

Abney & Baker (Bath) 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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 23 and 24 April 2018 and was announced to ensure someone would be present at the service to provide us with any information we needed to support the inspection process. This was the first inspection since the service was registered with the Care Quality Commission in November 2015.

Abney & Baker (Bath) Limited is a domiciliary care service providing support for people living in their homes who may need support with aspects of their daily living.

At the time of the inspection, 47 people were receiving care and support from the service. Not everyone using Abney & Baker (Bath) Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.

Effective recruitment procedures were followed to ensure prospective staff were suitable to work in the home.

People received their medicines when they needed them from staff that had been trained and had their competency checked.

Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others.

People were kept safe from abuse and harm and staff knew how to report any suspicions around abuse. Staff understood best practice for reducing the risk of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff received effective training to meet people's needs. An induction and training programme was in place for all staff.

Assessments were carried out to assess people's needs and preferences prior to them receiving a service. This meant that care outcomes were planned and staff understood what support each person required.

People were supported with their healthcare and nutritional needs as appropriate.

Staff treated people with kindness and compassion in their day-to-day support. Staff knew people's needs well and people told us they valued and liked their support staff.

People and their relatives were consulted as part of the person centred planning process and their views were acted upon.

People's dignity and privacy was respected and upheld and staff encouraged people to be as independent as possible.

Care and support was planned and personalised to each person, which ensured they were able to make choices about their daily lives.

People had access to a complaints procedure and were confident any concerns would be taken seriously and acted upon.

Systems were in place to monitor the quality of the service, which included seeking and responding to feedback from people and their relatives in relation to the standard of care and support.

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.

Processes were in place and followed by staff, to protect people from harm or poor care.

Risks to people were monitored by staff to ensure that people remained safe.

There was a sufficient number of staff to meet people's assessed needs.

Effective recruitment checks were in place to ensure new staff were suitable to work with vulnerable people

Processes were in place to make sure that people's medication was safely managed

Is the service effective?

Good 

The service was effective.

Staff had completed training to provide effective care and support to people using the service and received supervision and support from the registered manager.

The provider worked within the principles of the Mental Capacity Act 2005 and made sure they obtained people's consent to the care and support they received.

People were supported to stay healthy and well. The service made appropriate and timely referrals to other relevant health professionals when required.

Is the service caring?

Good 

The service was caring.

Staff treated people with kindness and respected and promoted their privacy, dignity and independence.

The service consulted people and their relatives about the care

and support provided and involved them in decision-making.

Is the service responsive?

Good ●

The service was responsive.

People received care and support, which was personal to them and took account of their preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People felt comfortable to make a complaint and felt any concerns raised would be dealt with.

Is the service well-led?

Good ●

The service was well-led.

The service promoted a culture that was person centred, open and inclusive and had systems in place to monitor the quality of the service and the experience of people who used it.

People told us that they received calls and visits from managers to ask them about their experience of using the service.

Abney & Baker (Bath) 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 checked 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 process took place between the 23 and 24 April 2018 and was announced. The provider was given 48 hours' notice because we needed to ensure somebody would be available to assist us with the inspection.

The inspection was carried out by one inspector. It also included an expert by experience who was responsible for contacting people to find out about their experiences of using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

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 improvements they plan to make. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people using the service and information we held on our database about the service and provider.

We telephoned people who used the service and managed to speak with four people of them. We also spoke with four relatives and seven staff members. This included the registered manager, the deputy manager, client support manager and four care staff. We looked at four people's care plans, five staff recruitment files, staff training files, staff supervision programme and audits and records related to the management of the service.

Is the service safe?

Our findings

People and their relatives told us that they or their family member felt safe. This, they said, was because the care and support provided by staff at Abney & Baker (Bath) gave them reassurance. One relative confirmed, when asked if the service provided to family member made them feel safe, "Yes, [name] is safe, the carers are very good, and I see them in and out. I have used Abney & Baker before and been very happy with them." A person told us that, "I always feel safe with them. It's the people."

Staff understood their duty to report any incidents of poor care or suspicions of harm. This was in conjunction with their training on safeguarding vulnerable adults. Staff told us they would report any concerns internally to the management team. They were also aware that they could report concerns to external agencies such as the local authority and Care Quality Commission (CQC). One staff member said, "If I had concerns I would call the manager". Another told us, "If I had concerns I would phone the manager or if the risk was imminent I would phone the police. I would document what was said."

Whistle-blowing is a process where staff can report any poor standards of care if they ever became aware of this. During this inspection staff said that they would be confident to whistle-blow. This showed us that staff were aware that they could whistle-blow their concerns. In addition, that there was a protocol in place to help safeguard people from harm.

People's individual assessed risks had been identified prior to them using the service and were monitored by staff to help reduce the person's risk of harm. These records provided staff with guidance on how to support people, whilst promoting and maintaining people's independence. Safety checks for equipment were done regularly. Training on the use of hoists took place in people's homes under supervision to ensure competence and confidence. Staff told us, "You always shadow first" and, "There is a tremendous amount of support."

The provider carried out the required checks to ensure that new staff were of a good character and were suitable to support people safely. Staff said that these checks were in place before they could start work at the service. All staff told us that they had had a DBS [disclosure and barring service] or criminal records check and two references from previous employers and/or one character reference in place before they started work. This showed that there was a process in place to make sure that staff were deemed satisfactory and suitable to work with people.

The registered manager told us that there were sufficient staff employed to meet people's care and support needs. A person told us, "Yes, enough staff". People told us that they had no concerns around staffs' timekeeping. The staff worked to an agreed tolerance of plus or minus 30 minutes of the agreed care call time. One relative said, "If they are going to be late, they ring and tell you". People also said that they were often supported by the same staff members, who got to know them, their care and support needs and their preferences. Staff said, "If anything, there are more staff than visits. On the whole clients are seeing the carer they prefer."

Staff spoken with told us that they could contact other staff for advice using the on-call system. One staff member said, "The emergency on-call [phone] is always answered or you are phoned back within ten to fifteen minutes." A relative confirmed to us, "If you have to ring the office there is usually somebody there. If they are on a [care] call, they will get back to you."

During this inspection, people who required support with their medication told us that they had no concerns. One person said, "They help me with my medication. They get them out and help me to take them. I am happy with the arrangement" another stated "Sometimes they help me with my medication. They remind me and help me get my tablets out. I'm happy with the way they do it." A relative said, "The carer helps with putting the patch on It has to go in a certain place."

Staff confirmed to us that they were trained to administer people's medication and that their competency to do this was established during regular 'spot checks' by a more senior staff member and more training was offered if needed. Accurate records were held to document staff support of people's prescribed medication. These records were checked as part of the services governance process.

Staff told us, and records showed, that they had received training in the prevention of cross contamination, infection control and food hygiene. Staff confirmed that there was enough personal protective equipment (PPE) such as, aprons and gloves for them to use and that these were single use items only. People and their relatives told us "[Name] wears gloves, a plastic apron and puts extra gloves on when she puts creams on as well as washing hands". This showed that there was a process in place to reduce the risk of infection and cross contamination.

Staff were aware of the reporting procedure and records were held in relation to any accident and incidents that may have occurred. Actions were taken because of learning from an incident, and staff told us that this information was shared with them to help reduce the risk of recurrence. This showed that learning was used to improve the quality of the service provided.

Is the service effective?

Our findings

People and their relatives told us they felt staff had the skills and knowledge to meet their needs. One person told us, 'Yes, they do have the skills. They know what they're doing.' Another person told us, "Skilled, oh yes. Yes, they have the skills." A relative told us, "Yes, she does have the right skills, definitely, gets my (family member), out of bed quickly and easily – works rapidly and efficiently, really wonderful, couldn't be better." Another stated, "They have all had sufficient training and if you were not well they'd know what to look for. The manager comes out to keep herself fully informed and involved."

People were supported by staff who received regular training. Staff told us training was provided in areas which were relevant to the people who used the service, for example, dementia care and assisted moving. Staff described the service as "Up on dementia" and "Hot on dementia". Staff were also supported to access refresher training and to complete the Care Certificate, which covered for example, equality, diversity and human rights. The Care Certificate is a qualification, which supports staff to adopt values and behaviours that are nationally recognised to provide good care. Staff that were new to the service were supported to complete a three-day induction to the service. This introduced them to the provider's values, policies and procedures and enabled them to work alongside experienced staff before they began to support people.

Staff told us they felt well supported in their roles. They received monitoring of their practice, which included formal and informal supervision, spot checks and competency checks on their working practices. One staff member told us, "The support I receive is really good. There is good teamwork here and always someone at the end of the telephone." Another staff member told us, "I have good support and things are well organised."

One person stated, "I don't eat a lot. They will always help if needed". They described how they were encouraged with bananas and drinks. A relative said "She (carer), is insistent that we eat and drink enough. She lays the table, sits my (family member) at the table and we eat together. Sandwiches are then prepared for lunch." Staff appeared to have a good understanding of people's nutritional needs and supported people to have a balanced diet. They spoke of attempts to encourage people to eat a healthy diet and provided examples of shopping trips when they would try to encourage people to eat and be healthy. It was also acknowledged that each person's choice must be respected.

People's care plans included guidance about their health needs and this information helped staff to provide effective care. All the staff we spoke with saw the care plan as essential in providing information on the care needs of a person. Staff told us they checked on people's health and well-being during their visits. One person said, "I think they would pick it up quickly if I was unwell. They are usually very good. I tell them how I am in the morning. I get no help from the carers with my appointments with the GP. It is my choice to make my own." Staff worked collaboratively with other agencies, including health and social care professionals, to ensure people had access to the health care they needed. One relative stated "The carer was instrumental in getting (name of condition) looked at. I'm very grateful to her for raising it and the problem has now been removed. Yes, is good in supporting us with the GP, she uses her knowledge."

The registered manager and staff understood their responsibilities in relation to the legislative framework, the Mental Capacity Act 2005 (MCA). The 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and the least restrictive option available.

People told us, "Choice, I tell them what I want them to do" and "Yes of course they respect my decisions." Relatives said "Yes, no problem with decisions being respected" and "(Family member), can't make decisions. They talk with her and discuss it with me." People's care plans included their consent to care, decisions and choices they were able to make and who was able to support them to make more complex decisions, where applicable. People's right to make decisions about their lives was respected and supported by staff, including their right to decline care and treatment.

Is the service caring?

Our findings

People supported by Abney & Baker (Bath) told us they were treated with kindness, respect and sensitivity. Comments were positive and included, "Caring, yes they are very pleasant and respectful," "They are very kind." Other people commented, "Yes, they are kind and caring. When I am unwell they do what I want to make me comfortable." A relative said, "They're lovely. All of them absolutely lovely. It's their attitude. How they go and wake him up sets the tone for the day. I monitor them. We had a new one today, brilliant."

Care records we checked were personalised and contained information about the person's likes and dislikes. Care records contained evidence the person or a family member had been involved with and were at the centre of developing their care plans. As one person stated, "The care tasks are my choice." They also contained what support was required to maintain peoples' independence within their own home. The plans contained information about people's current needs as well as their wishes and preferences.

Daily records completed were up to date and provided information for staff who were visiting the home, one staff said, "I'm really happy to go to a new client because all the information will be there."

The service demonstrated a sensitive and compassionate ability to protect people's human rights. The registered manager provided equality and diversity training for staff as part of their training programme. One staff said, "My manager is fantastic with diversity training. She explains all the differences. We have to treat everyone as they wish to be treated every day, we are very conscious of religious needs. The managers tell us if there is anything different needed." Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to ethnicity, faith and gender.

Staff we spoke with and observed on home visits showed they had an understanding and an appreciation of people's individual needs around privacy and dignity. Staff described how they respected people's privacy and dignity. For example, by closing curtains and doors during personal care. People supported by the service told us staff were respectful and they were treated with dignity when supported with personal care needs. One person said, "Privacy and Dignity – oh yes. I was helped to wash in the shower. She was respectful, I wasn't embarrassed," a relative told us "Privacy and dignity, they certainly keep that in mind all the time. They don't embarrass (family member) in any way."

Staff respected people's right to have their information stored confidentially. "Confidentiality is seen as important at Abney and Baker. You have to be careful. Breaches of confidentiality don't happen." Staff recorded information in people's care plans and returned these to the person's preferred storage area in their home. The provider retained people's information in appropriate locked storage and only shared information with people's consent and with relevant agencies.

Is the service responsive?

Our findings

Care plans and delivery were person-centred. Person-centred planning is a way of helping someone to plan their life and support they need, focusing on what is important to the person. One person told us, "Yes, I am involved with care planning, I can say what I want," another person stated, "They keep the records here and yes I have a say." People and their relatives were encouraged to be involved in planning and reviewing the care they received. This helped to ensure people received a service which met their needs and preferences, "They regularly assess and document the care needs. Any adjustments I want made, she does it. Really on the ball. Yes, you can change the care plan" and "We talked on the first visit and got a programme. Things have changed around a bit. Have just evolved. The carer is adept." The registered manager told us they regularly visited people to review staff and plans, this was confirmed by people; "The manager attended this morning, overseeing care. She works as both a manager and carer."

People's care plans included details of how they wanted their needs to be met in line with their wishes and preferences. Care plans also detailed their medical history as well as any cultural, religious and spiritual needs. We found care plans did include the details staff needed to provide personalised care, such as life and social history and how people liked to be supported. For example, people's care plans included detailed information regarding their routines for each visit. This included how they liked things to be done, routines that should be followed, and how staff should provide care. For instance, one persons' care plan included the order of how they liked their care to be provided

The agency had systems in place to deal with any concerns or complaints. The people we spoke with told us they were confident that any concerns would be appropriately dealt with. One person said, "Complain, no definitely not. I'm more likely to give praise." Another person said, "I have no complaints. Yes, we have a detailed complaints policy in the literature." Each person was provided with a copy of the complaints procedure as part of their welcome pack when they started to use the service. The agency had received four formal complaints this year and we found each was dealt with in line with the providers' policy.

The registered manager informed us they were not providing a service to anybody who was receiving end of life care. However, care plans showed there had been discussions with people about their preferences during their final days and following death. One staff member explained the planned training and support that would be provided by the manager for someone needing end of life care.

People were supported to see religious representatives, which enabled them to practice their faith. One person told us they had requested an early visit in order to attend church, care records confirmed this was happening.

Is the service well-led?

Our findings

People and their relatives told us the service was well led. One told us "I know the manager [name]. Absolutely approachable. I can speak at any time. I have her phone number. She calls regularly." People consistently reported that they were happy with the care and support provided by the service, that communication was reliable and easy, and that staff carried out their role in a professional manner, "Yes, I know the boss. (Name provided). They are approachable, and you can speak at any time. I've done a couple of questionnaires. Communication is good. You are kept informed. Oh yes, I am very happy with everything."

Staff told us they felt respected, valued and supported by the registered manager and other senior staff. One staff member said, "Managers are always at the end of a phone," and "Communication is very good." A registered manager was in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

Within the service, there was a clear leadership structure in place. The registered manager was supported by the deputy manager, client support manager and a team of care staff who all understood their roles well. Staff told us that the management team carried out at least four spot checks per year. We were told that it was not only a good way to observe and support staff but also a good way of getting information and feedback from people. In addition to spot check visits, telephone calls and the use of compliment and complaints processes were used to assess and learn from people's feedback.

Regular checks were carried out to make sure the correct procedures were being followed. Areas covered included care records, medication, timings of calls, complaints and staff training. These enabled the registered provider to monitor how the service was operating and staffs' performance. Where shortfalls had been found action had been taken to address them. Three monthly individual supervision sessions with staff plus weekly meetings enabled the registered manager to ensure everyone was up to date with their knowledge about people and the care tasks required. These meetings were also used to discuss best practice, such as medicines and recordings, in addition to promoting the provider's values. This helped to ensure the provider's caring values were embedded into the leadership, culture and staff practice.

Staff told us they felt valued by the registered manager; there was a clear vision within the service to provide a high quality service, "When I first started the vision and values were what I wanted."

There was an emphasis on empowering people to make their own choices about the service they received. Staff told us they were involved in decisions about the service provided and told us their suggestions and views on improvements were listened to. One staff told us "We are asked for input on everything. They always ask if anything could be done better." We found the management open and transparent throughout our inspection and provided information when it was requested in a timely manner.

The service worked in a collaborative and open way with external stakeholders and agencies to support care provision and had links through local forums with other providers. This helped staff to develop and learn from good practice and keep up to date with developments in the field.