consent to their care, and where people did not have capacity to consent to their care, whether the Mental Capacity Act 2005 (MCA) had been followed. The MCA provides a legal framework for making particular decisions on behalf of people who 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 capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. If people are deprived of their liberty in their own home, an application must be made to the Court of Protection to authorise this.

At the time of this inspection, the registered manager told us and care records showed nobody using the service lacked capacity to make their own decisions. The service had not been required to request authorisation of any person's deprivation of liberty. However, the provider had appropriate policies and procedures in place in respect of MCA, deprivation of liberty and consent. People using the service has signed consent forms which confirmed they consented to the care described in their support plans. People told us staff asked for consent before providing care.

Is the service caring?

Our findings

People receiving support from Abourthorne Healthcare Limited were very positive about the staff. Comments included, "You can have a laugh and a joke with them all [care staff]. They are all friendly", "They will also sit and talk with me which is lovely" and "I've been recommending them to no end of people."

People receiving support from the service said staff were respectful and treated them with dignity. They told us staff always respected their privacy when providing personal care. One person commented, "I'm always treated with dignity and respect and they give me privacy."

People were involved in writing their care plans. The registered manager visited people at home and spoke with people about their preferences, likes and dislikes. People's support plans contained information about what support they needed, how they would like to receive it and other information that would enable staff to get to know them. This helped staff to provide person centred care to people, in line with their own preferences. One person commented, "Everything is guided by my choices."

Staff were trained in equality and diversity and the provider had procedures in place to help make sure people's cultural and religious beliefs were promoted and respected.

People told us that the staff knew them well. One person told us they loved having a laugh and joke with staff and that they loved how staff would engage in 'banter'. The provider had a policy in place which described how staff would be matched with people who used the service to ensure they were compatible with each other.

The registered manager was aware of their responsibility to support people to access advocacy services if they required the support of an advocate. An advocate is a person who can support and speak up for a person who does not have any family members or friends who can act on their behalf. The registered manager told us about some recent work they had been doing with a local advocacy service who had recently referred some new clients to them.

Staff told us they would recommend the service provided by Abourthorne Healthcare Limited. People already using the service were equally positive, and one person commented, "I would recommend this service to anyone. It's a fantastic service."

Is the service responsive?

Our findings

People received personalised care and support. People told us that the registered manager had visited them at home to assess their needs and develop their support plan with them. The registered manager reviewed people's support plans every three months, or sooner if a person's needs changed, by visiting people at home to discuss their care with them. This meant people were actively involved in the planning and review of their care. People's support plans accurately reflected their needs and the support they required from staff.

Details about a person's life history were recorded, which included information about their family and friends, their hobbies, significant events in their life and their likes and dislikes. This information helped staff to provide person centred care to each person. Staff we spoke with clearly knew the people they supported well and they could tell us how people liked to be cared for.

Staff were encouraged to support people to remain independent and to take part in activities that were important to them. People were supported to access the community regularly and this helped them to avoid social isolation. People's support plans set out what each person could do for themselves and staff actively encouraged people to care for themselves where possible. One person commented, "They encourage me to be independent. They let me do what I can for myself. They do everything how I want them to do it, not how they want to do it."

The service had a policy in place detailing how it would manage any complaints. There was also advice about other organisations people could approach if they chose to raise their complaint externally, such as the CQC. At the time of this inspection the service had not received any complaints. People receiving support from Abourthorne Healthcare Limited told us they felt able to raise any issues with the registered manager. One person commented, "I've not had to make a complaint but if I did I'd just mention it to [registered manager] and I'm sure they'd sort it straight away." The registered manager confirmed they intended to keep a record of any complaints received, including the action taken in response to the complaint and the outcome.

The provider had appropriate systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death. At the time of this inspection, the service was not providing anyone with end of life care, however the provider had a detailed policy and procedure in place detailing their end of life care strategy. This provided guidance to staff when caring for people at the end of their life.

Is the service well-led?

Our findings

There was a registered manager employed at Abourthorne Healthcare Limited who was also the owner of the business. Staff told us the registered manager was approachable and supportive. One staff member commented, "They're really good and they support staff very well" and "If I had any concerns I would tell [registered manager] and I'm confident they would listen." People receiving a service from Abourthorne Healthcare Limited were also positive about the registered manager, commenting, "I can sit and have a chat with them" and "They're very flexible and they're always telling me that if I need anything to just phone them up."

The provider had systems in place to obtain feedback from staff about the quality of the service. They scheduled staff meetings every three months, during which the registered manager raised any issues with staff to drive improvements to the service. Staff were also given opportunity to provide feedback about the service during these meetings. The registered manager told us they planned to ask staff to provide written feedback on the service every three months through questionnaires. We saw the questionnaires were ready to use once the new staff team was established.

The registered manager obtained feedback from people receiving support from the service, every three months. The responses from the last surveys expressed positive views about the service. People were asked a range of questions. In response to the question, 'What are your overall impressions of our organisation?' people had commented, 'First class' and 'Very understanding and caring. You go the extra mile.' The registered manager analysed this feedback to see if any improvements to the service could be made.

The provider had systems in place to monitor the quality of the service. This included a system to ensure staff training, supervisions and appraisals were up to date, people's support plans and risk assessments were appropriately reviewed and updated and feedback was obtained from both staff and people who used the service at regular intervals. The registered manager also undertook spot checks at people's homes to make sure people were being provided with care and support in an appropriate manner.

The provider used a range of policies and procedures to support the safe and effective running of the service. These were up to date and regularly reviewed. The policies we checked reflected current legislation and best practice and they clearly set out the vision and values of the service. For example, the provider had a policy explaining the expectations each client may have of Abourthorne Healthcare Limited, which included being actively involved in developing an individual plan of care, receiving care from a consistent staff team and receiving a service that was respectful of their individual circumstances, personal preferences, standards and cultural needs.

The registered manager told us the service had built a positive relationship with the local clinical commissioning group who referred people to Abourthorne Healthcare Limited and they were towards obtaining a contract with the local authority. The service also had a good relationship with a local advocacy service.

The registered manager was aware of their obligation to submit notifications to the CQC.