Abicare Services Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We undertook an announced inspection of Abicare Domiciliary Care Agency (DCA) on 26 and 27 January 2016. We told the provider two days before our visit that we would be coming.

Abicare provides personal live in care services to people in their own homes. At the time of our inspection 65 people were receiving a personal care service.

There was a registered manager in post. 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 supported by staff who could explain how they would recognise and report abuse. However, people did not always feel safe because they experienced visits by carers they either did not know or were unfamiliar with. This was because staff were not always deployed effectively.

People were not always protected in line with the principles of The Mental Capacity Act 2005 (MCA). Staff were not always clear about how they would support someone, in line with the principles of the MCA, If a person's needs changed.

Records showed staff had been trained in the MCA. Some staff we spoke with had an understanding of the principles of the MCA. However, some staff told us that they were unsure what the MCA was. The impact of this was limited because these staff members did not support people who lacked capacity. We spoke with the registered manager about this and they gave us there assurance that MCA training would be revisited with all staff.

There was a whistle blowing policy in place that was available to staff. However not all staff we spoke with were confident in their ability to raise concerns with their seniors.
People benefitted from caring relationships with the staff who had a caring approach to their work. Staff understood people's needs and preferences and were knowledgeable about the support people needed.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to reduce the risks. Records relating to the recruitment of staff showed relevant checks had been completed before staff worked unsupervised at the home.

Where people needed support with their medication and personal care. They were supported by staff that had been appropriately trained. Individual medication administration records were fully completed which showed that people received the medication when needed.
People were supported by staff who had the skills and training to carry out their roles and responsibilities. Staff received regular supervision (one to one meeting with line manager), spot checks and appraisals.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. Were people needed support to eat and drink they were supported by staff who followed the correct guidance.

Accidents or incidents were documented and any actions were recorded. There were effective systems in place to assess the quality of the service. Regular audits were conducted to monitor the quality of service and learning from these audits was used to make improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Some people told us they did not always feel safe as they did not always know the staff who looked after them.

Staff were not always deployed effectively.

Staff had been trained and understood their responsibilities to report safeguarding concerns.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not always supported in line with the principles of The Mental Capacity Act 2005 (MCA).

People were supported by staff who had the skills and training to carry out their roles and responsibilities.

Is the service caring?

Good

The service was caring.

Staff were very kind and respectful and treated people with dignity and respect.

People benefitted from caring relationships with the staff.

Staff had a caring approach to their work and clearly enjoyed supporting people

Is the service responsive?

Good

The service was responsive. People's needs were assessed to ensure they received personalised care.

Staff understood people's needs and preferences.

Staff were knowledgeable about the support people needed.

Is the service well-led?

Requires Improvement

The service was not always well led.

Staff gave a varied response to how the service was managed.

The manager conducted regular audits to monitor the quality of service

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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 was 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.

This inspection took place on 26 and 27 January 2016 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 supporting staff or visiting people who use the service. The inspection was carried out by one inspector.

At the time of the inspection there were 65 people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

We spoke with nine people, three relatives, nine care staff, the registered manager, the area manager and one community team supervisor. We reviewed 15 people's care files, 10 staff records and records relating to the management of the service. Prior to our inspection we spoke with commissioners of the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Health and Social Care Act 2008 (Registration) Regulations 2009.You can see the action we took and what action we told the provider to take at the back of the full version of the report.

Requires Improvement

Is the service safe?

Our findings

Staffing rotas indicated there were sufficient staff to meet people's needs. The registered manager informed us that staffing levels were matched to the dependency of people through "risk assessments". However people told us staff were not deployed effectively. Comments included "You just don't know when they are coming", "They are so unreliable" and "I have cancelled my visits before and they have still turned up". We spoke with people's relatives about this and they told us "Timing is a problem" and "I'm well aware of the traffic situation. But a phone call to let me know they are running late would be nice".

Staff we spoke with told us "They are always messing up the rotas, and forget to ring the clients if there's a problem", "There's not enough staff you are constantly rushing about, things get missed", and "You feel under pressure you have to rush the visits".

The impact of this was people did not always feel safe because people experienced visits by carers they either did not know or were unfamiliar with. Comments included; "They don't let me know of any changes to the staff that are coming". "I never know who's coming", "I get a different (staff member) all the time", "I have (disability), it makes me feel unsafe not knowing who should be turning up" and "I don't always know who's coming. Sometimes this really worries me ".

Relatives we spoke with told us "This causes [relative] great anxiety", "They don't tell you who is coming. We had a lovely letter once telling us (which staff member was coming). Well is hasn't happened" and "[Relative] is visited by people (they) have never met before, neither are we told".

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

People were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately to their supervisors and the registered manager. Comments included; "I would notify my manager or go higher if I had to", "I would contact my supervisor or manager immediately", "I would document it and report it to my manager" and "I would contact head office if I had to",

Staff were also aware they could report externally if needed. Staff comments included; "I would consider going to safeguarding the police and social services", "I would contact CQC (Care Quality Commission), safeguarding or the police" "I would come to you guys (CQC), police or social services" and "I would go straight to safeguarding, police, social services or CQC if I had to".

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to reduce the risks. For example, One person was at risk of dehydration. The risk assessment gave guidance to staff on how to manage this risk. Staff were advised to 'make up a jug of squash' to support this person in between visits. Another person was at risk of falling. Guidance on how to mitigate this included staff ensuring that walking aids were kept close to the person.

Staff we spoke with were aware of these plans and followed this guidance.

Records relating to the recruitment of staff showed relevant checks had been completed before staff worked unsupervised. These included employment references and Disclosure and Barring Service checks (DBS). These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. We spoke with one new member of staff who told us "You don't do anything on your own until the checks come back, and you are signed of as competent".

Records confirmed that where people needed support with their medication. They were supported by staff that had been appropriately trained. There were individual medication administration records (MAR charts) which documented when staff had assisted people with their prescribed medicines. These were fully completed which showed that people received the medication they needed when they needed them.

Requires Improvement

Is the service effective?

Our findings

People were not always protected in line with the principles of The Mental Capacity Act 2005 (MCA). 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 were not always clear about how they would support someone in line with the principles of the MCA.
Records showed staff had been trained MCA. Two staff members we spoke with had an understanding of the principles of the MCA. They told us "Everyone is deemed as having capacity unless proven otherwise" and "Its time specific. However the training was not always effective. For example, six other staff members we spoke with did not have a good understanding. Comments included "I have had the training but I can't remember what it was about" and "I don't know what it is". The impact of this was limited because these staff members did not support people who lacked capacity. However were people's capacity maybe in question, staff could not display the skills and knowledge to continually assess and support people where their needs may change in relation to MCA. We spoke with the registered manager about this and they gave us there assurance that MCA training would be revisited with all staff. Following our inspection we were contacted by the registered manager who provided evidence that MCA refresher training for staff had been arranged.

People told us their regular staff knew their needs and had the knowledge to support them appropriately. Comments included; "[Staff] is brilliant she really knows me well", "The staff are brilliant, they are amazing", "They are amazing ladies", "They know me well", "[Staff member] knows exactly how I am she's really gentle. There's no rushing" and "The regular staff know me really well, they always do their best". One relative we spoke with told us "Some really know [relative] well and you can hear the laughter coming from the room". However, people told us this was not always the same when they had staff that they were unfamiliar with. People's comments included; "Some are better than others" and "They don't seem to send the right people". Relatives we spoke with told us "It can be a bit of a mixed bag", "[Relative] can hardly talk, one carer kept asking (them) questions" and "[Relative] worry's when [regular staff member] is away, because this is when things go to pot".

People were supported by staff who had the skills and training to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. This training included safeguarding, manual handling, equality and diversity, dementia, infection control, health and safety, alzheimer's. Staff comments included; "I like the training. It gives you a better understanding of what you're doing, and how this effects the client", "Its good training. It supports you in your practice. The trainer is lovely you can go to her with anything", "I have learnt quite a lot", "The trainer is very supportive, she's one of the best trainers I have ever had" and "I enjoy the training. It's good and it supports you to improve". One member of staff we spoke with told us about their recent induction into the service. They said "I have really enjoyed the induction, you have six full days in the classroom".

Staff told us they received regular supervision (one to one meeting with line manager), spot checks and appraisals. Records showed staff also had access to development opportunities. For example, we saw some staff members had recently completed a national qualification. Staff confirmed this. Comments included "They have given me fantastic opportunities", "I have completed my NVQ" and "I asked for an NVQ which I have just completed I'm going to have a go at level three next".

Staff told us they found the supervision meetings useful and supportive. Comments included; "We discuss new ideas and how we can move forward", "We go over things you want to improve and things the organisation could do to improve", "To check if I'm doing my job properly and areas where I can improve" and "It's helpful to see how you are getting on in the job and where you can improve". Staff told us they felt supported by the registered manager. Supervision records highlighted areas where staff had worked well and areas where improvements were needed.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, district nurses and speech and language therapists (SALT). One person was referred to SALT and as a result was prescribed thickeners. The service acted on this advice and followed the guidance provided.

People told us they had plenty to eat and drink and most people said they did not need any support for this. Where people did need support care plans gave staff clear guidance. Care records highlighted people's allergies. Staff we spoke with was able to explain to us how they ensured they monitored this.

Good

Is the service caring?

Our findings

People told us they benefitted from caring relationships with the staff. Comments included;, "Oh they are caring", "They are brilliant, they are amazing", "They are wonderful people, who are caring", "The girls are really caring and they go beyond the call of duty" "They are very very caring", "It's good to know someone cares", and "Their wonderful caring people". Relatives we spoke with told us "[Staff] is fantastic he is very caring", "In general the care is good" and "I have absolutely no complaints with the care".

Staff told us they enjoyed working at the service. Comments included; "The work is very rewarding", "I love my job", "Oh I do love my job", "I love it, we all pull together", "This job has given me some fantastic opportunities", "This work is very rewarding" and "I really like helping people".

People told us staff were friendly, polite and respectful when providing support to people. Comments included "They have such nice manners and are caring", "They are always having a chat with me", They always sit and have a chat", "[Staff] know exactly how I am, and "They are so polite and nice".

We asked staff how they promoted people's dignity and respect. Comments included; "It's your basic human right to have your dignity upheld", "I always use a dignity towel. If it was me personally then I would not want to be on show", "You address people as they want to be addressed" and "You need to keep people covered up as much as possible and close doors". One person we spoke with told us "They always make sure I'm covered up". When staff spoke to us about people they were respectful and spoke with genuine affection. The language used in care plans and support documents was respectful and appropriate. We observed and records confirmed that the service had appointed a dignity champion. A dignity champion is someone who promotes the message that being treated with dignity is a basic human right.

People told us they were supported to be independent. One person said, "They encourage me to do what I can, they don't just take over". Care records reflected what people were able to do themselves and the areas where they might need help. Staff told us they helped when people wanted or needed help but encouraged people to do things for themselves. When we spoke with staff about this they told us "We need to support independence as much as possible" and "We have to respect individuality, their beliefs and their routines".

People told us staff sought permission and let them know what was going to happen before supporting them with personal care. Comments included "They always ask me first", "They always talk to me about what's happening" and "Yes they ask me". One staff member we spoke with told us the importance of informing people of what was going to happen during care. They said "Even if you have been doing the same visit for years you still need to communicate what's happening, because something might be different that day".

People told us they felt involved in their care. Comments included "Yes I am involved" and "Of course I'm involved, I have to be". Details of how people wanted to be supported were contained in their care plans. For example there was guidance on how one person liked their hot drinks in an evening. We spoke with a member of staff about this who confirmed "[Person] likes a cup of (brand name drink), it needs to be milky

with a spoonful of sugar. Another person's care records highlighted the importance of opening the window when carers arrived. One staff member said "Even though I know there preference's, every now and again I will check with them, just so they know they have a choice".

Good

Is the service responsive?

Our findings

People told us the service responded to their needs and wishes. One person said [Staff] is brilliant she really knows my needs". Another person we spoke with told us "I have built up relationships and they know me".

People's needs were assessed prior to receiving any care to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, one person's care plan stated their previous career, preferred name, interests and significant relationships with relatives. We spoke with the staff member who supported this person and they were able to tell us this. As they knew the person and had clearly read their care plan.

People's medical histories and current condition was assessed and individual care plans were in place to support them. One person was at risk of pressure ulcers. The district nurse had provided guidance for staff on how to reduce the risk. Guidance included, pressure relieving equipment and monitoring the person's skin condition. Staff we spoke with and records confirmed that this guidance was followed.

People received personalised care. Care plans gave details of how people wanted to be supported. For example, one person's records included a communication plan that described 'When I do (behaviour), this is what it means'. The plan gave guidance to staff on what actions they needed to take following this. Another person needed their skin condition to be monitored regularly. They had asked 'If my skin becomes damaged then you need to contact the district nurse'. Staff we spoke with were aware of and followed this guidance. Staff were aware of people's preferences regarding their care. One member of staff said "We need to make sure that care is being carried out properly".

Staff were responsive to people's changing needs. For example one person was at risk of becoming social isolated. The person told us "I was close to becoming (a particular medical condition), my carer suggested that we should consider getting me out of the house as part of my care package. They spoke with my social worker and now I do a specific activity once a week. It's really done me good". With their help I feel like a new woman". We saw how another person had been supported by a staff member to ensure they had specialist lifting equipment that was in line with recommendations made by an occupational therapist.

People knew how to raise concerns and were confident action would be taken. The services complaints policy was available to all people, their relatives and staff. Staff told us they knew how to assist people to raise a concern. People we spoke with told us "I have never had a problem but if I did I would just ring the office" and "I would ring them up if I had a problem". A relative we spoke with said "Once I made a complaint and they dealt with it".

The service sought people's opinions through a yearly satisfaction survey and a quality assurance questionnaire. This was given to people, relatives and staff. We observed that the responses to the survey were satisfactory.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives told us they had confidence in the registered manager as an individual and they told us they were helpful and friendly. Comments included "[Registered manager] is helpful", To be fair I think the manager does their best" and "The registered manager is very helpful".

However, people, relatives and staff did not speak positively about the overall management of the service. Comments included " I think the carers do their best but they are let down by the management team", "They have good carers but not the right management team", " The office are not very helpful", "Sometimes they say yes we will sort it out but never do", "I'm not happy at all, the girls are good and they do their best, but the office is a disaster", "We are thinking of cancelling at the minute, we have no confidence", "You try and get them on the phone that's hard enough, if its Friday afternoon you've no chance", "I'm getting to the point where I'm thinking what is the point", "They are dealing with vulnerable adults, but you just feel like they are dealing with a name on the computer", "There is never anybody there. I have left messages no one returns them", "We have had to learn to take the rough with the smooth", "The communication needs addressing" and "I think they are going through a bit of a blip at the moment". We spoke with the registered manager about this who informed us that they were aware of concerns and were taking action to address this. Following our inspection we were contacted by the registered manager who provided further evidence that these concerns had been taken seriously and the course of action that they had taken to date to address this.

There was a whistle blowing policy in place that was available to staff. Staff were aware of the policy. However, not all staff that we spoke with were confident in their ability to raise concerns with their seniors. Following our inspection we raised these concerns with the registered manager who gave their assurances that this was being addressed.

The service manager told us the visions and values of the home were that It was "To be a person centred service". It was evident from speaking with staff they shared the same visions and values. However, staff we spoke with gave a varied response when describing the culture within the office. Staff and seniors told us that regular staff meetings were held. One staff member we spoke with told us these were "General meetings that were for carers to discuss service users and issues or concerns".

Accidents or incidents were documented and any actions were recorded. For example, we observed one record were a staff member had acted on a concern and contacted the out of hours safeguarding team. The staff member had then recorded this in detail. This was then followed up by the registered manager.

There were systems in place to assess the quality of the service. Regular audits were conducted to monitor the quality of service and learning from these audits was used to make improvements. For example, the service had recently carried out an audit of care records following concerns that they were not person centred enough. The service then took action to re design their records with a more focused approach to person centred care. The registered manager told us "The paperwork use to be about what people needed and not what people wanted, so we changed it". Another audit of the recruitment process highlighted the

need to request additional references due to the return rate. Records confirmed that this was taking place.

The service worked closely with other healthcare professionals including GPs, occupational therapists dieticians and district nurses. Records of referrals to healthcare professionals were maintained and any guidance was recorded in people's care plans.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not always deploy staff effectively.