

Abnercare 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

About the service

Abnecare Ltd provides personal care and support to adults living in their own homes in the community. 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. At the time of the inspection, five people were receiving personal care.

People's experience of using this service and what we found

People were protected from avoidable harm and abuse. Staff had all completed safeguarding training and knew how to raise concerns. Risks to people's health and wellbeing were proactively assessed, recognised and managed. There were enough staff with the right mix of skills to support people safely and effectively. Staff were recruited and selected safely. Medications were safely managed, administered and stored in people's homes. Incidents, accidents and near misses were recorded and monitored to ensure there was opportunity for lessons to be learned. Infection control and prevention was managed well at the service.

Staff were supported and supervised, trained, and suitably skilled to meet the requirements of their role. We received very positive feedback from different social care professionals regarding the skills of the staff. Staff worked in collaboration with other agencies such as GP's and CPN's to ensure people's needs were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported/ did not support this practice.

Staff treated people with respect, kindness, equality and dignity. One person said " "This is the best care company I have been in bar none, I honestly cannot say anything more positive about them." Care plans contained information for each person which described how they liked to be involved in their care, and what their preferred routines were. People had signed their care plans if they were able.

A personalised care plan was developed for each person with their involvement or with their family members involvement if appropriate. People's interests and chosen activities were prioritised by staff. There was a complaints process in place which outlined response times and procedure. End of life care was discussed sensitively and with care and compassion.

The registered manager had a clear understanding of their role and responsibilities in line with regulatory requirements and was open and honest regarding some out of date information and missing audit plans. They had already begun to address this. The service was open and inclusive and fully considered people's equality needs. There was a positive approach to working in partnership with others.

The registered manager had already begun to improve their approach to record keeping and quality assurance. This system was in the process of being implemented at the time of our inspection.

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

Rating at last inspection

This service was registered with us on 8 October 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on our approach to inspecting newly registered services.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Abnercare Ltd

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the CQC. 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.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure someone would be in the office to support the inspection.

Inspection activity started on 6 February 2020 and ended on 10 February 2020.

What we did before the inspection

Before the inspection, we looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider was not asked to complete a provider information return prior to this inspection. We also contacted local authority commissioners and asked them for their views about the service. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

During our visit to the registered office we spoke with the registered manager, and the office manager. We contacted three staff by telephone. We looked at three people's care records and a selection of medication and medication administration (MARs). We looked at other records including quality monitoring records, recruitment and training records for three staff and other records relating to the management of the service. We spoke over the telephone with one person using the service and one relative.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training certificates and emailed health and social care professionals.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse.
- Some comments included, "I give them 100 out of ten. They are brilliant." Also they felt 'happy and well supported' knowing they were being supported by Abnecare. More than one social care professional who we approached for feedback said they were 'impressed' with the service.
- Staff had all completed safeguarding training and knew how to raise concerns. The service had policies and procedures in place to ensure safeguarding concerns were managed promptly.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were proactively assessed, recognised and managed.
- Strategies for risk management were clearly and concisely recorded. For example, one person's risk assessment described how staff should support them if they were feeling 'unwell' with regards to their mental health.
- Another risk assessment described how the person's complex mental health condition impacted their behaviour and how staff should respond if the person started to display behaviours or 'triggers.'

Staffing and recruitment

- There were enough staff employed with the right mix of skills to support people safely and effectively. Staff were recruited and selected safely.
- People were able to choose who supported them.

Using medicines safely

- Medications were safely managed, administered and stored in people's homes.
- Staff kept accurate Medication Administration Records (MAR)s in relation to people's medications, including topical medications (Creams).

Learning lessons when things go wrong

- Incidents, accidents and near misses were recorded and monitored to ensure there was opportunity for lessons learned.
- Appropriate reviews took place of all incidents by the registered manager, and any patterns or emerging trends were highlighted for discussion with the staff.

Preventing and controlling infection

- Infection control and prevention was managed well by staff.

- Staff understood their roles with regards to infection control, and the importance of maintaining high standards of cleanliness.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Staff support: induction, training, skills and experience

- Staff were supported and supervised, trained, and suitably skilled to meet the requirements of their role.
- All staff training, and induction was recorded which evidenced all training the provider had deemed mandatory had been completed.
- Staff discussed their roles and responsibilities and confirmed they felt well supported due to consistent supervision, and training.
- Feedback from professionals confirmed they felt staff had the right skill mix to support people. One person said they found the staff, "Highly skilled."

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

- People were assessed before they received support from Abnecare by the registered manager, and their outcomes and choices were recorded and monitored to ensure consistency and good practice.
- Care plans and outcomes for people were regularly reviewed by keyworkers and other involved professionals and relatives to ensure the service continued to meet the needs of each person.

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

- People were supported by staff to have sufficient food and fluid intake throughout the day and night.
- Some people had guidance and support from outside organisations, such as SALT, to ensure their diet was suitable for them. Staff followed this guidance safely, and it was available to be viewed in people's care plans.
- People chose their own menus and shopped for their own ingredients. Most people were supported by their families to make their meals.

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

- There was a clear process for referring people to external services were required and this was applied consistently to ensure care was safe. We received very positive feedback from different social care professionals regarding the skills of the staff.
- Staff worked in collaboration with other agencies such as GP's and community psychiatric nurses (CPN's) to ensure people's needs were met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service fully met and complied with the principles of the MCA and no one was being unlawfully deprived of their liberty.
- Where appropriate people were involved in aspects of their daily living. For more complex decisions, the registered manager discussed how they would appropriately apply the principles of the MCA. Including a robust assessment of the persons understanding, best interest meeting, and referral to the Court of Protection if needed.
- Each capacity assessment was decision specific and included the person's advocate or relative in the process. Best interest meetings discussed the rationale for the decision and why it was in the person's best interest.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. At this inspection this key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with respect, kindness, equality and dignity.
- Caring and respectful relationships had been developed between staff, people who used the service and their relatives.
- People and relatives spoke positively about the staff. Some of the comments included, "This is the best care company I have been in bar none, I honestly cannot say anything more positive about them." Someone else said, "They are very very good."
- Consideration had been given to people's cultural and spiritual backgrounds.

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

- People were included as much as possible in their day-to-day decision making and choices around their care and support needs.
- Care plans contained information for each person which described how they liked to be involved in their care, and what their preferred routines were. People had given their signed consent to their care plans if they were able.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and independence was encouraged, family relationships and friendships were respected and promoted.
- Each care plan was written in a way which focussed on tasks the person could do for themselves, rather than what they could not. For example, 'I can choose what I like to do with my time.'
- The staff encouraged family to be involved in their relatives care and support. A Relative we spoke with confirmed this. They said, "I am asked for input."
- Confidential information was stored securely in the office.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A personalised care plan was developed for each person with their involvement or with their family members involvement if appropriate.
- Care plans included people's individual preferences and interests, personal history, and staff understood these and gave people as much choice, control and independence as possible. One care plan stated, 'I like staff to leave my items, such as my remote, within easy reach.'
- Family members told us they were involved in their relative's care plan, and they were written in a person-centred way. A family member said, "I have been involved in the reviews and updates."
- Care plans were regularly reviewed and quickly updated following any changes in people's support needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service actively encouraged and supported people to communicate in a style which was relevant for them, fully considering their equality needs.
- Communication information was in place for people, if needed, which described how they chose to communicate. For example, one person's care plan stated, 'I can communicate with you by nodding my head and smiling.'

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

- People's interests and chosen activities were prioritised by staff.
- The registered manager and staff team worked creatively to ensure shift patterns and call times reflected people's social lives and choices.

Improving care quality in response to complaints or concerns

- There was a complaints process in place which outlined response times and procedure.
- There had been one formal complaint which had been investigated. A relative told us they knew how to complain should they need to.

End of life care and support

- End of life care was discussed sensitively and with care and compassion.
- Staff had received training in end of life, however, there was no one currently receiving end of life support who used the service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- The registered manager had a clear understanding of their role and responsibilities in line with regulatory requirements and was open and honest regarding some out of date information and missing audit plans.
- The registered manager had already devised a plan to complete this documentation and understood the importance of good record keeping. The registered manager and provider had recently invested in an electronic system to help them with this.
- Staff performance, learning and development was monitored through observations and regular contact with managers and senior staff with management responsibilities, even though some of this was not always documented.
- The registered manager and staff understood their responsibilities to act in an open and transparent way by being open and honest with people when an incident occurred.

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

- The registered manager promoted a positive ethos and culture, which was centred around personalisation and inclusion.
- Family members were involved in planning their relative's care and support and people experienced good outcomes and support towards their chosen goals.
- Staff told us they enjoyed their roles and felt valued and supported. One staff member said, "It is better than other companies I have worked for, you get a lot of support."

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 and provider understood their responsibility to inform people when care fell short or did not meet expected standards. Risks to people's health, safety and wellbeing was effectively managed.
- We checked records and found the provider had acted on the duty of candour regarding incidents and accidents. The local authority and CQC and families had been notified when needed.

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

- The service was open and inclusive and fully considered people's equality needs.

- People, family members and others were provided with opportunities to provide feedback about the service through surveys, review meetings and regular discussions with managers and senior staff.
- Family member and staff felt involved and said there were good lines of communication. Their comments included, "I know I can always call if I need anything."
- There was a positive approach to working in partnership with others including Clinical Commissioning Groups (CCG) and other health and social care professionals. We received positive feedback from these stakeholders in relation to their working relationship with Abnercare.

Continuous learning and improving care

- The registered manager had already begun to improve their approach to record keeping and quality assurance. This system was in the process of being implemented at the time of our inspection.
- Action plans were developed for areas identified as needing to improve and the actions were completed in a timely way.