

Abhi Rose Ltd

Abhi Rose Homecare

Inspection report

478 Huddersfield Road
Dewsbury
West Yorkshire
WF13 3EP

Tel: 01924650330

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Abhi Rose Homecare is a domiciliary care agency that provides personal care for adults living in their own homes in the community. People who use this service have a wide range of needs including older people who are living with a diagnosis of dementia, mental health needs, learning disabilities and physical disabilities. CQC only inspects the service being received by people provided with personal care. At the time of our inspection 40 people were receiving support from this provider.

People's experience of using this service:

- We have made a recommendation about quality monitoring.
- People told us they felt safe with the staff who supported them. Staff understood their role and responsibility to keep people safe from harm.
- Medicine management was safe. Staff received training and their competency was checked before they could administer medicines.
- Safe recruitment processes and procedures were in place. Employment checks were completed before staff started working in the service.
- People using the service spoke fondly and with regard of the staff who provided their support and the office team, registered manager and provider. People told us staff treated them with dignity and respect and were kind and caring.
- Staff knew what to do to keep people safe. Individual risks had been assessed and identified as part of the support and care planning process.
- People were supported by staff who were motivated, enjoyed their job and felt well supported through regular supervisions assessments of their competency and training.
- Staff worked closely with a range of community healthcare professionals to make sure people's health needs were met.
- People, their relatives and staff could approach the management team if they had any concerns. The provider had a complaints procedure in place which explained how people could raise concerns. The service had acted appropriately when any concerns and complaints had been made.
- For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

At the last inspection the service was rated requires improvement (report published 5 February 2018).

The service had improved overall since our last inspection from a requirements improvement service to one that was good overall. The service met the characteristics of good in four out of five domains and requires improvement in one domain.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. We saw improvements had been made since our last inspection and the provider was no longer in breach of the regulation relating to good

governance.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was well-led

Details are in our Well-Led findings below.

Abhi Rose Homecare

Detailed findings

Background to this inspection

The 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 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.

Inspection team:

One adult social care inspector and an assistant adult social care inspector conducted the inspection.

Service and service type:

Abhi Rose Homecare is a domiciliary care agency that provides personal care and support to people living in their own houses and flats

The service had a manager registered with the Care Quality Commission. This means 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:

We gave the service 24 hours' notice of the inspection site visit because we needed to be sure the registered manager and staff would be available.

Our inspection site visit activity started on 18 February 2019 and ended on 7 March 2019. We visited the office location on 18 February 2019 to see the registered manager and office staff and to review care records, policies and procedures.

What we did when preparing and carrying out the inspection:

Before the inspection we reviewed information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all other information sent to us from stakeholders such as the local authority and clinical commissioning groups.

On 18 February 2019, we reviewed a range of documentation including three people's care records, medication administration records, three staff recruitment files, staff training records and other records relating to the running and audit of the service. We also spoke with four members of care staff, the registered manager and provider.

On 4 March 2019, we spoke on the telephone with two people who used the service and two relatives of people who used the service. On 7 March 2019, we spoke with one person who used the service.

Following our inspection, the provider and registered manager sent us additional evidence and information which we reviewed and used as part of our inspection judgement.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good - People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Policies in relation to safeguarding and whistleblowing were in place. Staff had received appropriate and effective training in this area. All staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse.
- People who used the service and their relatives told us that people felt safe using the service. One person said, "Yes. I feel safe." A relative told us, "[Name] feels very safe with all the carers."

Assessing risk, safety monitoring and management

- People were protected from avoidable risks. Recognised risk assessment tools were used to help determine risks. Risk assessment documents such as those associated with moving and handling were in place for staff to follow.
- Risks relating to staff providing care in people's homes had been incorporated in the overall care records and staff were made aware of these risks.

Staffing and recruitment

- Recruitment practices and processes were in place to make sure suitable people were employed.
- New staff were introduced to people who used the service and shadowed experienced staff until deemed competent to provide care and support to people.
- People told us they received support from care staff they were familiar with.
- Staff we spoke with did not have any concerns around staffing arrangements; they told us care support calls were organised into geographical 'service runs' and the same staff were allocated to the service runs.

Using medicines safely

- Medicine management was safely managed. Staff were trained and deemed competent before they administered medicines. Records were appropriate.
- People told us they received their medicines on time.

Preventing and controlling infection

- Staff had received training in infection control and followed good infection control practices to help prevent the spread of healthcare related infections.
- People told us staff wore disposable aprons and gloves when providing personal care and all staff told us they had access to adequate supplies. One person said, "Staff wear gloves and aprons. They make sure everything is tidy before they leave."

Learning lessons when things go wrong

- Accidents and incidents were recorded on a home care management system. We saw appropriate action

had been taken and lessons learnt from individual accidents and incidents shared with staff at monthly staff meetings.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For people living in their own home, this would be authorised via an application to the Court of Protection.
- The service was acting within the legal framework of the Act. Care records were developed with people and where appropriate, their authorised representative. We saw consent had been sought for people to receive care and treatment.
- One person had a DoLs in place which enabled care staff to safely and appropriately restrict the person's movements between scheduled care visits. We saw this was documented in their care record.
- People's care records recorded, when relevant, information whether a person's representative held a Lasting Power of Attorney (LPA) and whether the original document had been seen. A LPA allows people's relatives or representatives to make certain decisions for them when they lose capacity to decide for themselves.
- Staff had received appropriate training and could explain how the MCA related to their daily care duties.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable, skilled and carried out their roles effectively. A person said, "Staff know what they are doing." A relative told us, "Staff are well trained."
- Staff completed an induction programme which included mandatory training. Staff new to the service were required to complete the Care Certificate and shadow experienced staff on care visits.
- Regular supervision, spot checks and annual appraisals were carried out with staff by the registered manager to support staff to develop in their roles.

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

- People's care and support needs were assessed and reviewed in a timely manner.
- The provider used evidence based guidance, utilised the CQC website and email alerts to gather information to assist them to continuously improve their service.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people.

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

- Some people received support to maintain their nutrition and hydration needs. One person told us, "[Name] (referring to a staff member) does the best fry up I've ever had in my life." Another person said, "I always get a great cup of tea."
- People's cultural and religious dietary needs were detailed and recorded in the care records. Staff confirmed they knew people's individual requirements.

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

- People's healthcare needs were assessed. Key information was recorded on any specific medical conditions people had and how staff should be aware and/or manage these.
- Care records included details of people's doctors and where appropriate, other health care professionals. A member of staff described how they supported a person by contacting the district nursing team to inform them of a change in the person's circumstances.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were kind and considerate. Comments included, "Staff are very good," "They [referring to staff] look after all the things for me," "I am very happy with the company," "It can't get any better," A relative told us, "They treat [Name] like their own family. They are very gentle with them, I have observed this and [Name] mentions it all the time."
- Staff felt they knew people well, including their likes and dislikes, hobbies and interests. A member of staff described how one person liked to hold a religious item. They told us, "I know they [referring to the person] like to have it in their hand. Once they are settled in bed or I've done their cares, I always make sure it's placed in their hand. I read it in their care record. It's quite important to them."
- The registered manager and staff had a good understanding of protecting and respecting people's human rights. People received care and support which reflected their diverse needs in relation to the protected characteristics of the Equalities Act 2010.

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

- People and relatives told us they were involved in decisions about the care being delivered. A person told us, "I am asked all the time if I need anything changing." A relative said, "I have a lot of input about the care. Someone [referring to office staff] is always there to pick the phone up and discuss things with me."
- Records that we looked at confirmed regular reviews were taking place and involved the relevant people.
- Care records directed staff how to give people choices when supporting them. A member of staff told us, "I always ask and give suggestions what is available to drink and eat." People told us staff respected their choices.
- People were supported with their communication needs. For example, one person needed support with their verbal communication and clear guidance was provided for staff on how to support the person.

Respecting and promoting people's privacy, dignity and independence

- Sensitive personal information was stored securely.
- People told us staff respected their privacy and dignity when providing personal care. Comments included, "Yes, staff respect me" and "I feel respected."
- Staff we spoke with understood the importance of maintaining people's privacy and dignity and gave examples of how they would implement this. For example, a member of staff said, "It's very important. I always make sure the door is closed and the curtains drawn."
- People were supported to remain independent. One person said, "They [referring to staff] help me to pop out my tablets but then I can take them myself."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The information contained in people's care records detailed people's life history, likes and dislikes.
- Care records reflected people's choices, wishes and preferences and things that were important to them. For example, care records included information about people's relevant relationships and those who were involved in their care.
- People's care records clearly indicated when family were involved in some of the care tasks.
- The registered manager reviewed care records annually or when the person's needs changed and involved family members when appropriate. A relative we spoke with confirmed they knew their family member had a care record in place.
- Staff told us they routinely looked in the care records to familiarise themselves with a person's requirements and support needs. A member of staff told us, "I spend quite a while reading care records, everyone is different and it is important to know that."
- All organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure people who have a disability, impairment or sensory loss receive information they can access and understand, and any communication support they need. The registered manager understood the Accessible Information Standard. People's communication needs were identified and recorded in care records.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to make complaints should they need to; they felt these would be listened to and acted upon in an open and transparent way.
- There was a complaints policy and procedure in place within the service to guide management and staff.
- The registered manager told us they regularly contacted people to discuss the care being provided and to ask whether they had any concerns or issues. People and relatives, we spoke with confirmed they received regular contact from the service. A relative told us, "They do ring from the office and ask how it is going and whether we are happy or have any concerns."

End of life care and support

- The provider told us they specialised in end of life care within the area. The service worked closely with the local clinical commissioning group to ensure people's needs were met.
- Staff had completed training in end of life care and support.
- We found care records contained limited person-centred information relating to end of life wishes. We discussed these findings with the registered manager who was receptive to working towards respectfully gathering information to enable person centred care to be provided at the end of a person's life.

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

RI: Leaders and the culture they created did not always support the delivery of high-quality, person centred care.

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

- At the last inspection on 18 January 2018, we asked the provider to take action to make improvements to the management oversight for the safe administration of medicines and this action has been completed. At this inspection we found sufficient improvement had been made to remove the breach.
- Medicine administration records (MARs) were used to record the administration of medicines. MARs were audited monthly by the registered manager and we saw identified gaps in recording were investigated and remedial action taken where appropriate.
- Staff at all levels understood their roles and responsibilities.
- Under the Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015, registered providers have a legal duty to display the ratings of CQC inspections prominently in both the office and on their website. On our arrival at the office we saw the ratings from the last inspection were clearly displayed. We checked the website and found the rating was not displayed. We discussed this with the provider who was aware of the requirement however told us they were experiencing external technical issues which had prevented the link from being displayed. We will check this at our next inspection.

Continuous learning and improving care

- The quality assurance system included regular audits and quality monitoring of care records carried out by either the registered manager or care co-ordinators.
- Accidents and incidents were recorded and individual remedial action taken; however, there was limited evidence these were analysed for any themes or trends to improve the quality of the service.
- People's care records were in the process of being rewritten and organised in a different format. There were sections of the new care records that appeared blank whilst the service was transferring the information between the old and the new care records. We noted one care record contained limited information regarding the person's background and we fed back this observation to the registered manager.
- The service did not have a supervision policy or annual appraisal policy in place; however, records evidenced and staff confirmed they received regular supervisions and annual appraisals.

We recommend the provider seeks advice from a reputable source regarding quality monitoring, policies and procedures and take action to update their practice accordingly.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and provider promoted openness and transparency throughout the staff team. All staff we spoke with told us how they felt supported to raise any concerns and openly discuss any issues, for example, during team meetings.
- Staff told us they worked as a team to deliver high standards.
- The registered manager understood their responsibility relating to the duty of candour and evidence showed they acted accordingly and in line with requirements.

Engaging and involving people using the service, the public and staff fully considering their equality characteristics. Continuous learning and improving care

- Assessments and care record documentation prompted assessors to consider people's communication needs, preferences and characteristics protected under the Equality act such as gender, religion, sexual orientation and disability.
- The provider regularly sought the views of people and their relatives feedback was used to improve the service. We saw summary feedback from the annual service user survey was shared with staff through a staff meeting.
- We found the provider had not sought formal feedback from staff although we saw staff meetings were regularly held. Topics discussed included online training, supervisions, infection and illness.
- The service had received compliments from people and relatives about the service and staff members.
- Staff members we spoke with were complementary about the registered manager and nominated individual. Staff said they found the positive management attitude supportive. Comments included, "You're not just going to work. You feel like you are at home and part of a big family" and "I am so happy with my boss. They are wonderful."

Working in partnership with others

- Evidence we looked at demonstrated the service worked in partnership with the wider professional team. Records noted the involvement of other health care professionals, such as the local authority, GP's and district nurses.