

Above & Beyond Care Ltd

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 12 and 15 April 2016. The service received 24 hours notice of our inspection. The service provides personal care to people in their own homes. At the time of our inspection the service was supporting 60 people in the Ipswich area.

The service had a registered manager in place who was also the owner. A registered manager is a person who has registered with the Care Quality Commission 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.'

Throughout the inspection we consulted people who used the service and where appropriate, their representatives. The feedback we received from people was excellent. People who used the service expressed great satisfaction and spoke very highly of the service.

Staff had a full understanding of people's care needs and had the skills and knowledge to meet them. They used this knowledge to provide care and support which responded to the needs of the individual. People received consistent support from care workers who knew them well

People were fully involved in their care planning and were fully consulted about what they required before care and support started and at regular intervals thereafter. Care plans contained risk assessments which ensured that risks to people's safety and wellbeing were identified and addressed.

People had positive relationships with their care workers and were confident in the service. There was a strong emphasis on key principles of care such as compassion, respect and dignity. People felt they were treated with kindness and said their privacy and dignity was always respected.

The service was flexible and responded positively to people's requests. People who used the service felt able to make requests and express their opinions and views. The manager was committed to continuous improvement and feedback from people, whether positive or negative, was used as an opportunity for improvement. The manager also demonstrated strong values and a desire to learn about and implement best practice throughout the service.

The management team demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service. Where these processes identified areas for improvement these were addressed appropriately.

Staff were highly motivated and proud of the service. They described a 'supportive' and 'open' working environment within which they were encouraged to express concerns and share their views and opinions.

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 with the care and support provided by the service.

Risk assessments of environmental and person-specific factors were incorporated into care to manage and mitigate risks.

There were sufficient staff to meet people's needs. Pre-employment checks of prospective employees were comprehensive.

Medicines were managed safely, with clear management oversight of staff competence through auditing and assessment.

Is the service effective?

Good ●

The service was effective.

Staff were supported through an induction that involved a range of training methods and on-going review to ensure they were equipped for the role.

The registered manager and staff had a clear understanding of mental capacity and consent was central to care planning.

People were supported to maintain balanced diets based on their preferences and healthcare needs.

Is the service caring?

Outstanding ☆

The service was extremely caring.

All staff were highly motivated and passionate about their work. People were treated with compassion, respect and dignity by staff who built meaningful and valued relationships with them.

Staff at all levels demonstrated an in depth and detailed understanding of people's needs which promoted their independence and choice.

Staff treated people with dignity, respect and kindness. Staff were extremely knowledgeable about people's needs and preferences.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person-centred and contained information regarding people's likes and dislikes.

Care plans were reviewed regularly and with the involvement of people and their relatives.

People knew how to raise any concerns. Any concerns raised were dealt with effectively.

Is the service well-led?

Good ●

The service was well-led.

The registered manager and all staff we spoke with were consistent in their understanding of the principles of the service and passionate about the care they provided to people.

Quality monitoring processes were in place and where issues were identified appropriate action was taken.

The registered manager and senior staff kept up to date with best practice in the care industry.

Above & Beyond Care Ltd

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.

The inspection took place on 12 and 15 April 2016. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of an 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. Our expert had experience of caring for older people.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvement they plan to make. We reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people being supported had been received.

During our inspection we visited the offices of Above and Beyond Care where we looked at the care records of four people, training and recruitment records of staff members and records relating to the management of the service. We visited three people in their own home accompanied by the registered manager. We spoke with 18 people receiving care and support from the service and two family members on the telephone. We also spoke with the registered manager and five members of care staff.

Is the service safe?

Our findings

All of the people we spoke with expressed confidence in the ability of the provider to deliver care safely. One person said, "Everything they do makes me feel safe, I always feel comfortable and safe with them, without a doubt."

Staff could explain how they would recognise and report abuse. They told us, and records confirmed that they had received training in safeguarding adults. Staff understood how to "whistle-blow" and were confident that the management would take action if they had any concerns. Staff were aware that they could also report any concerns to outside organisations.

There had been a safeguarding incident a year ago. This had been dealt with appropriately by the service who had worked with the local safeguarding team to investigate the allegation which was subsequently found to be unsubstantiated.

Risk assessments were carried out before a person began using the service. An environmental risk assessment was carried which included risks relating to people's pets and heating system. This helped to support staff and people who used the service to remain safe. We saw individualised risk assessments were in place. For example, one person was at increased risk of falls. We saw their care plan was extremely detailed instructing staff to ensure they were wearing appropriate footwear. This meant that both personal and environmental factors were considered and incorporated into risk management.

Accidents and incidents were recorded and acted on. For example, one person had injured their leg on a piece of equipment. We saw that the carers had been spoken with and the relevant risk assessment and care plan had been updated with more detailed instructions as to how carers should support the person to avoid recurrence. This meant the registered manager and owner investigated accidents and incidents to ensure lessons were learnt and people received a more tailored approach to managing the risks they faced.

All of the people we spoke with, relatives and staff felt staffing levels were appropriate. All of the people we spoke with and relatives confirmed carers arrived at the agreed time and had never missed a call. One person said, "You can almost set your watch by them." Another person said, "I don't feel rushed, they manage to do what they come to do within the time and it works out quite well." A relative said, "We are quite happy with the time and the service at the moment." This meant that people had not been placed at risk of neglect through late or missed calls.

We discussed with the registered manager how they ensured that there were sufficient staff to meet the demands on the service, particularly at weekends and to cover sickness. They told us that there was flexibility in the staffing as they, two office staff and members of senior care staff were able to provide care if required. We spoke with members of staff whose main role was in the office but spoke enthusiastically about care they provided at weekends.

We reviewed a range of staff records and saw that all staff underwent appropriate pre-employment checks

before starting work. This included a disclosure and barring service check and checking references. This meant the service had in place a robust approach to checking prospective members of staff, reducing the risk of an unsuitable person being employed to work with people.

We asked people about their experiences when the service supported them to take their medicines. One person said, "The carers are aware that I take quite a lot of medications, and they will make sure I've got the right ones out to take. I am aware of what I need to take; the carers will check and say that everything is fine." Another person said, "They give me the morning one (tablet), I have a dosset box, they tick in the file every time they give me a tablet." We reviewed procedures for the administration of medicines and sampled recent Medication Administration Reports (MARs). There were no errors in the records we reviewed. Staff were appropriately trained in the administration of medicines and had their competence to administer medication regularly checked. This meant people were protected against the risk of unsafe administration of medicines.

Is the service effective?

Our findings

People and their relatives consistently told us they had confidence in the ability of those providing care. One relative told us, "They (staff) are skilled and know what they're doing." Another told us, "They (staff) are all very knowledgeable, if they think that I could manage to do things a different way they will point out an easier way, showing me to see if I can manage". People also confirmed that new carers were introduced to them to ensure there was a level of continuity in their care. One person said, "New staff, they usually shadow other carers until they become familiar, so that they're not complete strangers."

Staff received initial training in core areas such as safeguarding, infection control, first aid, moving and handling, medicines administration, dementia and Alzheimer's awareness. Training incorporated the Care Certificate which was introduced in 2015. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. This meant the registered manager was aware of industry best practice when delivering training and incorporated updates to best practice into the induction of new care staff. Care staff told us that the registered manager encouraged them to take further qualifications in the care sector. Records we saw confirmed that staff were pursuing further relevant qualifications.

When we spoke with care staff about the support they received more generally, they were consistently positive. One member of care staff said, "They are always there for me. If you have a problem you can come to the office." All confirmed they received regular support from management staff, and each other, and that they received regular supervisions. Staff supervision meetings between a member of staff and their manager reviewed progress, addressed any concerns and looked at future training needs. We saw that staff also had annual appraisals and that regular team meetings were held. This meant the manager had processes in place to formally support staff on a regular basis, and means by which staff could raise any concerns or suggestions.

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.

People confirmed that staff gained their consent before providing care and support. One person said, "If I want something done differently then I'll tell them." Another person said, "They're very good at asking what sort of things I need help with, it's a sort of team effort." Care files contained signed consent to the care provided. Staff said, and records confirmed, that they had received training in the MCA. We discussed the issue of mental capacity and the difficulties this could cause for a domiciliary service with the registered manager and they displayed a good knowledge of the challenges and told us that this would be an issue they would be exploring further in the coming year. This meant that people's right to be involved in

decisions about their own care was consistently upheld and respected.

People were satisfied with the support they received with their nutrition. One person said, "My (relative) makes my meals, but the carers are happy to help with things that are difficult, suggestions for meals, simple recipes, which is really helpful." Another person said, "When they come in they always ask me if I want a cup of tea, oh they're totally alright, they use their initiative." There was information included in people's care plans so that the food they received was to their preference. Where appropriate and when this was part of a person's care package, details of their dietary needs and eating and drinking needs assessments were recorded in their care plan. This included likes and dislikes on food and if they needed any support with eating and drinking.

The registered manager told us that the health care needs of most of the people they supported were managed by the individual or a relative. Where people had a specific condition, such as diabetes, specific guidance had been provided to staff about how to support people to remain healthy. The registered manager also told us that as people had regular care staff any change in a person's condition would be noticed and dealt with quickly. Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency contacts.

Is the service caring?

Our findings

Without exception people told us and gave us examples of how care staff treated them with compassion, kindness, dignity and respect. One person said, "I have (condition) and I was put on meds that didn't agree with me. A carer turned up with a bunch of flowers and chocolate, it's the little things they say and do, it makes me feel special, it really does. I have had a tough few years and those little touches make me feel special, I feel I can open up to them."

Trusting, meaningful relationships had developed between staff and people who used the service. These were consistently cited by people when asked about the quality of the care they received. Staff made people feel that they mattered and their relationships valued. One person said, "They're so helpful, kind and pleasant, it's nice to look forward to them coming in really." Another said, "We have a little chat about different things, a laugh, they're good company, we just get along fine." All of the staff we spoke with, care staff and those who were office based, demonstrated a concern for people's wellbeing in a caring and meaningful way. One person told us, "I think they give really good care. Because it's a small family firm you feel that you're getting that personal attention. If you ring up they'll instantly know who you are which is lovely." Staff cared about those they cared for and thought about how they could support them in their whole lives not just during the time they visited. For example staff invited one person, who lived on their own, to the staff Christmas party. When we visited this person in their home they proudly showed us photographs of the party and had clearly been very happy to have been asked to be involved. Staff understood the importance of, and took time to get to know and support people's relatives and carers in practical ways. A member of staff demonstrated this focus by suggesting creative ways for a family member to take their relative out. The family member was concerned the person receiving care was becoming very low in mood and was unable to get out into their garden, a place they had always enjoyed being. The member of staff suggested a local garden centre which they knew was accessible and where there was a coffee shop where they could sit and enjoy looking at the plants. They went on to explain how the service could support with this trip.

People, staff and relatives spoke enthusiastically about the service and gave numerous examples where staff demonstrated and promoted a strong person centred culture. Staff achieved this by focusing on the importance on learning what mattered most to people. As a result there were circumstances that demonstrated thought, consideration and empathy when people's lives had become very difficult. For example we observed a situation where a person's needs were changing and their physical and mental health was becoming more complex. Staff were clearly empowered by the values and culture of the service to actively listen, share and discuss ideas about how to support them through this. Staff worked with the person to gain their trust and support them over time to have a significantly improved quality of life.

We saw people were listened to and care was individual and personalised. People's care needs were planned for and met with exceptional attention to detail. Staff displayed an excellent knowledge of the people they were supporting. One person said, "When carer comes round in the morning [carer will] say to me "You are going to stand up aren't you?" She'll let me get on with things myself but if I get stuck [carer will] help me, [carer will] promote my independence by encouraging me to do it." Another person supported this

when they said, "The carers understand that sometimes I maybe feeling down or unwell and they adapt their approach, respect how I'm feeling – they understand. They can almost sense how I am and adapt as necessary."

People were proactively encouraged to be fully involved in their care planning and assessments. They expressed their views where possible, and were actively involved in making decisions about their care and support. One person told us, "When they come and talk to you about the care plan, they write it about us, they set it how you want it, not what they think it should be." Another person said "We had someone from the office that came and did an assessment of my needs, they went through everything, we arrived at the right point."

People valued the provider's commitment to continuity of care, with one person stating, "I see the same person in the mornings pretty regularly, in the evening there are two or three of them that I've got to know really well." and another saying, "The same one comes in every morning to get me up, we have a good routine and a very good rapport." People's experiences were in line with the owner's statement to us that, "We do our best to make sure people get regular carers." This focus on a familiarity and continuity of care was in line with recent best practice guidance from NICE ('Home Care: Delivering Personal Care and Practical Support to Older People Living in their Own Homes,' September 2015).

The provider was clear about the approach it expected from staff and was able to demonstrate that each person's circumstances were opportunities to learn and develop, the service and staff experience. They placed high value on staff, who in turn told us they felt listened to and respected by their managers. They enjoyed their roles and as result were proud and committed to providing the best quality care possible.

People confirmed their privacy was respected without fail, and all were clear that carers had regard to their dignity at all times. One person said, "I totally trust them when they're dealing with personal needs." Another said, "Oh they do treat you with respect, they help me shower and getting me dressed and undressed. I value my relationship with them immensely, you can talk freely and they're very, very good." Another person said, "They make me feel comfortable with what's being done, they are really good."

Sensitive personal information was stored securely in locked cabinets and the entrance to the service's office was through a controlled reception area. Relatives and people who used the service confirmed their permission was sought before their confidential information was shared with other healthcare professionals and we saw this documented in care files. This meant people could be assured their sensitive information was treated confidentially, carefully and in line with the Data Protection Act.

Is the service responsive?

Our findings

Care plans were reviewed regularly and care plans were person-centred, including people's likes and dislikes. There was a range of personalised and comprehensive care plans and risk assessments. There was a significant amount of detail in each care file we reviewed and any new care worker would have sufficient background information about a person before providing care to that person.

People and relatives we spoke with described a thorough assessment of people's requirements prior to care and support being provided. One person said, "The lady in charge came first and took details of my needs and my daughter told them what I needed. She was nice and helpful, we were quite satisfied with the question she asked and what we told them. We can't fault it." The registered manager described how they or a senior member of staff would go out and meet the person following an initial enquiry. At this meeting they would discuss the person's needs and may carry out the first assessment. If a person was not ready to make the decision they would leave a service user guide and information about the service to support them in making the decision. This gave the person considering receiving care time to consult with friends and relatives and ensure that it was the right decision for them.

The registered manager told us that a full assessment was always carried out before care was provided and records confirmed this. They also told us that the first care visit was carried out by them or a senior member of staff which enabled them to ensure that the initial assessment and associated care plan accurately reflected what that person required.

Care plans were regularly reviewed and we saw relatives were invited to these reviews. We saw these reviews identified changing needs in people's care and ensured that care plans contained up to date information. A relative said, "When they renew their care plan they'll come out to me and we'll go through it and discuss (person's) needs." Another person said, "They do discuss my care plan and the owner comes from time to time to go through it with me." These reviews identified changing needs in people's care and ensured that care plans contained up to date information.

One person told us, "One or two of the carers have suggested things within the community, support groups that they know or, places that are accessible in a wheelchair." Another said, "The social side is as important as doing practical things." The registered manager described to us how they were adapting the support for one person to ensure they could carry on with a pastime they enjoyed. Where appropriate staff supported people to follow their interests and avoid social isolation.

The service had a complaints policy in place with one formal complaint being received in the past year. This complaint had been fully investigated according to the service complaints procedure and resolved to the complainant's satisfaction. The complaints procedure was clearly displayed in the Statement of Purpose as well as in documentation given to people when they started using the service. When we asked people and their relatives if they knew how to raise a concern or a complaint and if they felt this would be dealt with effectively they expressed their confidence in the service. One person said, "I feel confident that they would

sort out any problems I might have." Another said, "If I phone up with a problem they put it right." This meant people were supported to raise concerns should they need to.

Is the service well-led?

Our findings

The registered manager of the service was also the owner. The overall management of the service was described in positive terms by all of the people we spoke with. One person said, "They are good at what they do, I feel the service is well managed. They are very caring, understanding and helpful – people centred."

People knew who the registered manager was and appreciated their detailed involvement in their care. One person said, "I was really impressed with the owner of 'ABC' and I didn't want to go to anybody else. The owner came out to see me and she has a remarkable memory, she fills me with confidence. During our inspection we observed the registered manager effectively managing a range of queries regarding people who used the service and interacting with people on home visits. They displayed an in-depth knowledge of each person who used the service and consistently put into practice the ethos of taking the perspective of the person receiving care before acting. This person-centred approach was a consistent feature of the culture of the service.

The owner was proactive in ensuring the service delivered care in line with established best practice and recent changes in the care industry. For example they were now using the Care Certificate in their training and induction and could tell us about the routes they used to keep up to date with ideas, innovations and practice for the benefit of staff and people using the service.

All staff we spoke with clearly articulated their understanding of person-centred care and empowering independence, in line with the induction provided and the ethos of the organisation as set out in the Statement of Purpose. All staff we spoke with were motivated to provide high quality care and to achieve positive outcomes for the people they cared for. One member of care staff said, "It's the little things with a client which make my day."

The service encouraged open communication with people and those that mattered to them. One person said, "If I have a suggestion it's always been dealt with, they do their quality control regularly. They're coming this week and they come around every three months." Staff also felt that they could speak with the management of the service and would be listened to. One member of care staff said, "If you have something to say you just come to the office and speak, there door is always open." Staff meeting minutes demonstrated an open and transparent approach to problems. They recorded that the registered manager had passed on thanks and addressed any issues.

There was an efficient auditing and quality assurance regime. This included regular unannounced checks of carers' competence to identify any areas of concern as well as an opportunity to praise and promote good practice. Where issues were identified these were addressed. For example, an investigation into an incident report had resulted in the carer being spoken with and receiving further training.

To recognise good practice by care staff the service had introduced an 'Employee of the Month' award where the member of staff received a voucher and a certificate. The person was chosen by the office staff

with regard to feedback from clients and other staff.

The owner was able to give a clear vision for the future of the service in line with the goals of the Statement of Purpose. They described a new electronic system they were planning to introduce to improve the service they provided. They explained how they would be introducing the system to ensure that the quality of care provided was not affected.