

Abundant Life Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Abundant Life Care Limited is a domiciliary care service providing personal care to people living in their own homes. At the time of the inspection there were eight people using the service.

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's safety was maintained and promoted through effective systems and processes to protect people from abuse. Potential risks to people were assessed and reviewed and staff followed the guidance in the care plans which described the level of support people required to reduce risks. Staff knew how to report concerns when people's safety and wellbeing was at risk.

People received support from staff who had undergone a robust recruitment process. There were enough staff to care for people. They were supported by regular, reliable staff who knew them and their needs well, which promoted continuity of care. Rotas were planned to ensure people received their care at the time they needed. Staff were trained and had the skills and knowledge needed to meet people's care and support needs.

People were supported to maintain good health. People were supported with their medicines and accessed health care services when needed. People were supported to eat and drink enough and the meals prepared met their dietary needs and preferences.

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 this practice. People made day to day decisions about all aspects of their care which staff respected.

People received care and support from reliable, kind and caring staff. Staff protected people's privacy, dignity and promoted their independence. People had developed positive relations with staff who were committed to non-discriminatory practices. People's communication needs were met and understood by staff. Information was produced in formats, so people could understand.

People received person centred care. Care plans were personalised to reflect individual preferences, diverse cultural needs and how they wished to be supported. Staff worked flexibly to enable people to attend appointments, community and social events and family gatherings. People had the opportunity to express their wishes in relation to end of life care.

Everyone we spoke with felt the registered manager was approachable and responsive. People were

confident complaints would be listened to and acted on. People's views about the service were sought individually and through surveys.

The registered manager understood their legal responsibilities. The quality of care was monitored through reviews, audits and feedback. Systems were in place ensure staff were trained and supported in their roles. The registered manager and staff team had embedded the provider's values to enable people to live in their own home for as long as they wished. This was achieved by the registered manager who worked in partnership with health care professionals, agencies and community services and shared learning with the staff team when things went wrong.

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 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service remained safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service remained responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service remained well-led.

Details are in our safe findings below.

Abundant Life Care Limited

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 homes.

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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 22 October 2019 and ended on 23 October 2019, after we visited the registered office.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with the registered manager and three care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training information and the updated business continuity plan.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who cared for them and trusted them. A person said, "I feel totally safe with them. They make sure I'm safe and secure [my home] before leaving." Relatives were confident staff were trained and able to care for people safely.
- Staff had received training in how to keep people safe from abuse and recognise signs that might indicate a person was being abused. Staff were clear on how to report concerns both with the registered manager and external agencies.
- Records showed the registered manager had worked with the local safeguarding authority when concerns were raised to ensure actions remained safe.

Assessing risk, safety monitoring and management

- Risks associated with people's physical health, care needs, and the home environment had been assessed. Care plans had clear guidance for staff to follow, for example, a care plan instructed staff to give the person time and to involve them in the tasks to reduce risks. Staff knew what action to take to reduce risks and to keep people safe.
- People were involved in the risk assessment process. A person told us they were able to discuss how their health condition impacted on day to day basis. Relatives said, "Everything was explained like how they would keep [name] safe and help [them] with showering and dressing and only needs one carer." And "They move [name] safely, never rush [them]. Hoist and sling is in place and grab rails [name] uses [to hold on to]." Risks to people were regularly reviewed and records updated to reflect any changes in identified risks.
- The registered manager had considered external risks that could affect the service delivery and had taken action. For example, a company car was available to staff if they had trouble with their own car, so it would not impact on their ability to provide care to people.

Staffing and recruitment

- Safe staff recruitment practices were followed. Staff records contained evidence of a Disclosure and Barring Service (DBS) check and references were obtained before new staff started. Staff completed an induction, so they were aware of their responsibilities to promote people's safety.
- People were supported by regular reliable staff. A person said, "I have a team of carers who come depending on their shift patterns. They're always on time and reliable." A relative said, "[Name] has the same carers and it helps because they are always on time. If they're going to be late then they will call [name] to let [them] know."
- Staff told us the rotas were planned so they visited the same people, and they had enough time to deliver the care and support people needed and to travel between calls. This promoted continuity of care for people.

Using medicines safely

- Where people required support with their medicines, their ability to do so was assessed and were supported with their prescribed medicines. One person said, "Staff gives me the [blister] pack and a glass of water; they watch me take [tablets] and write it in the book [daily care logs]."
- People's care plans detailed the medicines prescribed and described the level of support required and how they took their medicines for example, with water or juice.
- Staff had received training to support people with their medicines and knew what action to take if the person declined to take their medicine or in the event of a medicine error. The registered manager as part of their quality assurance system checked people were supported with their medicines in a safe way and clearly documented the support provided.

Preventing and controlling infection

- People and relatives said staff used personal protective equipment (PPE) and disposed them safely. A person said, "[Staff] wear uniform, gloves, aprons, and always wash their hands."
- Staff were trained in infection prevention procedures and their practice was checked by the registered manager to ensure infection control procedures were followed. A staff member told us they had a good supply of PPE and disposed of them after each task such as personal care and meal preparation.

Learning lessons when things go wrong

- All incidents and accidents reported was documented and reviewed by the registered manager to identify any patterns or trends, so improvements could be made. The registered manager had praised staff for reporting when a person had mentioned they had fallen before the staff member had arrived. The registered manager had reviewed the risks and staff were vigilant for signs of pain, so action could be taken.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and relatives were confident staff were trained to provide care they needed.
- Staff completed an induction, which included working alongside the registered manager and received ongoing training for their role. A staff member said, "Training is good because it's all face to face and [registered manager] checks what we do." Ongoing training was provided to ensure staff maintained the skills and knowledge required for their role. The mandatory training completed related to health and safety, promoting person-centred care and training that was specific to an individual person's needs.
- Staff told us they felt supported by the registered manager and received regular supervision which helped to identify any training and development needs. Team meetings enabled staff to review their care practices and share ideas to improve the quality of care people's received.

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

- People's needs were assessed by the registered manager and took account of the assessment completed by commissioners. This enabled them to check staff had the skills needed to provide the care or if further training was needed to meet specific health conditions.
- Assessments were reflective of best practice guidance and reflected the Equality Act. People were involved in this process to ensure their individual needs, their culture, age and disability were recognised and met. A person told us the registered manager and staff knew how their health condition impacted on the daily support they required. This person's care plan described how staff were to support them at times when they needed more support than usual.

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

- People told us staff prepared the food and drink they wanted. A person said, "[Staff] prepare my breakfast which may be cereal or toast with a cup of tea." A relative said, "We get microwave meals in and [name] tells the carer what [they] want to eat so they pop it into the microwave."
- People were assessed for risks related to nutritional needs to maintain good health. Staff were knowledgeable of people's individual dietary needs and preferences.
- A relative told us they found the food and drink logs completed by staff assured them that their family member ate and drank well. A sample of the food and drink logs we looked had been completed in full and detailed the quantity of food and drink consumed. A staff member told us these logs were a good way of identifying if someone's health could be of concern.

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

- People told us they were supported to access health care services when needed. Staff were aware of people's health conditions and knew what action to take when someone was unwell. Records showed community nurses, GP and the occupational therapist had been contacted for advice and support when people's health was of concern.
- Care plans provided a clear overview of people's health needs and the involvement of health care professionals. For example, a person's care plan included guidance from the community nurse to manage a skin condition. This person's relative confirmed their family member's skin condition had improved, which was consistent with the feedback from the community nurse.
- The registered manager worked closely with health and social care professionals to ensure people received the care and support they needed in a coordinate and timely way. For example, a person required more than their package of care allowed. The registered manager liaised with the commissioner and arranged for additional calls to be added.

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.

- The service continued to work within the principles of the MCA. People's ability to make informed decisions had been assessed. There was evidence of mental capacity assessments when need and their outcomes. These processes were clearly documented and included evidence where the person's relative had the legal authority to make best interest decisions.
- Staff received training for MCA and ensured people's rights were respected and promoted.
- People told us staff sought their consent and respected their decisions. A relative said, "[Name] has set routines for each visit which is followed but always with [name'] permission."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People continued to receive good care and support from staff who clearly knew them well. One person said, "I am extremely happy with the care I get. My carers are very good to me and they are always polite to me." A relative said, "[Name] is happy with the care and the carers."
- People's diverse needs, such as their cultural or religious needs and lifestyle choices, were reflected in their care plans. The person we spoke with said staff supported them to meet these needs.
- People were cared for by staff who enjoyed their work. Staff had developed caring and trusting relationships with people and their relatives. A staff member said, "We are always introduced to new clients and visit them with [registered manager]. You ask about how they want everything to be done and see the rooms [where care is to be delivered]." Staff knew people well and gave examples of people's preferences and likes and dislikes.

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

- People were involved and made decisions about their care and in the development of their care plans. For example, people were offered choices about their day to day decisions such as what they wanted to wear and what they want to eat and drink.
- Care plans described people's individual needs, daily routines and preferences such as the gender of staff to support them. A person told us only female staff supported them with their personal hygiene needs, which was culturally appropriate for them.
- People received a weekly call from the office staff member to check they were happy with the care. People regularly spoke with the registered manager who also delivered care to people.
- Staff told us they were kept informed about any changes to people's care needs and they read through relevant care plans to ensure they provided care to people as required.

Respecting and promoting people's privacy, dignity and independence

- People's rights to privacy and dignity was promoted. A person said, "I can wash myself, but they help wash my back as I can't reach. They totally respect me and my dignity." A relative told us their family member did not feel uncomfortable or embarrassed and said "[Name] privacy and dignity is maintained. They will close the bathroom door when washing [them]." A staff member said, "I always cover them up, make sure the door and curtains are closed." This showed staff continued to respect and maintain people's privacy and dignity.
- People were encouraged to remain as independent as practicable. A relative said, "[Name] does help them self by putting on [their]] shirt and staff will help if [name] is struggling."

- A confidentiality policy was in place. The registered manager and staff understood their responsibility and ensured all records were 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People continued to receive person centred care from regular reliable and consistent staff, which helped to build trust and support. People were involved in the care planning process to ensure their individual needs were identified and could be met. One person said, "[Staff] read the care plan to me to make sure I was happy with it."
- Care plans were personalised and reflected people's likes, dislikes, cultural and religious beliefs, sexuality and interests. This helped to ensure people were not at risk of being discriminated against. For example, people's routines and how they like to dress.
- Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. Staff monitored people's care and when changes were identified their care plan and risks were reviewed. A relative told us the daily notes completed by the staff were detailed and showed their family member received the care as per the care plan.

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.

- People's communication needs were considered as part of their pre-assessment and their care plans described how people communicated, preferred language and the best way for staff to offer choices and support.
- Staff understood how people expressed their needs and wishes. A relative confirmed staff appropriately interpreted and responded to their family member's body language and verbal communication.
- The registered manager had made information available in formats people could easily understand. For example, they had used an interpreter and produced information in the language a person and their family could understand.

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 required minimal support with social needs. Staff had good insight about people's family, hobbies and interests. Staff found the information documented in their care plans useful topics of conversation when providing care and support to people.
- Staff worked flexibly to enable people to maintain links with family, friends and the wider community. A person told us staff supported them go shopping and community centres.

- The provider told us the timing of care visits were adjusted to accommodate planned appointments or to attend family gatherings or social or cultural events.

Improving care quality in response to complaints or concerns

- People and relatives did not have any complaints and knew how to contact the office or the registered manager. They said, "I have no complaints about this company" and "No complaints or any improvements needed, in fact I can't recommend them highly enough."
- People were given a copy of the provider's complaints procedure which included the contact details for advocacy services and the local government ombudsman. The provider had received no complaints since the last inspection.

End of life care and support

- People's religious beliefs and preferences were included in their care plans. People had the opportunity to discuss their end of life when they felt they were ready to make such decisions.
- At the time of our inspection, there was no-one who needed end of life support. The provider had policies in place to support this and staff training was planned to assure people their wishes would be respected.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives made positive comments about the service and felt staff recognised the importance of meeting their emotional needs. A person said, "We have a good chat about life and everything - there's always a lot of laughing and joking."
- People and their relatives had developed good relationships with the registered manager and staff team. One person said, "It's an excellent company; very caring staff and they deliver what they say they will. I would recommend them to anyone as I've been with them since [year]."
- People, relatives and staff felt the service was well-led. They all knew who the registered manager was by name, knew they could contact them anytime and were confident any concerns would be resolved.

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 understood their legal responsibilities. They had notified the Care Quality Commission as required and had displayed the previous rating in line with regulations.
- The registered manager understood the information sharing requirements when concerns were identified and the duty of candour. Accurate records were kept of incidents and accidents which they analysed. Information and learning were shared with the staff to reduce the likelihood of reoccurrence.
- The registered manager was open and honest when things had gone wrong and were responsive to issues raised during this inspection.

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

- The registered manager was committed to promoting person centred care. They told us they led by example in providing the care and support that people needed and worked alongside staff. This helped them to gather people's views about the service and any shortfalls could be addressed promptly.
- The registered manager recognised the importance of recruiting and retaining staff who shared the same values as the provider which was to 'enable people to live in their own homes for as long as they wish'. Staff were able to tell us how they implemented these values in their day to day work of providing care and support.
- The provider's policies, procedures, and the business continuity plan had been updated. This ensured the service delivery would not be interrupted by unforeseen events.
- There was a systematic approach to the quality monitoring of the service. Audits and checks were carried

out on people's care and their care records. Staff were supervised, trained and their practices were checked. A staff member said, "[Unannounced] spot checks are done by [registered manager] and she sometimes works with us." These checks assured people and the provider that people's care needs were met safely and as agreed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were regularly asked for their views about their care individually and during reviews of their care. A person said, "Office staff pop in to check every few weeks and someone calls every week to make sure everything is ok for me." Satisfaction surveys results were all positive.
- Staff felt supported by the registered manager and were confident that any concerns raised would be resolved. A staff member said, "We have regular staff meetings in the office." Staff meeting minutes showed staff were informed about changes to the service and their views and ideas were sought about how to improve people's quality of care and life.
- Staff continued their commitment to providing quality person centred care where people's individuality and diverse needs were celebrated.
- Staff told us they felt valued and appreciated by the registered manager, people who used the service and their relatives. The service had received compliments, cards and letters of thanks from people, relatives and professionals, which had been shared with the staff team. During the inspection a compliment received was shared with the registered manager to pass on to the named staff member.

Continuous learning and improving care

- The registered manager analysed accidents, incidents and complaints and shared learning with the staff to improve the quality of care provided.
- The registered manager kept themselves up to date with changes in best practice by reviewing the CQC guidance and changes in legislation. They attended forums and conferences to keep up to date with changes in requirements. This knowledge was shared with the staff to enhance and develop working practices.

Working in partnership with others

- The registered manager and staff team worked in partnership with other professionals and agencies such as the GP, community nurses and the local authority to ensure people received joined up care.
- The registered manager had developed links with local community support groups for people from diverse backgrounds, and organisations such as the Alzheimer's and Multiple Sclerosis Society.