Abbeyfield Society (The)

The Abbeyfield Mid Sussex Domiciliary Care Agency

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

The Abbeyfield Mid Sussex Domiciliary Care Agency provides support for older people who need assistance with their personal care. They support people who live in their own homes in the community and people who live on site in a sheltered housing complex. At the time of the inspection two people were receiving a service. Both of these people required minimal support with personal care.

The inspection took place on 30 June 2016 and we gave the provider 24 hours' notice in order to make sure the people we needed to speak with were available. The last inspection of this service was completed on 17 January 2014 and no concerns were identified.

The service had a registered manager. 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.

People were provided with a bespoke service that was centred on their needs, wishes and preferences. Care provided was responsive to people's changing needs and wishes and staff respected people's privacy and treated them with dignity. One person told us "They treat me well. They are very polite and always knock on the door before they come in. They do treat me with respect and dignity".

Care plans described the people's needs and preferences and staff were aware of the people's personal history and the people that mattered to them. People and their relatives were consulted about decisions and involved in planning their care. One person told us "They listen to me and speak with (relative's name). I asked them to do that, I'm happy they do and I'm happy with the care".

People living on site had the option to participate in the activities provided by one of the provider's care homes which is next door. People living in the wider community also had the option to participate in some of the activities provided at the care home such as community events and celebrations.

There were systems in place to ensure people received safe care and there were sufficient staff employed to support them. Recruitment practices ensured staff were safe to work with people at risk. Staff were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place.

Staff were skilled and knowledgeable. They had received training that equipped them to fulfil their role and there were opportunities for additional training specific to the needs of people who may use the service in the future, such as caring for people living with dementia or epilepsy. One person told us they felt staff were competent and that they were "Very happy with the all the girls". Staff were supported in their role provided with opportunities to develop. One member of staff told us "The induction was very good; they provide lots of lots of good quality training".

The registered manager and staff had received training and worked in accordance with the Mental Capacity Act 2005 (MCA).

Risks associated with the environment and equipment had been identified and managed. Whilst no one receiving a service needed any support with medicines, there were systems and procedures in place for the safe management and administration of medicines.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

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.

Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care. Recruitment practices ensured staff were safe to work with people at risk.

Systems were in place for the safe management and administration of medicines.

Is the service effective?

Good

The service was effective.

Staff had a good understanding of peoples care and the Mental Capacity Act (2005) (MCA).

People were supported to access health care professionals when needed.

Staff received training which was appropriate to their role.

Is the service caring?

Good

The service was caring.

People were well cared for, their privacy was respected, and they were treated with dignity and respect by kind staff.

They were encouraged to remain independence and to make decisions about their care.

Staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

Is the service responsive?

Good

The service was responsive.

Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

There were systems in place to respond to complaints and people knew who to speak with if they had a concern.

Is the service well-led?

Good

The service was well-led.

The service was managed well and staff felt they were listened to.

Quality assurance was measured and monitored to help improve standards of service delivery.

The registered manager was aware of their responsibilities.

The Abbeyfield Mid Sussex Domiciliary Care Agency

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 took place on 30 June 2016. This visit was announced, we gave the provider 24 hours' notice of our visit so that the people we needed to speak with were available. The last inspection of the service was completed on the 17 January 2014 at which no concerns were identified.

On this occasion we did not request the provider to complete a provider information return (PIR). A PIR is a document completed by the provider which provides statistical information about the service and a narrative detailing how the provider ensures people receive a, safe, effective, caring, responsive and well-led service.

One inspector undertook this inspection. Before our inspection we reviewed the information we held about the service and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

As part of this inspection we spoke with one person receiving a service, the registered manager, and two other members of staff. We looked at two people's care records, four staff files and other records relating to the management of the service, such as complaints, accident/incident recording, staff duty rota's and audit documentation.

Good

Is the service safe?

Our findings

There were systems in place to ensure the safety of people using the service. The person we spoke with confirmed they felt 'safe and secure' with staff.

There were sufficient numbers of suitably qualified and experienced staff to meet people's needs. One person told us that staff always arrived on time and for the full duration of the call. Records we saw confirmed this. The registered manager told us there were three staff that regularly provided support to people living in their own homes. They explained that the care co-ordinator and, if needed themselves, could also deliver personal care in an emergency for example, if a staff member took unexpected leave or was running late. They told us they had not had any missed calls and that most of the staff lived in the local area so even in extreme weather they are able to get into work.

There were systems in place to protect people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and there were plans for this training to be refreshed regularly. A member of staff described the different types of abuse and what action they would take if they suspected abuse had taken place.

There were systems to identify and reduce risks. Risk assessments had been completed which were specific to the person's needs. The assessments outlined the activity, the associated hazards and what measures could be taken to reduce or eliminate the risk. Risks associated with the safety of the environment and equipment were identified and managed appropriately. A member of staff told us "We always look to see if there are less risky ways of doing things and advice people accordingly".

There were arrangements in place for staff to raise the alarm in case of emergency for example if the person they were visiting did not answer the door when they were due a care call. The properties of the people who lived on site were fitted with an alarm they could use in an emergency. There were systems in place whereby, if needed, the agency would be alerted if a person used their alarm. The registered manager explained they would be able to respond to any such call within minutes. They had the contact details of the next of kin for the people who lived in the community so they could contact them if a person did not answer their door when a care call was due. Staff had completed training in relation to keeping safe such as accessing people's homes and lone working. They carried a personal alarm. The alarm was linked to an alarm receiving centre that could co-ordinate a response in the event of an emergency. The alarm would activate in the event of the staff member becoming incapacitated due to illness or a fall and was fitted with a device which identified the location of the staff member. Staff could also activate the alarm themselves and speak to people in the alarm receiving centre to pass on any relevant information. Staff had the access to the equipment they needed to keep people safe and reduce the risk of cross contamination for example, disposable gloves and aprons. People were introduced to new staff before they provided them with any care or support and staff carried identity badges.

There were systems in place for the recording of accidents and incidents and for any trends and themes to be identified. A member of staff described to us the actions they would take if someone had an accident and

told us they would check the person for injury, contact the relevant health care professional if needed, inform the care manager, complete an accident form and make a record in the person's file if this happened.

Records showed staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and identity and security checks had been undertaken to ensure that potential staff were safe to work with people at risk.

At the time of the inspection no one receiving a service required any support to manage their medicines. However staff had received medicine administration training and there were systems in place to ensure the safe management of medicines should the need arise.

Good

Is the service effective?

Our findings

Care workers had skills they needed to provide effective care. One person we spoke with told us they felt staff were competent and that they were "Very happy with the all the girls".

New staff completed a two week induction programme to ensure they had the competencies they needed to undertake their role. This included the completion of essential training, and shadowing experienced staff whilst they got to know people's needs, preferences and choices. New staff were also required by the provider to complete the care certificate. The care certificate is a nationally recognised identified set of standards that health and social care workers adhere to in their daily working life. It is designed to give confidence that workers have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff felt the training they had received had prepared them for their role and said they felt confident and competent to support people. One commented, "The training and induction was very good, very intensive. I've learnt a lot since I started here." Another staff member said the registered manager had been very supportive in helping them to develop their skills and commented "The induction was very good; they provide lots of lots of good quality training".

People had their assessed needs and preferences met by staff with the necessary skills and knowledge. Staff received training in areas such as fire safety, mental capacity, diversity, food hygiene, safeguarding, infection control, Control Of Substances Hazardous to Health (COSHH), health and safety and medication. Staff received support and professional development to assist them to develop in their roles. They had access to a range of training they may need to support the specific needs of people who may use the service in the future such as supporting people living with dementia or epilepsy. There were formal systems for development including one to one supervision meetings and annual appraisals. Supervision is a system that ensures care workers have the necessary support and opportunity to discuss any issues or concerns they may have. A care worker told us they had scheduled supervision meetings with their line manger where they could sit down in private and have a one to one discussion. They told us they felt supported in their role and that they were listened to.

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. Staff had knowledge and understanding of the (MCA) because they had received training in this area as part of their induction. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. Staff told us how they ensured people had choices on how they would like to be cared for and that they always asked permission before starting a task. They went on to give examples of offering choices of meals and what clothes someone would like to wear. One member of staff told us "If I had any doubts at all that someone did not have the capacity to make a decision I would flag it up with the manager".

There were systems in place for people to have an initial nutritional assessment and their dietary needs and preferences were recorded. Staff were supporting one person to prepare their meals. They told us and records confirmed they had discussed with the person their food preferences and supported the person to set a menu each week. One member of staff told us "We prepare a menu with (person's name). We sit down with them and ask what they'd like and the following week then we do the shopping to make sure they have all the ingredients".

The registered managers and staff told us they encouraged people to contact health care professionals when required or would do so for them if they requested it. Records confirmed they monitored the person's general health and well-being. People's care plans detailed their medical conditions, visits to their GP, hospital appointments and visits to other healthcare professionals. They also detailed the contact numbers for the health care professionals involved in providing support to people. Each person had a hospital passport which detailed their health conditions, medical history, and information on their communication needs and comprehension. It also detailed how they would communicate they were in pain, if they had allergies, had any swallowing difficulties and whether they needed any assistance to move around.

Communication was effective. Staff recorded how the people they had been supporting had spent their time and passed on any issues or concerns that needed to be highlighted. All the staff we spoke with were knowledgeable about the people they supported and what their likes and dislikes were.

Good

Is the service caring?

Our findings

People's care was provided in the way they wanted it to be and were involved in making decisions about their care and treatment. The registered manager and staff told us people had been involved in formulating their care plans and that they regularly consulted with people about their care. They explained how one person had expressed a wish for the agency to consult with a family member when making decisions about their care and this was documented. They told us the person made their own choices about their care and how they would like it to be provided and this was recorded in their care plan. This person told us "They listen to me and speak with (relative name). I asked them to do that, I'm happy they do and I'm happy with the care".

People's independence was promoted. The registered manager and staff had a firm understanding of the importance of people remaining independent. They told us both the people they supported required minimal support with their personal care and guided staff when they needed assistance. One person's care plan stated 'I like to keep as independent as possible'. A staff member told us "(Person's name) is very capable and fiercely independent, they tell me how they like things to be done and if they can't manage then I help". Another person told us they tried to do as much as possible for themselves and commented "If I need any help I guide them to what I want them to do". The registered manager told us as part of one person's initial assessment they had identified the person may benefit from having grab rails installed in their bathroom. They explained the person did have grab rails installed as suggested and as a result their independence had increased and they needed less support with their personal care.

People's privacy and dignity was respected. Staff were aware of the need to preserve people's dignity when providing care to people in their own home. Staff we spoke with told us they took care to cover people when providing personal care. They also said they closed doors to ensure people's privacy was respected. Everyone we spoke with was familiar with the preferred term of address of the people they supported and this was clearly documented within people's care plans. Staff had a clear understanding of the principles of privacy and dignity and had received relevant training. One person told us "They treat me well. They are very polite and always knock on the door before they come in. They do treat me with respect and dignity".

People received consistent care. People were supported by the same three staff who knew them well and were introduced to new staff before they started to deliver care to them. One person told us "It's always the same girls that come to see me". Staff told us that they had enough time to support people and never felt rushed when providing care and support. They were committed to arriving on time and told us that they would notify people or the office if they were going to be late. Staff we told us they were able to build relationships and a good rapport with people which increased their understanding of people's needs, due to the fact that they consistently attended the same people.

People were happy with the care they received, and said they were supported by staff that knew them well and treated them with kindness. One person receiving care and support from the service told us that staff were kind and caring. They told us "I'm happy with all of them".

People's confidentiality was respected. Care staff understood not to talk about people outside of their own home or to discuss other people whilst providing care for others. The issue of confidentiality was also covered during staff induction and training.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. It was evident from our conversations with the registered manager and staff that the service they provided to people was personalised to them. The care provided was centred on each person's needs, wishes and preferences which had been assessed and planned for. Each person's needs had been assessed before they started to use the service and these had been kept under review. One person told us they and their relative had been fully involved in their initial assessment and planning their care and commented "They asked me all about the help I needed".

People's support needs had been planned for. They were actively involved in planning their care. People's initial assessments and risk assessments had been used as a basis on which care plans had been developed to guide staff in how the person wanted and needed to be supported. Care plans were centred on the person and designed to help people plan their life and the support they needed. Each section of the care plan was relevant to the person and their needs, it included parts on mobility, daily life and personal care. Information documented people's healthcare needs and the support required managing and maintaining those needs. Staff completed daily records of the care and support that had been given to people. They detailed the task based activities, such as assistance with personal care, they had completed as well as how people were feeling on that day.

Care plans provided information about people, their personal history, their wider circle of support such as family and individual preferences, interests and aspirations. They contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how individuals preferred to be supported. The care plan for one person who needed assistance with their personal care provided details on which room the person preferred to get dressed in and when assisting the person to get dry they 'will communicate the assistance needed'. It was clear that management and staff knew people's likes and dislikes and that the support they provided was flexible and could respond to the people's changing needs and wishes. A staff member told us the support the person required varied from day to day depending on how they were feeling but that they adapted the care they delivered to accommodate the person's needs and wishes on that day. They commented "Sometimes (person's name) is able to wash themselves but other times they need a bit of help. It depends how they are feeling".

The registered manager and staff were aware of the risk of social isolation and took steps to reduce this. They told us they always let the person who lived on site, know what activities and entertainment was being provided at the provider's on site care home, and they often went over to join in with the activities or go to see the entertainment. They explained that people they supported who lived in the wider community were also informed of and invited to community events and activities at the provider's care home. One person confirmed that staff kept them informed of the activities and entertainment and they often went over to the care home to join in.

There were systems in place for complaints to be recorded investigated and responded to. The procedure for raising and investigating complaints was available for people and their relatives. There were also systems and processes in place to consult with people, relatives and staff to gain their feedback on the service

provided.

Good

Is the service well-led?

Our findings

Everyone spoke highly of the provider and registered manager and felt the service was well run. Staff commented they enjoyed their work and their comments included "It's a great place to work", "They're a very good employer. The staff at head office are very helpful and the manager is very supportive". Another person told us "I think it's well led and well managed". One person told us they were happy with the care and support they received and would recommend the service to others. They commented "I'm very happy with (staff members name) all the care; everything".

Staff spoke about the ethos of the service dedicated to providing personalised care that met people's individual needs. One staff member told us the management team and provider "Genuinely care about people and want to do their best for them. If people have preferences they are catered for, it is a very individualised service; totally person centred". Another staff member told us the aim of the service was to "Support people in the way they choose, to be person centred, support people to be independent, we do that".

The provider undertook quality assurance audits to ensure a good level of quality was maintained for example staff training and people's care records were checked to make sure they were up to date and accurate. There were systems to analyse the results of the audits in order to determine trends and introduce preventative measures. The information gathered from audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. Staff told us the registered manager met with people on a regular basis to gain feedback on the service provided and individual staff. One staff member told us "I was told that (person's name) was pleased with me".

There were systems in place for staff to raise concerns under the providers whistle blowing policy and staff were aware of this policy. The registered manager and staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this if need be. One staff member told us "I know about whistle blowing" they explained they would report any concerns about poor practice to their line manager and that if the manager was not available or it was a manager they were concerned about "There's a number we can ring". We were told that whistleblowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. Staff told us they felt the registered manager was approachable and that they felt they could go to them with any concerns or questions and that they would be listened to. The commented that they felt the provider and registered manager were "Very open and transparent".

Everyone we spoke with was clear about their role within the organisation and the line of accountability. The registered manager was aware of their responsibilities. They informed us that they were supported by the provider and attended regular management meetings to discuss areas of improvement for the service, review any new legislation and to discuss good practice guidelines within the sector. They attended a local manager's meeting to discuss any developments and look at how they could improve the services they provided. Up to date sector specific information was also made available for staff, including guidance for example around moving and handling techniques and safeguarding people from abuse.

Regular staff meetings were carried out and there were systems in place for a satisfaction surveys to be completed. This provided the management team with a mechanism for monitoring people's satisfaction with the service provided and identify areas for improvement.