

Abbie Udall Associates Limited

Abbie Udall Associates Limited

Inspection report

6 Thimbleby Close
Nunthorpe
Middlesbrough
TS7 0PL

Tel: 07731940101
Website: www.auassociates.co.uk

Date of inspection visit:
13 December 2022

Date of publication:
06 January 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

Abbie Udall Associates is a domiciliary care agency providing the regulated activity of personal care for people living in their own homes. The service provides support to children, younger adults, people with physical disabilities and older people. 1 person was being supported when we inspected.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support:

Staff focused on the person's strengths and promoted what they could do, so the person had a fulfilling and meaningful everyday life. Staff supported people to take part in activities and pursue their interests in their local area. The person was supported to have maximum choice and control of their life 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.

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.

Right Care:

The person received kind and compassionate care. Staff understood how to protect the person from poor care and abuse. Staff worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had appropriately skilled staff to meet the person's needs and keep them safe.

Right Culture:

The person received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Staff placed the person's wishes, needs and rights at the heart of everything they did. Staff evaluated the quality of support provided, involving the person and other professionals as

appropriate.

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

Rating at last inspection and update

This service was registered with us on 26 November 2021 and this is the first inspection.

Why we inspected

The service was inspected to give it a rating.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Abbie Udall Associates 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 Health and Social Care Act 2008.

Inspection team

One inspector carried out this inspection.

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

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

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since it was registered. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with one relative about their experience of the care provided. We spoke with two members of staff including the registered manager and a support worker.

We reviewed a range of records. This included one person's care record. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to keep people safe from avoidable harm. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

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

- Risks were assessed and reduced. Support plans contained clear guidance for staff about how to recognise and manage risks.
- The person lived safely and free from unwarranted restriction. The provider assessed, monitored and managed safety well.
- The provider had systems in place to investigate and respond to incidents, including learning lessons to improve the service.

Staffing and recruitment

- Staff were recruited safely. The provider carried out recruitment checks to minimise the risk of unsuitable staff being employed. These included Disclosure and Barring Service checks and reviewing employment histories.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed however; the support plan didn't reflect the person's needs. We spoke to the registered manager about this and action was taken straight away.

Preventing and controlling infection

- Staff used personal protective equipment effectively and safely.
- There were appropriate policies and procedures in place to support staff to control the spread of infection. Staff had received training in infection control.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider ensured people's characteristics under the Equality Act 2010 were protected. The person was encouraged to be independent in their care. The culture of the service supported people to make their own choices.
- Care and support plans were personalised, holistic, strengths-based and reflected their needs and aspirations, and included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.

Staff support: induction, training, skills and experience

- Staff had necessary skills and experience to support people safely.
- Staff received supervisions and appraisals. The registered manager checked staff's competency to ensure they understood and applied training and best practice. A relative told us, "Yes I feel [staff member] is trained well to do their job".

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

- Staff were trained in nutrition and hydration. Staff supported people to eat well and maintain a balanced diet.

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

- Staff offered support with healthy living. Any changes in a person's condition was noted and discussed with relatives and the senior management team.
- Multi-disciplinary team (MDT) professionals were involved in and made aware of support plans to improve support and independence.

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.

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.

- Staff understood the principles of the MCA and knew how to apply them.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff treated people with dignity, respect and kindness. Kind and compassionate care was provided by staff who used positive, respectful language which people understood and responded well to. Relatives told us, "[staff member] is a really nice person, they have a lovely nature with [person], they are really good with the rest of the family too."
- Support plans contained information about people's choices and the support staff were to provide, to ensure people's individual needs were met.

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

- Staff supported this person to express their views using their preferred method of communication. For example, the person communicated via Lamps (Language Acquisition through Motor Planning), pictures or hand gestures.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to try new experiences, develop new skills and gain independence.
- Staff knew people well. The person was supported to lead active and fulfilling lives, doing activities they enjoyed.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Support plans were individualised and person-centred.
- Staff provided care and support in-line with people's needs, wishes and preferences. Care records supported the delivery of care and fully outlined people's equality characteristics.

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.

- The person's communication needs were met. Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. The service had external support with communication strategies from speech and language therapist.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff encouraged and motivated people to reach their goals and aspirations. People were supported by staff to try new things and to develop their skills. For example, staff supported people with physiotherapy stretches.

Improving care quality in response to complaints or concerns

- The provider had policies and procedures in place to manage and investigate complaints. At the time of our inspection the service hadn't received any complaints.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager knew people and staff well and promoted a transparent and open culture. They were open and honest throughout the inspection and recognised where additional improvements were needed and acted immediately on feedback given.
- The registered manager was visible in the service, approachable and took a genuine interest in what people, staff, relatives, advocates and other professionals had to say.

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

- The registered manager understood their responsibility in relation to the duty of candour and the need to apologise, including reporting certain incidents to CQC. At the time of our inspection there hadn't been any incidents that needed reporting the CQC.

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

- Governance processes were effective. Where the provider identified issues, they put action plans in place to make improvements and these were regularly reviewed. These processes helped to hold staff to account, keep people safe, protect people's rights and provide good quality care. For example, the management team undertook regular audits looking at support plans, daily notes and risk assessments.
- Staff understood their responsibilities and what was expected of them. Staff participated in MDT meetings and received supervisions. This gave staff the opportunity for learning and development.

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

- The registered manager and staff worked well with relatives to develop and improve the service. Relatives told us, "I speak to them regularly, I have a weekly call, I update them, and they update me. With having MDT involved in [person] care I have regular contact with all professionals".
- Staff were given the opportunity to share their feedback. Regular supervisions were held where staff were given updates about the service as well as reminders about training. This was also an opportunity for them to be open about how they felt things were going.

Working in partnership with others

- The registered manager worked well in partnership with other health and social care organisations, which helped to give people a voice and improve their wellbeing.