Able Homecare Limited

Able Homecare Marylebone

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

Overall summary

The inspection was carried out on 30 January 2015 and was announced. We gave 48 hours' notice of the inspection to make sure that the staff we needed to speak with were available.

Able Homecare is a domiciliary care service which provides personal care services to people living in their own homes. At the time of our inspection there were three people using service.

There was a registered manager at 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 2008 and associated Regulations about how the service is run.

There were systems in place to keep people safe and free from harm and the service considered people's capacity in accordance with the Mental Capacity Act (MCA) 2005. There were sufficient staff employed to meet people's needs and provide a flexible service. Relatives told us that the service could usually accommodate changes to people's schedules at short notice.

Summary of findings

Staff had appropriate training to understand and meet people's needs. They received support and guidance from the registered manager, who was also familiar with people's needs. Staff met regularly with the registered manager to discuss how they provided care and support for people, although these meetings needed to be recorded in more detail.

Assessments were conducted to identify people's support needs. These included risk assessments to make sure that people were safe, whilst taking into account their aspirations and wishes to retain as much independence as possible in their daily lives. Staff prompted people to take their prescribed medicines and understood their responsibilities. They knew how to respond to any medical emergencies or significant changes in a person's well-being, in accordance with the provider's policies and procedures.

Staff had good knowledge about people's interests, routines and daily lives at home, either living with their families or closely supported by relatives. People's privacy and dignity were promoted and staff recognised the importance of encouraging people to maintain as much independence as they could.

Relatives of people using the service told us they thought the service was well managed, and we received complimentary feedback about the care staff, the registered manager and the

There were arrangements in place to assess and monitor the quality and effectiveness of the service and use these findings to make on-going improvements.

Summary of findings

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.

There were sufficient staff to meet the needs of people who used the service.

There were systems in place to ensure people were protected from the risk of abuse and staff understood their responsibilities in regard to protecting people from abuse.

People's medicines were safely managed and administered.

Good

Is the service effective?
The service was effective.

Staff had the necessary skills and knowledge to meet people's identified needs. Staff received regular training and supervision, to make sure they had up to date information to undertake their roles and responsibilities.

People were provided with appropriate support at mealtimes to meet their nutritional needs.

Staff informed people's relatives if they had any concerns about a person's health, and they liaised with healthcare professionals as required.

Good

Is the service caring?
The service was caring. People were supported by kind and compassionate staff.

People liked the staff and had developed positive relationships with them.

Staff respected and maintained people's dignity and privacy.

People and their representatives were involved in making choices about the care and the support they received.

Good

Is the service responsive?
The service was responsive.

Assessments were carried out and care plans developed to identify people's holistic needs.

Staff demonstrated detailed knowledge of people's support needs, their interests, likes and dislikes, so that they could provide a personalised service.

Good

Is the service well-led?
The service was well-led.

Staff were supported by the registered manager and the managing director. They told us they felt able to raise issues relating to their work and seek advice from the management team.

Relatives told us that the registered manager and managing director were polite, conscientious and helpful.

Good

Summary of findings

The registered manager carried out regular audits and checks to monitor and improve upon the quality of the service.	

Able Homecare Marylebone

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 was planned to check 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 of Able Homecare took place on 30 January 2015 and was announced. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office visiting people who use the service and supporting staff; we needed to be sure that someone would be in. Two inspectors conducted the inspection.

Before the inspection visit we reviewed the information we held about the service. This included the previous inspection report, which showed that the service met the regulations we inspected on 25 February 2014. We also checked for notifications sent to us by the registered manager about significant incidents and events that had occurred at the service, which the provider is required to send to us by law.

People who used the service funded their own personal care and had been supported by their relatives to arrange their individual care packages. During our inspection we spoke with the relatives of two people who used the service, two care staff, the registered manager and the managing director. We looked at a range of records about people's care and how the service was managed, which included three people's care records and four staff training, support and recruitment records. We also looked at a sample of the policies and procedures, the complaints log and checks carried out by the registered manager.

Good

Is the service safe?

Our findings

People's relatives told us they felt that their family members were safe using the service. One relative told us, "[Our family member] regards staff as friends, [he/she] is very happy to see them and they make [him/her] as happy as possible. [Our family member] would say if they didn't feel safe." Another relative said, "We have peace of mind, thanks to the team. [Our relative] knows [the staff] well and they can deal with an emergency if we are away."

Staff were knowledgeable about how to recognise the signs of abuse and report it. Both care staff told us the actions they would take to support a person if they suspected or witnessed abuse. One member of the care staff said, "I would reassure my client and telephone my manager. I would tell my client that it is my responsibility to protect them." The provider's safeguarding policy and procedure stated that any safeguarding concerns must be reported to the local authority's safeguarding team and all staff had received safeguarding training. This meant that staff had the skills to recognise abuse and knew how to respond appropriately. There were systems in place to help protect people from the risk of financial abuse. Staff sometimes took people out to restaurants or shopping. Receipts were given directly to relatives if applicable, or handed into the office and checked by the registered manager.

There was a system in place to identify risks and protect people from harm, whilst supporting people to be as independent as possible. Risk assessments were carried out for a range of daily living activities including nutrition, moving and handling and safely accessing amenities in the local community accompanied by care staff. There were also environmental risk assessments for areas in a person's home. For example there were checks to make sure that loose mats were secured or removed to prevent people from tripping over. Staff understood the reporting process for any accidents or incidents that occurred and the registered manager demonstrated that they took appropriate actions if required. Staff were aware of the protocols in place to respond to any medical emergencies or significant changes in a person's well-being, which were recorded in people's care plans.

The registered manager and the managing director both had qualifications and experience as care workers. They told us about an occasion when they provided overnight care for a person in order to assess the environment and safety for staff, before allocating care staff.

A relative said, "[The managing director] does the staff planning. Incredibly, even when we give short notice to change arrangements he will meet our needs." None of the people using the service needed two members of care staff at the same time. The staffing rotas showed that people received their care from a limited number of care staff, which meant that people received consistent care. One relative told us, "[Our family member] knows the girls well and gets consistency" and another person's relative said, "We have the familiarity and comfort of getting the same girls." There were sufficient numbers of staff employed to ensure visits were covered and people were safe. At the time of the inspection people had requested female care workers only, which was being met by the provider. The managing director told us that they were currently training a new male care staff member so that the service had the flexibility to meet a potential request in the future.

A relative told us they thought that staff were safely recruited and inducted. They told us, "[The managing director] explains about criminal record checks to families. The girls are vetted very stringently. They [care staff] shadow and are watched." The registered manager told us that following their induction training, new care staff shadowed her in a person's home for three days. The recruitment records showed that safe procedures were in place to make sure that prospective staff were suitable for the role and responsibilities. This included two relevant references, criminal records checks, previous employment history and proof of eligibility to work in the UK. The staffing records showed that staff had previous experience of working in health and social care settings. We saw that one member of care staff had provided only one reference, although the registered manager demonstrated they had made attempts to get a second reference. We were told that a former employer refused to give a written reference but had provided a satisfactory verbal reference. The managing director told us that a former employer refused to give a written reference but had provided a satisfactory verbal reference. The provider confirmed that they were seeking a second written reference from another party.

Good

Is the service safe?

People were supported to receive their medicines safely. None of the people using the service at the time of the inspection were able to self-administer their medicines. The provider had a medicines policy and procedure to make sure that medicines were managed and administered safely. Care staff told us they prompted people to take their prescribed medicines from blister packs and explained the actions they would take if a person refused their medicine. Records demonstrated that the care workers had received medicines training and the registered manager had assessed their competency to safely administer medicines, and also recorded that people's relatives organised the delivery of medicines and the disposal of any medicines no longer required. The registered manager checked how staff supported people with their medicines through carrying out 'spot check' visits to people's homes, speaking by telephone with relatives for their views and by auditing the daily records in care plans. This meant people were protected from the risk of not receiving their medicines as prescribed.

Good

Is the service effective?

Our findings

Relatives spoke positively about the care and support provided to their family members. One relative told us, "Organising care was a giant step, filled with trepidation. This service is everything we want and need, and we have recommended it to others." Another person's relative said, "They do a great job, we're very happy."

The registered manager met with prospective people and their relatives in order to assess people's needs before a package of care started. The registered manager introduced care staff to a new person and worked with them on the first few visits. This meant that care staff were provided with appropriate information and support to meet people's health and social care needs. At the time of this inspection the care plans had been developed jointly with people and their relatives, as people who used the service were not able to independently plan their care.

Records showed that people's needs were regularly reviewed to make sure that any changes in a person's needs were recognised and addressed. The registered manager told us that care staff contacted her if they thought there were significant changes in people's needs, and she also gathered information through visits to people, discussions with relatives and reading the daily records written by care staff.

People were supported by staff who had the knowledge and skills required to meet their needs. Records showed that staff had received mandatory training in topics such as moving and handling, food hygiene, administering medicines and infection control. The managing director told us that the service had joined a training consortium with other small sized domiciliary care agencies in order to access a wider range of training opportunities. One member of the care staff told us they had been supported by the registered manager to apply for training courses relevant to the needs of people who used the service, for example training to support people with dementia and awareness training about medical conditions that commonly affect older people.

Staff told us they had regular one-to-one meetings with the registered manager in order to discuss their work and their training needs. The registered manager said that she saw staff at least once every month, which was confirmed by the care staff we spoke with. However, minutes of these supervision meetings had not been formally recorded. The registered manager had received an appraisal from the managing director and planned to appraise the care workers, although at the time of the inspection none of the care staff had been continuously employed for 12 months.

Staff had received basic awareness training in the Mental Capacity Act (MCA) 2005. The managing director told us that in the event of any concerns about a person's ability to make decisions they would liaise with the person's family, as the relatives actively supported people to access healthcare. We saw that the managing director and registered manager had good relationships with people's relatives, who kept them informed of the outcome of visits to medical and healthcare professionals including specialist doctors and dietitians. The registered manager told us that staff could support people to attend healthcare appointments if required, but this was not ordinarily requested. People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health. This meant people could be supported by the service to access appropriate medical care in the event that their relatives could not be contacted first.

One relative told us, "We get detailed daily notes about what [our family member] has eaten. The girls make sure there are snacks prepared and left in the fridge before they leave. They never leave [him/her] uncomfortable and don't hurry." Care plans showed that people were supported at mealtimes to access food and drink of their choice and the assessments carried out by the agency included detailed questions about food preferences. The managing director and the registered manager told us about the specific support they provided for a person who had a reduced appetite.

Good

Is the service caring?

Our findings

Relatives told us that their family members were pleased with the care, and they were too. One relative said, "I can't say enough. The staff are so compassionate and wonderful. Each girl is just lovely with inbuilt nurturing, it's extraordinary." The relative of another person told us, "[Our family member] is in good spirits thanks to the staff. [His/her] care is so personalised."

Staff were respectful of people's privacy and maintained their dignity. They told us that they knocked on doors before entering and made sure curtains or blinds were pulled before delivering personal care. The registered manager told us that staff spent a considerable amount of time at people's homes, particularly when providing live-in and overnight services. She had carried out a range of shifts at each person's home and was therefore in a position to advise care staff about the routines and needs of the person using the service, and the needs of other family members that lived with them or frequently visited the household. This meant that staff were supported to provide a person-centred service that enabled people to maintain important relationships, friendships and long-standing social activities. For example, one relative told us that their family member liked to go out for lunch frequently and this was facilitated by staff.

Relatives told us that staff had enough time to carry out people's care needs. One relative said, "They make sure that everything is carried out to the highest standard before they leave." The managing director told us they had systems in place to make sure that people received a consistent service. For example, local staff were recruited in order to reduce time spent travelling to people's homes and minimise travel difficulties and delays. We were told that staff were paid their travel expenses, and were paid for their travelling time if they covered a colleague's shift at a person's home at a distance from their usual area of work. The registered manager said that staff contacted her if they thought they would be delayed and she telephoned people and their relatives to apologise. One relative had requested daily text messages from care staff to confirm that care had been provided as agreed, which staff adhered to.

People and their relatives were given written information about the service. The managing director told us that people and their relatives did not want information about advocacy services, although this could be provided. He said that people had contact with their own solicitors and their families were active in supporting them to make their views known.

Good

Is the service responsive?

Our findings

Relatives told us that their family members were provided with a personalised service. One relative told us, “The service has an onus that they meet people’s needs. They keep [our family member] clean, ensure [his/her] health and safety and make [him/her] as happy as possible.” The relative of another person told us the staff understood their family member’s needs and said, “I can travel when necessary for my job as the carers know what to do. A real emergency can be dealt with. It all works without me.” Relatives commented that the managing director was able to change people’s care packages if required. For example, one relative told us that staff had been flexible at the time of a family bereavement.

The assessments and care plans we looked at showed that people’s needs and wishes were explored in a detailed manner. People were asked about their former occupation, hobbies, likes and dislikes and preferred routines. The care staff and management team were all knowledgeable about people using the service, as well as the wishes and views of their relatives. The care plans had up-to-date reviews, which involved people and their relatives. The registered manager told us, “We sit down with clients and involve them as much as possible. We draw up the care plan. It is not permanently fixed and can be amended at any time.”

Relatives told us they were aware of the formal complaints procedure, which was provided in the service users’ guide. At the time of our inspection the service had not received any complaints from people receiving a personal care service and relative’s told us they felt confident that any complaint would be robustly dealt with. We were shown compliments and positive comments from relatives. Prior to the inspection, we were contacted by the representative of a person who received a domestic service only, which is not within our scope for inspection. We contacted the service about the person’s complaint and received written confirmation that it was promptly and appropriately dealt with.

Good

Is the service well-led?

Our findings

Relatives spoke positively about the managing director and the registered manager. Comments included, “He [the managing director] sticks to his guns with the service’s ethos and he’s incredibly efficient”, “Bills are submitted on time” and “We like that the managers are trained carers”. The managing director was involved in the daily management of the service and had provided personal care for people, if necessary.

There was a registered manager at the service. They had worked at the agency for several years, having previously worked in a senior role at a large domiciliary care agency. The registered manager told us they liked being “hands-on” and they still provided personal care for people when required, either to assess new people using the service and train staff or to cover for any unforeseen staff absences. This meant that the registered manager had a detailed understanding of people’s needs and relevant knowledge and experience to advise staff how to meet these needs.

Staff told us they felt well supported by the registered manager. One member of care staff said, “I see her about once a month. She observes my work and we talk about my training needs.” Staff described the management team as being open, approachable and supportive. Care staff were familiar with the provider’s whistleblowing policy, including how to raise any concerns to external organisations if required.

Relatives told us they frequently spoke with the management team. One person said, “We set up a schedule of visits every three months and discuss it with the manager. The staff text me every day with feedback.” The registered manager monitored the quality of the service by regularly speaking with people and their relatives to make sure they were satisfied with the quality of the service. She also carried out spot checks to people’s homes, which were announced visits for people and their relatives but often unannounced for care staff. The registered manager recorded in people’s daily notes that she had carried out a spot check but did not complete monitoring forms. At this inspection the managing director developed formal documents for recording these visits and the telephone discussions with relatives in regard to the quality of the service.

The registered manager and the managing director audited the quality of the daily records, completed by staff. The records we saw appeared detailed and demonstrated that people received a personalised and caring service that met their identified needs. They also monitored for any trends in regards to any comments, complaints, incidents and accidents. Due to the small size of the service and its good relationships with people and their relatives, the management team did not send people and their relatives’ questionnaires and surveys. The managing director told us they would introduce more formal monitoring systems when the service expanded.