

Abicare Services Limited

Abicare Services Limited - Bradford-on-Avon

Inspection report

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15 February 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Abicare Services Limited – Bradford on Avon is a domiciliary care agency providing personal care to people in their own home. At the time of our inspection there were 78 people using the homecare service. In addition to providing care in people's home, the service was providing personal care for people who were staying in six hotels throughout the south west of England. The provision of care in the hotels had been set up by the local clinical commissioning groups (CCG), to support people who were waiting for care packages to be set up before they could move home after being discharged from hospital. This part of the inspection only covered the personal care provided by Abicare, and not the accommodation, which was overseen by the CCG.

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

People felt safe receiving care from staff, either in their own home or in a hotel. The provider had taken action to keep people safe and manage the risks they faced.

Staff had a good understanding of the support people needed. Staff were supporting people to do as much for themselves as possible. People's needs were set out in clear support plans, which had been reviewed regularly.

People were supported to take any medicines safely and staff sought advice from health and social care services when necessary. The provider had worked with the hospital discharge teams to resolve some initial problems of access to medicines when people left hospital.

The provider had made changes in response to the COVID-19 pandemic and there were good infection prevention and control measures in place. People told us staff always wore the correct personal protective equipment (PPE) when providing care for them. At one of the hotels where people were receiving care, we observed staff had not always removed facemasks when they had finished providing care for people. Some staff were in communal areas of the building with their facemask under their chin. We raised the issue with the provider who said they would review practice with staff to ensure they followed the infection control procedures.

Staff received regular training and support. People felt staff had the skills and knowledge to meet their needs.

People were supported to access the health services they needed.

The provider had established good systems to monitor the quality of service provided and make improvements where needed. The provider had regular meetings with the clinical commissioning groups to review care being provided in the hotels and respond to any issues raised.

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 good (published 7 June 2019)

Why we inspected

We received concerns in relation to infection control. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good, based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abicare Services Limited – Bradford-on-Avon on our website at www.cqc.org.uk.

Recommendation

We have made a recommendation about the use of personal protective equipment.

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?

Good ●

The service was safe

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Abicare Services Limited - Bradford-on-Avon

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 was completed by four inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes and people who were receiving care in a hotel while waiting to move home after a stay in hospital. CQC does not regulate premises used for the provision of care in a hotel; this inspection looked at people's personal care service.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

The first day of this inspection at one of the hotels where people received care was unannounced. Subsequent visits to the office and other hotels were announced.

Inspection activity started on 26 January 2022 and ended on 1 March 2022. We visited the location's office on 2 February 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service, three relatives, the registered manager and 13 care staff. We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed. We received feedback from two clinical commissioning group directors and a community nurse.

Is the service safe?

Our findings

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

The rating has remained good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- The service had introduced measures to prevent people from catching and spreading infections.
- Staff had received training on infection prevention and control measures and how to use personal protective equipment (PPE) safely. People receiving care at home and those staying in a hotel told us staff always wore the correct PPE when providing care for them.
- The provider had updated their infection prevention and control policy to reflect the COVID-19 pandemic and additional measures that had been introduced.
- Visitors to the hotels where people were receiving care were screened for symptoms of COVID-19 and were provided with PPE if needed.
- At one of the hotels where people were receiving care there had been initial problems with the clinical waste contract, which resulted in a build-up of waste. The provider had worked with the clinical commissioning group, the hotel and waste contractor to resolve these issues. At the time of our inspection, all three hotels we visited had good systems in place for managing clinical waste, which were working effectively.
- At one of the hotels where people were receiving care, we observed staff had not always removed facemasks when they had finished providing care for people. Some staff were in communal areas of the building with their facemask under their chin. We raised the issue with the provider who said they would review practice with staff to ensure they followed the infection control procedures.

We recommend the provider reviews staff practice in relation to use of personal protective equipment to ensure current guidance is always followed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe receiving care, both in their own home, and those people receiving care in a hotel. Comments included, "They are always polite and respectful. I never feel unsafe when they are here". One person receiving care in a hotel said, "I sleep really well as I feel safe here".
- The service had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm. Staff had received regular training in safeguarding issues.
- Staff were confident the management team would take action to keep people safe if they raised any concerns. Staff were also aware how to raise concerns directly with other agencies if they needed to.

Assessing risk, safety monitoring and management

- Risk assessments were in place to support people to be as independent as possible. They balanced protecting people with supporting them to maintain their independence. Examples included support for people to manage the risks relating to skin breakdown, catheter care and mobility.

- Risk assessments and management plans had been reviewed and updated as people's needs changed. Plans had also been amended to reflect risks relating to COVID-19.
- People staying in a hotel to receive care had key information about the risks they faced and how to manage them on their records. This information was supplied by the hospital discharge team and reviewed by Abicare staff to ensure it was accurate in the hotel setting.
- Staff demonstrated a good understanding of the risk management plans and the actions they needed to take to keep people safe.

Staffing and recruitment

- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. The provider had completed a criminal record check and obtained references from previous employers of new staff before they started supporting people. Staff records contained all necessary information, including a full employment history and confirmation of their right to work in the UK.
- People told us staff had the right skills and experience to provide the care they needed.
- People receiving care in their home told us staff usually arrived on time. People said they received a call from the office if their carer was running late, which they found reassuring.

Using medicines safely

- People were supported to safely take the medicines they were prescribed. Some people were supported to manage their own medicines where it was safe to do so. Other people were supported by staff to take their medicines. The support people needed was regularly reviewed to ensure people were as independent as possible.
- Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take.
- People and their relatives told us staff provided good support for them to take their medicines at the right time.
- Some people staying in a hotel to receive care had experienced issues with the supply of their medicines on discharge from hospital. The provider had worked with the hospital discharge teams to ensure individual errors were resolved promptly and to improve the systems in place for people moving from hospital to the hotels.

Learning lessons when things go wrong

- Systems were in place for staff to report accidents and incidents. Staff were aware of these and their responsibilities to report such events. Action was taken to reduce the risk of similar incidents happening again.
- Accidents and incidents were reviewed by the management team to ensure appropriate actions had been taken.

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.

The rating for this key question has remained 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

- There was a registered manager in post, who had provided consistent leadership of the service.
- The provider had developed a leadership team to manage the provision of care to people staying in hotels. This team had developed specialist knowledge of this new type of care provision and had worked with commissioners to learn from initial issues and improve the care provided.
- The provider had effective quality assurance systems in place. These included, reviews of support records and plans, medicine records, staff records and quality satisfaction surveys.
- The provider had weekly meetings with the commissioners of the care provided in hotels. These meetings were used to review the service provided, address any issues identified and plan any changes that were needed.
- The results of the various quality assurance checks were used to plan improvements to the service. Actions were regularly reviewed to ensure they had been completed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 had promoted a person-centred approach in the service. This was evidenced through the content of staff meetings, support sessions for staff and the training staff received.
- People told us staff provided the care they needed in the way they wanted it. One person staying in a hotel to receive care said staff had supported them to move rooms so they had a better view. Another person said staff had met their individual needs, adding they were "helpful, friendly and attentive".
- Staff reported the registered manager was focused on ensuring people received a good service. Comments included "[The registered manager] has a good understanding of people's needs and any issues in the service". Staff providing care for people staying in hotels told us they were able to respond to people's individual needs.
- The registered manager had a good understanding of their responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service involved people, their families, friends and others effectively in a meaningful way. The registered manager responded to issues raised and let people know what action they had taken.
- People said they had regular contact with the registered manager and could discuss any issues about the service. People were confident action would be taken to resolve any issues.

- The provider was a member of relevant industry associations. The registered manager had kept up to date in relation to changes in legislation and good practice guidance.