

Abide Home Care Limited

Abide Home Care

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Abide Home Care Ltd (thereafter referred to as Abide Home Care) is a domiciliary care service, which provides care and support to people living in their own homes. The service provides support to older adults. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 59 people using the service.

People's experience of using this service and what we found

People told us they felt safe. Staff knew what actions to take to protect people from the risk of avoidable harm and had received safeguarding training. Robust recruitment processes were established, and staff competency was checked to ensure people received safe care. Staff followed infection control guidance and had access to personal protective equipment.

Care records were completed in conjunction with people and their relatives and, risk assessments were reflective of people's needs. Medicine administration records were up to date to ensure people received their medicines as prescribed. People told us they were supported by staff who were kind and caring. People felt engaged in all aspects of their care and said they felt assured that any complaint or concern would be handled by the management team appropriately.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Audits and checks were embedded into staff practice to oversee the quality of care provided. People were asked for their feedback about the quality of service and this was used to make improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection.

The last rating for the service at the previous premises was good, published on 20/12/2017.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Good ●

The service was well-led.
Details are in our well-led findings below.

Abide Home Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team was made up of one inspector, an assistant inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were two registered managers' in post.

Notice of inspection

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

Inspection activity started on 1 February 2023 and ended on 6 February 2023. We visited the office location on 1 February 2023 and spoke with people and their relatives on 6 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we reviewed 6 people's care records and risk assessments. We looked at various medicine administration records, 3 staff files in relation to recruitment, training and staff supervision. We also reviewed other records relating to the management of the service, including audits. We spoke with the registered managers and seven members of care staff. We spoke with 8 people and 9 relatives of people who were receiving personal care and support and received feedback from one external professional.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care they received. One person commented, "[Staff] always make me feel safe. I wholly depend on them."
- Processes had been established and embedded into practice to protect people from the risk of harm or abuse.
- Staff received training and understood their responsibilities in relation to identifying and reporting any concerns. One member of staff said, "Call the office straightaway the quicker we take action the better." Another member of staff explained, "If I witnessed anything or had any concerns, I would come to the office and raise it with the managers and put it in the report. We get information as well on what to do if we want to make an alert ourselves and we have apps on our phones that will tell us that."

Assessing risk, safety monitoring and management

- Risks to people's health and well-being were assessed, monitored and reviewed to ensure information was available for staff to support people safely. For example, in relation to catheter care and moving and handling. One relative commented, "(Relative) needs two carers and two always turn up."
- Staff we spoke with were aware of people's individual risks and how these should be managed to maintain a person's safety. For example, one member of staff said, "We have one person who is a high choking risk, so a bit of ice goes in their mouth first. We also have other clients and we assist them to eat their meals with a spoon." This demonstrated staff understood how people's individual risks should be managed to maintain an individual's safety.
- Environmental risk assessments were carried out; these included lone working assessments to ensure any potential risks at a person's home or location were identified, assessed and managed to keep both people and staff safe.
- The service used an electronic care planning system to keep staff updated about people's risks and changing needs. Staff told us they felt well informed about people's needs and how to support people safely. They explained they used the electronic system to record and feedback their observations to the management team.

Staffing and recruitment

- There were enough staff available to meet people's needs.
- People were supported by a consistent team of staff who stayed for the duration of the care call to ensure all tasks were completed.
- Staffing levels were determined by the number of people using the service and the level of support they required.

- Short term absence was managed by existing staff and the management team.
- Comprehensive recruitment practices were in place which ensured the right people were recruited to maintain people's safety. Checks on new staff included, employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions.

Using medicines safely

- Medicines were managed safely via an electronic care planning system. This ensured the correct medicine was offered at each visit and documented.
- Missed or refused medicines were seen by the office staff and where required action was taken such as, alerting family members or seeking medical advice. One person commented, 'Happy with how they help me. I take tablets and they put cream on me, and they record it all.'
- Staff received training in administering medicines and had their competency assessed.
- Audits of medicine processes were carried out to ensure people received their medicines as prescribed.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Accidents and incidents were logged on an electronic system. Regular analysis was completed by the management team to help learn lessons moving forward and reduce the risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments had been completed with people before their care package commenced, to ensure the service was suitable and could meet their needs. One person said, "I have a care plan here. It is accurate, they asked all the right questions at the start [of my care package]."
- The assessment considered people's protected characteristics as part of the Equalities Act 2010 for example, age and disability.
- Care records demonstrated reviews regularly occurred to ensure the service continued to meet people's assessed needs.

Staff support: induction, training, skills and experience

- People told us they were supported by staff who had the skills and knowledge to carry out their role and responsibilities effectively. One person said, 'I am hoisted, and I am confident with the staff. They are well trained.'
- Staff completed an induction which included shadowing staff and training. This improved their knowledge of people, and their routines and preferences. One member of staff commented, "New staff will come and shadow us for as long as they need too."
- Staff completed a variety of training both face to face and e-learning. One member of staff said, "The training is pretty good, we come to the office and do training and they are always sending us training videos. If we are unsure of anything we can ask, and they help us."
- Staff received one to one support which included competency assessments. Staff confirmed they felt well trained and had the skills and knowledge to complete their role effectively.

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

- People were supported with their hydration and nutritional needs when this was a part of the care and support agreed.
- Staff were aware of people's individual dietary needs and for those who required specialist diets staff supported them appropriately.

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

- The registered manager worked in partnership with other health and social care professionals to meet people's needs.
- Staff were aware of the actions they should take if a person's needs change such as accessing emergency medical support.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were involved in decisions about their care and treatment and staff supported them to have maximum control of their lives. One person said, "The carers will always ask what I would like."
- People were supported by staff to make day to day decisions about their care in accordance with the principles of the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated with kindness, respect and compassion by staff. Comments included, "[Staff name] makes me laugh and is good at what they do for me," "So kind and helpful." And, "Very friendly and helpful, they are really lovely. They are sensitive to [person's] needs."
- Staff knew people well and described how they had established positive and caring relationships with the people they supported. This had enabled them to deliver person-centred care that met people's needs. For example, one relative said, "(Relative) is very interested in farming and the carers will talk to them about it, which pleases them."
- Notes were completed by staff after each care visit. Information recorded gave details about issues that might need following up at the next call along with details about a person's well-being.

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

- The registered managers kept in contact with people and their relatives to request feedback or to involve them in any decisions about their care or support needs.
- We saw regular reviews of people's needs were completed and care records reflected the decisions and choices people had made about how and when they wanted their care and support provided.
- Staff we spoke with understood the importance of involving people in decisions about their care. One person said, "I always feel good with the staff. [Staff] adapt to how I want things done."
- Surveys were sent out regularly to people and their relatives to ask them about their experience of care and support they received. Feedback was generally positive, where issues had been raised these had been dealt with satisfactorily.
- The provider also produced a newsletter which was sent to everyone using the service. This gave information about changes the service was planning as well as sharing general information with people.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect and dignity. One person said, "Carers always ask before they do anything for me and respect that I am an independent [person]. They will step back and let me do things for myself or do more if I need it."
- Staff explained how they respected people's right to privacy and dignity when providing care. One member of staff said, "I try to encourage people to do as much as they can for themselves and then offer support where needed. I will close doors and curtains if required to maintain their privacy."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records were personalised and contained information about how they wished to be cared for including their likes and dislikes. One person commented, "I have my care plan in a folder, and I am very happy with it."
- Staff knew the people they supported well and were able to give details around how individuals liked their care to be delivered. Staff confirmed the electronic care record system contained guidance and the up to date information required to assist people safely.
- People's care needs were regularly reviewed. Care records were updated when required to reflect any changes in need. For example, in relation to mobility or a change in a person's health need.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Assessments considered people's individual communication needs and how these could be met effectively.
- The registered manager told us if required information could be produced in different formats such as large print to meet people's needs.
- Staff knew people well and knew how each person communicated. Such as body language to consent to their care or to communicate their preferences.

Improving care quality in response to complaints or concerns

- People knew how to raise issues or make a complaint and felt confident that any issues raised would be addressed.
- A process to respond to concerns or complaints was in place. This ensured there was oversight of complaints and that any trends or patterns could be easily identified.
- The service had a positive approach to complaints and saw them as opportunities to improve the care delivered. Feedback was encouraged, and people and their relatives told us the management team were approachable and responsive.

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care. However, the registered managers recognised the need to consider people's wishes as they neared the end of their lives, in relation to religious and cultural wishes.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- The culture of the service was open and transparent. The registered managers promoted person-centred care. Everyone we spoke with spoke positively about the service and said people received personalised care that continually met their care and support needs. One relative said, "The service is well managed. Any issues they respond to straight away." Another person said, "It's very well managed. The staff are easy to get on with and to like."
- Staff said they felt valued and supported in their role. One member of staff said, "There is always someone on the end of the phone and if you have a problem it is all sorted. 100% they are all approachable and fair." Another member of staff commented, "I think the service is very well managed, I think they work very hard at helping the clients and the staff are happy."
- Staff used the service's electronic care system as part of their role. This provides staff with immediate access to people's care and medicine records as well as general tasks that needed to be completed during each care call. This meant information about a person's health or well-being was communicated quickly and resulted in effective care being provided to people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers encouraged an open and honest culture at the service. They understood their responsibilities in relation to the Duty of Candour. If any incidents or accidents occurred, they ensured that all relevant people were appropriately informed, and used the opportunity to support learning.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had a clear staffing structure and staff understood their roles and responsibilities.
- Systems and processes were established and embedded into staff practice and used to monitor the quality of the service delivered. For example, staff confirmed they received regular checks of their care practice.
- A range of policies and procedures were available for staff to refer to such as infection control and safeguarding.
- The registered managers understood their legal responsibilities and were clear about when to notify CQC about significant incidents at the service.
- Throughout the inspection the management team were open and transparent and saw the inspection

process as an opportunity to continuously improve practice.

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

- People, their relatives and staff were asked for their views about the service received. Generally, feedback was positive. Information was analysed to continually improve the service provided.
- People and their relatives confirmed they were kept up to date with any changes around the care they received. We saw communication processes were established to share information such as, weekly rotas and newsletters.

Working in partnership with others

- The staff worked in partnership with other health and social care organisations, which helped to improve the wellbeing of the people they supported.
- Records showed that staff communicated effectively with health care professionals to ensure that people's needs were continually met.