Abbeyfield Society (The)

Abbeyfield Cambridge Care at Home Service

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

This service is a domiciliary care agency. It provides personal care to people living in two specialist 'extra care' housing sites and people living in their own homes in the community. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Not everyone using Abbeyfield Cambridge Care at Home Service receives regulated activity; CQC only inspects the service being received by people provided with the regulated activity 'personal care'; help with tasks related to personal hygiene and eating. Where people do receive personal care we also take into account any wider social care provided.

This is the first inspection of this service since it moved location in March 2017. The inspection was announced.

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 felt safe and were protected as far as possible by staff who were competent to recognise and report any avoidable harm or abuse. Potential risks to people had been assessed and measures put in place to minimise the risks.

There were enough staff to make sure that people were safe and their needs met in a timely manner. Pre-employment checks were completed on staff before they were assessed to be suitable to look after people who used the service. Staff followed the correct procedures to prevent the spread of infection and understood their responsibility to report any accidents and incidents.

People were supported to take their medicines by staff who were trained and had been assessed to be competent to administer medicines.

Assessments of people's needs were carried out to ensure that the service could meet those needs in the way the person preferred. Technology such as alarm call system was used via the use of pendants for all people using the service to enhance the care being provided.

Staff received induction, training and support including supervision and appraisals to enable them to do their job well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People and their relatives made positive comments about the staff. Staff treated people kindly and showed they knew each person well. People were involved in planning their care and support. Staff respected people's privacy and dignity and supported people to remain as independent as possible.

Care plans gave staff detailed guidance relating to the care and support each person needed so that people received personalised care that was responsive to their needs.

A complaints process was in place and a complaint received had been dealt with in a timely manner. The provider had a process in place to meet people's end-of-life care needs when this was required.

Staff felt supported by the care co-ordinators and the registered manager. Staff were clear about their role to provide people with a high-quality service, thus upholding the values of the service. Staff enjoyed working for this service.

A quality assurance system was in place, including a number of ways in which people, their relatives and staff were enabled to give their views about the service and how it could be improved. Audits and monitoring checks on various aspects of the service, including spot-checks on the way staff worked with people, were carried out.

The registered manager was aware of the various matters that the service was required by law to notify CQC about. The service worked in partnership with other professionals to ensure that joined-up care was provided to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were enough staff deployed to keep people safe and meet their needs. Staff recruitment reduced the risk of unsuitable staff being employed.

People's medication was safely managed in line with the provider's policy.

People were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. Potential risks to people were assessed and minimised.

Is the service effective?

Good

The service was effective.

Staff had received training so that they had the skills and knowledge to deliver care to people.

Staff worked within the principles of the Mental Capacity Act so that people's rights in this area were protected.

Assessments of people's needs were undertaken. Technology was used by staff to enhance the care provided to people.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff who knew each person and their individual needs well.

People were fully involved in planning their care and support.

Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Care plans were in place for each person and the care was personalised to meet individual needs.

Complaints and concerns were responded to.

A process was in place to ensure that people's end-of-life care needs would be met when this was required.

Is the service well-led?

Good

The service was well-led.

The registered manager provided good leadership.

Audits and quality monitoring checks were carried out to identify any improvements that could be made to the service.

People, their relatives' and staff were encouraged to feed back on the quality of care provided to help drive forward improvements.

Abbeyfield Cambridge Care at Home Service

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.

This was the first inspection of this service since the location moved on 6 March 2017. Our inspection activity started on 28 June 2018 and ended on 4 July 2018. It included two visits to the provider's office and phone calls to people who use the service on 29 June 2018. The first visit to the office took place on 28 June 2018 and our second office visit was on 4 July 2018. Both these visits were carried out by one inspector. The inspection visits were announced. We gave the service 24 hours' notice of the first visit to the office because we needed to be sure that staff would be available.

Prior to the inspection visit we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the service that the provider is required by law to notify us about. In January 2018 the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to assist with planning the inspection.

We spoke with eight people who were receiving a service including two people who we spoke with over the telephone. We spoke with two care co-ordinators, four care workers, and the registered manager.

We looked at two people's care records as well as other records relating to the management of the service. These included medicine administration charts, audit records, the service development plan and the complaints folder.

Good

Is the service safe?

Our findings

People told us they felt safe with the care and support they were given. One person said, "[Staff] are a great help for me, it makes me safe to know that someone is popping in and checking on me." Another person told us, "Knowledgeable carers – that's what makes me feel I am in safe hands." A third person said, "I am in a very safe place and knowing I have constant support. This means I can stay in my own home."

Risks to people's health and welfare were individually assessed, reviewed and monitored. Risk assessments provided guidance to staff on how to reduce identified risks associated to their healthcare needs and provide safe care and support. Assessment and management of risks relating to the environment had also been undertaken. These included visual checks of things such kitchen equipment and the layout of rooms.

Staff had received safeguarding training and were confident of the action to take and who to contact if they had any concerns. One member of staff said, "I would always report any concerns I have. I am sure the [registered] manager would act on the concerns I raised." The provider had systems in place to ensure that people were protected from abuse and avoidable harm. One person told us, "The [staff] are all very kind. I've never witnessed anything I didn't like." Telephone numbers for the local safeguarding authority were available on notice boards for people and their visitors to refer to.

Staff were trained to give people their medicines safely and there were policies and procedures in place relating to all aspects of medicine management. The manager explained that audits of medicine management were carried out and staff were re-trained if errors were found. Staff had their competency checked twice a year by a member of the management team. People, or their families, were responsible for ensuring their medicines arrived on time. Staff collected emergency medicines for people if they were not able to organise this themselves. We checked the records of medicine administration (MAR charts) in one person's care records. We found that it was fully completed. This meant we could be sure that people had received their medicines safely and as they had been prescribed.

There were enough staff to ensure that people had their needs met in the time allocated. People reported that staff usually arrived on time, did not miss calls and carried out the agreed tasks. One person said, "[Staff] are all very good and they are very rarely late. The office will phone to let me know if the carer is going to be late. They are all very professional." Another person told us, "I never feel I am being rushed. The [staff] always check that I have everything I need before they leave." Staff told us that they had time to ensure all the tasks were completed.

The provider had a robust recruitment system that meant that, as far as possible, only staff suitable to work in the service were employed. Checks relating to the person's suitability, such as a criminal records check, references from previous employers and identity checks were carried out before the new member of staff was allowed to start work.

Staff received training relating to the prevention and control of infection, including food hygiene, and there were sufficient supplies of personal protective equipment (PPE) available. Staff told us, they had a plentiful

supply of PPE which they took with them on each care call. People told us that the staff were good at following correct procedures to reduce the risk of infections being spread. One person said, "The staff are very professional. They come equipped with gloves and aprons and [they are] knowledgeable [about preventing infection]." Another person told us, "[Staff] who come to help me are always use aprons and wear their gloves."

Accidents and incidents were recorded by staff in people's care records. The registered manager told us they would record, track and monitor accidents, incidents and falls to analyse and identify any trends or themes. There had been no recent accidents and incidents to analyse or share learning with staff.

Good

Is the service effective?

Our findings

People's needs were assessed by the registered manager who decided whether those needs could be met at Abbeyfield. The registered manager visited the person and based their decision on whether the staff had the available capacity to meet the person's needs. All people who used the service made a self-referral via themselves or their family.

People all had an alarm call system in both in the community and in the extra housing schemes so that they could call staff in an emergency. The system included pendant alarms so that people were able to use the alarm wherever they were, including if they had fallen to the floor. A relative told us that staff responded quickly when the alarm was pressed. These were used to keep people safe. After each visit staff checked that people were wearing their pendant and made a note on the daily records.

New staff underwent an induction process and a senior member of staff told us that all staff were undertaking the Care Certificate (a nationally recognised qualification). Staff confirmed that they had received training in a range of topics such as moving and handling, safeguarding, administering medicines, food hygiene and prevention and control of infection. However, staff felt they needed additional training in managing, diabetes and Parkinson's disease. We recommend that the manager look at additional training to enhance the skills of the staff in supporting people who have additional needs.

People were satisfied that the staff were trained. They described staff as knowledgeable and professional. Staff felt well supported from both the registered manager and staff team. Staff received one-to-one supervision from the team leader or the registered manager. This provided them with protected time to discuss their own day to day practise and any concerns they may have.

Staff meetings were held regularly and staff were able to add items to the agenda if there was anything they wanted to discuss. People made all decisions about the person's meals. There was a dining room in the extra care housing schemes, where a three-course lunch was provided by the housing provider [which is a separate organisation to the care service?]. People had a choice of food and special diets were catered for. Those people who lived out in the community were supported by the staff in preparing their meals and drinks if this was part of their care and support package.

Although people were generally responsible for arranging their own healthcare appointments. Staff would call the person's GP if the person was not well and they were unable to make the call themselves. If needed, staff also accompanied people to healthcare appointments. Staff liaised with other services, such as the community nurses, if people needed support with this aspect of their care.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff had received training and understood the principles of the MCA. Staff said that they always assumed a person had capacity to make their own decisions and people were always given choices. Staff asked people for their consent to the care they were giving them. The registered manager confirmed that at the time of the inspection everyone using the service had the mental capacity to make their own decisions. This meant that people were not unlawfully restricted and their choices and preferences were respected by the way staff worked within the principles of the MCA.

Good

Is the service caring?

Our findings

People told us they thought the staff were all very caring and thoughtful. Comments included, "The staff are very nice because they do exactly what I want them to do"; "The [staff] are really caring and hardworking"; and, "I think that the quality of the care here is excellent. I couldn't ask for better."

We saw that staff treated people kindly and made people feel that they mattered. One person told us, "The carers know all about me and know what I need. They always check with me." Another person said, "Staff are always willing to listen, offering a listening ear. It is lovely to have someone to talk to."

Staff knew people well, including their likes and dislikes. Details about each person were recorded in their care records. For example, one person's care plan included details of what the person preferred to have for breakfast, and included the order in which they would like things done.

People were fully involved in deciding the care and support they wanted. One person told us, "The care I receive is exactly what I need, nothing more and nothing less." The registered manager told us that if people were unable or required support to make decisions independently. They would arrange for them to use the local advocacy service to support this.

People were satisfied that staff fully respected their privacy and dignity. Staff always knocked on the person's front door and called out when they entered. For those people in the community staff used a key lock although they would also knock on the door before entering. One member of staff told us, "I always call out as I open the door. So as not frighten the person and let them know I am coming in." Another member of staff said, "I wouldn't dream of entering a person's home without letting them know I am coming in, that would be rude."

Staff knew how important it was to respect people's confidentiality. All member of staff we spoke with were very clear that it is not appropriate to talk about the people they support with other people. One member of staff said, "We have to abide by the confidentiality policy." Care records were kept securely and confidential matters were discussed in private. Staff encouraged people to be as independent as possible and care plans gave detailed guidance for staff on ways they could support each individual to retain their independence. One member of staff said, "I would always let people do things for themselves. I am there to support them. It helps them stay in their own home for as long as possible."

Good

Is the service responsive?

Our findings

Detailed assessments of people's needs were undertaken prior to a service being agreed. These formed the basis for care plans, which ensured that people received personalised care. People were actively involved in planning their care and support, from the initial assessment through to care plan reviews. One person said, "I know all about my care and my care is in my care plan. The office regularly check up to see that I am happy with the care."

Care plans were personalised and gave staff good details about the care and support that each person needed. For example, one person's care plan stated, 'I would like you to administer my medication. This is kept in a cupboard in the kitchen." It also went on to describe how the person liked to take their medication e.g. One tablet at a time.

Care plans were updated when a person's needs changed. Staff told us that any changes to a person's care were discussed by the staff team at handover. Staff also checked care plans from every month to ensure that they were fully up to date with the care the person needed.

Staff were not responsible for organizing social activities for people as this was not part of anyone's care package. However, some activities did take place in the communal areas of the extra care housing schemes, mainly arranged by the housing manager. When they could and time allowed, staff told us they enjoyed spending time chatting to people, in their flats or in the communal areas. We saw staff encouraging people to chat to each other when they were sitting in the dining room or communal lounge to promote their social inclusion.

People knew how to raise a complaint if they needed to. The complaints procedure was documented in the guide to the service that people received when new to the service. One person told us, "There is the telephone number on the front of my folder. I can ring if I have anything to raise. They are very good in the office and listen to you." Staff were clear that they would report to the care co-ordinator or registered manager if someone complained to them about something. We saw that a recent complaint had been fully documented and responded to in a timely manner and to the persons satisfaction

The organisation had a policy and procedure for end of life care in place to support staff in meeting people's needs. Staff had received training in end of life care. There was no one at the time of this visit who was receiving end of life care. Although the registered manager confirmed that people, who wished to discuss this, had their end of life care wishes recorded as part of their support plan. This information included such things as who was important to the person, where people wanted to be and what they wanted to happen after they died as guidance for staff.

Good

Is the service well-led?

Our findings

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. They were supported day-to-day by care co-ordinators, care staff and office staff.

Staff were clear that they were expected to uphold the values of the organisation, which included delivering good quality care and support to people who received a service. Staff felt supported by the care co-coordinators and the registered manager. Staff were very complimentary about working for the organisation, comments included, "This is the best place I have worked, everyone is so supportive." "I love it here. Everyone is valued including the [people who use the service]," and "We are like one big family."

People were complimentary about the service provided, and how the service was run. People told us that they could speak to the registered manager should they wish to do so and that the registered manager made themselves available for this. One person said, "[Named registered manager] has been out to see me and is always approachable." Records showed that telephone surveys were carried out to gain feedback on the quality of the service provided. One person told us, "Feedback is asked for and surveys completed." Feedback was positive and for one person a request for staff not to wear a uniform when supporting them was actioned.

We received some good feedback about Abbeyfields from people using the service, one person said, "They do a very good job of looking after me. The staff couldn't be more helpful." Another person told us, "The service is second to none. I have no complaints to make."

People were given opportunities to comment on the service they were receiving. The registered manager said they would be undertaking a survey later this year which would include both staff and people using the service. This helped to make any improvements in the quality of the service that people would feel necessary. The registered manager was in the early planning stages of a social event to bring people who use the service and their families together as another way to help in gaining their views on the service provided.

Providers of services are required by law to inform CQC of various matters, including any allegations of abuse, deaths and events that affect the running of the service. CQC records showed that we had not been sent any notifications. We checked the service's records of accidents and incidents. The records confirmed that nothing had happened which CQC should have been notified about. The registered manager was aware of their responsibility to notify CQC.

The service worked in partnership with other professionals to ensure that joined –up care was provided to people. These professionals included GPs, community nurses, and any other professionals involved in a person's care. This meant that each organisation knew what the others were doing in relation to a person's

care, as far as they needed to know and the person wanted them to know.

The provider had a system in place to monitor the quality of the service staff delivered to people. Senior staff and registered manager undertook a number of audits of various aspects of the service to ensure that, where needed, improvements were made. Audits covered a number of areas including medication, health and safety and care plans. The provider's representative continued to visit the service regularly to ensure that the service was complying with the regulations and making any necessary improvements. Areas for improvement had been noted by the registered manager and actions were underway. For example, they were looking at introducing an electronic care planning system.