

Abelia Care Services Limited

Abelia Care Services Limited

Inspection report

10 Northern Lights Business Park
Clinton Road
Leominster
Herefordshire
HR6 0SW

Tel: 01568620129

Date of inspection visit:
21 April 2016
22 April 2016

Date of publication:
20 May 2016

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 inspection took place on 21 and 22 April 2016 and was announced.

Abelia Care Services provides personal care for people in their own homes. At this inspection they were providing care and support for 76 people.

A registered manager was in post and present during our inspection. 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 safe as staff had been trained and understood how to support people in a way that protected them from danger, harm and abuse. Staff had access to detailed care plans and risk assessments and were aware of how to protect people from harm. People were supported to be involved in their own assessments of risk and were encouraged to make informed decisions about their own safety.

The provider completed appropriate checks on staff before they started work to ensure they were safe to work with people. People received help with their medicine from staff who were trained to safely administer these and who made sure they had their medicine when they needed it. Staff followed safe practice when assisting people with their medicines.

People received care from staff who had the skills and knowledge to meet their needs. Staff attended training that was relevant to the people they supported and adapted to meet specific needs. Staff were supported by the provider and the registered manager who promoted an open and transparent culture. People were involved in decisions about their day to day care. When people could not make decisions for themselves staff understood the steps they needed to follow to ensure their rights were upheld. People's likes and dislikes were known by staff who supported them in a way which was personal to them. The provider understood risks associated with social isolation and staff engaged with people appropriately. People were supported by staff who knew them well and had good relationships with them. Staff made sure people were involved in their own care and information was given to them in a way they could understand. People's independence was encouraged and staff respected their privacy and dignity. People had access to healthcare when needed and staff responded to any changes in need promptly and consistently.

People and staff felt able to express their views and felt their opinions mattered. The provider and registered manager undertook regular quality checks in order to drive improvements. The provider engaged people and their families and encouraged feedback. People felt confident they were listened to and their views were valued.

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.

People were protected as staff understood how to recognise and report any concerns they had about people's safety or wellbeing. People were encouraged to make informed decisions about risks. Checks were made before staff could start work to ensure they were safe to work with people. People received their medicine safely by suitably qualified staff.

Is the service effective?

Good ●

The service was effective.

People received support from staff who were trained and motivated to provide care. Staff were supported in their role and knew where to access information they needed. People had access to healthcare when they needed. Staff supported people to make decisions and protected their rights.

Is the service caring?

Good ●

The service was caring.

People had positive and caring relationships with staff who supported them. People were provided with information in a way they could understand and allowed time to make decisions. People had their privacy and dignity respected by staff. Staff supported people to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them and regularly reviewed. Staff knew people's individual likes and dislikes. People were confident that any concerns they raised would be addressed by the provider.

Is the service well-led?

Good ●

The service was well-led.

People felt their views about the support provided were valued. Staff felt valued and motivated by the registered manager and provider. The provider and staff had shared values in supporting people. The provider had systems in place to monitor the quality of support delivered and made changes when required.

Abelia Care Services Limited

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 inspection took place on 21 and 22 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the service. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information to help plan our inspection.

Before the inspection 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 spoke with eight people receiving support, five relatives, the registered manager and five carers. We viewed the care and support plans for three people, including assessments of risk, consent and medicines. We saw records of quality checks completed by the provider, incident and accident records, newsletters and details relating to staff recruitment.

Is the service safe?

Our findings

We looked at how people were kept safe from abuse. One person told us, "I feel safe in their hands". Staff had received training and understood how to recognise signs of ill-treatment or abuse. One staff member said, "I would have no hesitation in reporting anything straight away". Another staff member told us, "I would ensure the person was safe and then seek help or guidance". Staff members knew the procedures to follow and where these were kept if they suspected anything was wrong. Staff knew how to report concerns outside of the organisation if needed. We saw the provider had made appropriate referrals when necessary and had taken action to ensure people were kept safe. For example, following one concern the registered manager provided additional training sessions for staff to refresh themselves on acceptable practice.

People told us they felt safe receiving services from the provider. One person said, "It is reassuring that someone is going to pop in to see if I am alright". One relative told us, "[Relative] had a risk assessment about what they wanted to happen in case of emergency". We saw assessments of risk which were individual to the person. For example, people had individual assessments for mobility and staff knew what to do to encourage movement whilst the person remained as safe as possible. One person told us, "Once I was found on the floor by a carer. They wouldn't leave me until everything was alright". People were involved in their own assessments of risk and were encouraged to make informed choices about keeping themselves safe. For example: one person had a damaged piece of furniture in their home. Staff assisted the person to make an informed decision for themselves about its continued use.

The registered manager and provider had systems in place to identify trends or patterns in accidents or incidents. Where needed they took action to minimise any risk of harm to the person or a repeat of the incident. For example: One relative said, "Following a fall they [registered manager] came out and spoke with [relative's name] about how to keep themselves safe in the future".

People told us they received support from a consistent staff team who knew their individual needs. People were provided with staffing rotas in advance of the support they received. One person said, "It is reassuring to know who is coming out to see you". People and staff told us there were enough staff to meet their needs. The registered manager told us the hours of support they provided is set by the funding authority. If they identify a change in need then they would make a request for reassessment to ensure the person received the correct amount of support. The registered manager went on to say that they would only take on someone's support if they were certain they had the staffing capacity to meet their needs.

Staff members told us before they were allowed to start work checks were completed to ensure they were safe to work with people. References and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The provider had systems in place to address any unsafe behaviour displayed by staff members which included disciplinary action if required.

We looked at how people were supported with their medicines. People told us they were happy with the assistance they received regarding their medicines. One staff member told us, "Before I could help someone with their medicines I had to complete training to ensure I was competent". Staff members told us the

medicines records were monitored by the senior staff or the registered manager to help prevent mistakes. These were also scrutinised as part of the spot checks completed with staff members. The registered manager told us they ensured staff followed safe administration of medicines to ensure people received safe care.

Is the service effective?

Our findings

People told us they thought the staff supporting them had the right skills and training to assist them. One person said, "I know who is coming out and I know they are completely capable of supporting me". Staff told us they felt well trained and supported in order to provide care for people. One staff member said, "I did struggle with the role to begin with but with the training and support I grew in confidence. I feel I have been equipped with the skills to do my job well". When first starting in their roles staff told us they had the opportunity to assist more experienced staff members. One staff member said, "I went out with another staff member. This allowed me the opportunity to get to know people and ask questions without pressure". Staff members felt this was a supportive introduction into the role they would be completing. Staff members told us in addition to a structured induction to their role they were also provided with a staff mentor. This mentor provided support and guidance for new members. One staff member said, "[Staff member's name] had a heart of gold and really helped me settle in my role". The registered manager told us all staff were subject to a six month probationary period during which staff member's training and abilities to perform their role was assessed and additional support provided where required.

Staff had access to training appropriate to the people they supported. One staff member said, "We were assisting one person with particular needs. Before we started working with them we all undertook training to ensure we could assist them properly". The registered manager had a training programme for staff members which included nationally recognised care certificates. At this inspection we saw a number of staff members undertaking mental capacity act training with an external training provider. The registered manager told us they sometimes use external trainers who specialise in particular areas of learning to keep up to date with the latest development in care provision. People received care and support from staff who were appropriately trained to perform their role. The registered manager and provider were receptive to suggestions from staff regarding their personal development.

People received care from a staff team who felt well supported. Staff told us they received regular one to one support sessions where they could discuss all aspects of their role. Staff members told us they felt able to seek support and guidance at any time outside of these formal sessions in order to help them do their jobs. One staff member told us, "I expressed a desire to expand my role and responsibilities. [Registered manager] was fully supporting me with this change".

People told us they were supported to make their own decisions and were given choice. One relative said, "They [staff] always give [relative's name] the choice of what they want including what and where to eat". People were given the information in a way they could understand and were allowed the time to make a decision. One person said, "I know what I want and I am always given the chance to let them (staff) know. They do listen to me and that is important to me". One staff member said, "We always give people a number of options. Sometimes we have to limit it so the person does not become confused but we never rush anyone".

The registered manager told us peoples capacity to make decisions is assessed. When people could not make a specific decision this had been correctly assessed and decisions were made in the best interests of the person using a multi-disciplinary approach. We saw peoples capacity to make decisions was assessed

and reviewed when needed. Staff had a clear understanding of the principles of the mental capacity act and the process of best interest decision making. One staff member said, "No matter what we do it has to always be in the best interests of the person concerned".

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. Any applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The provider had trained and prepared staff in understanding the requirements of the MCA. At this inspection it had not been necessary for the provider to make any such applications.

People told us they were assisted to receive enough food and drink to maintain well-being. One person said, "They (staff) take me shopping and make sure I have enough food in the house to last me. They also make sure I have some nice treats as well". The registered manager said, "Everyone receives a nutritional assessment to ensure we can meet their needs. Changes are recorded and reported to the appropriate medical professional for advice and guidance". Staff members were aware of who required support with their nutrition and what assistance to offer. One staff member said, "[Person's name] needs help to monitor their weight. We assist with weighing regularly and assist them to undertake regular exercise. Any changes we discuss with them and help them pass on achievements and stumbling blocks to their GP".

People had access to healthcare services, including GP, district nurses and occupational therapists and were supported to maintain good health. One person told us, "When I go to the doctors [staff member's name] always comes in with me. If I forget to tell them something important they will prompt me". Staff told us they assist people to pass on any medical concerns they have to ensure they receive the correct treatment. Any changes are passed to the registered manager for inclusions in the person's care and support plan.

Is the service caring?

Our findings

People told us they were supported by staff in a way that was kind, respectful and caring. One person said, "They (staff) are brilliant. They don't just do it because it is a job". Another told us, "They (staff) are very pleasant and caring". Relatives we spoke with told us they believed staff members were engaging and respectful when supporting their loved ones. One relative told us, "Before they (staff) leave they always ask if there is anything else [relative's name] would like doing. They ask because they care about them". One staff member said, "It is an honour to be allowed into someone's house and ultimately into their life". Staff we spoke with told us about those they supported with respect and empathy. Staff were able to tell us about people's individual histories, personal preferences and circumstances. Staff were knowledgeable about those they supported and people benefited from positive relationships with staff. One person said, "Because I always see the same (staff) they have become like friends to me. If I see them out and about they will always wave or come over for a hug".

People were involved in making decisions about their own care and support. These decisions were recorded and staff were aware of how people wanted to be supported. One person said, "If there are ever any changes to the care and support plan we talk about it and agree them together". A relative told us, "The members of staff consult with [relative's name] over most things and involve them fully". People felt listened to by staff supporting them and the provider and that they were spoken with about aspects involving their support. People felt that staff communicated with them appropriately and adapted how they interacted with them depending on their needs. Staff told us they experienced difficulty when talking with one person. One staff member said, "I struggled to communicate with [person's name] and wondered just how much they knew about the support we were providing. We looked at different ways of communication. Now we have good open chats with them using signs and pictures as well as just talking".

People were supported to be as independent as they could by staff who knew their individual abilities. One person said, "The little bits I can do for myself and they always let me get on with it". Staff members told us they encouraged people to maintain their skills and supported them to remain self-sufficient. Staff took steps to ease any anxiety experienced by those they supported. One relative told us, "[Person's name] is a very anxious person. Although they have a schedule telling them who is going out to see them they still phone the office every day. It never matters to them (office staff) and they always take the time to talk and reassure them, always putting their mind at rest".

People told us their privacy and dignity was respected by staff providing support. One person said, "Everything is done with the upmost respect and sensitivity". Staff told us how they promote peoples dignity and how they respected their privacy. One staff member told us, "You always ask someone how they would like to do something and involve them in what they want to do for themselves". Staff we spoke with had a clear understanding of confidentiality and told us information is never disclosed inappropriately. One staff member said, "If we needed to share anything with anyone else we would always seek permission before doing so".

Is the service responsive?

Our findings

People had care and support plans which were personalised to them. Information contained in the care plans detailed what people thought staff members needed to know in order for them to do their job. One person told us, "Originally they [registered manager] came out and interviewed me. They checked what I needed and undertook an assessment with me and found out about me and what I wanted". We saw care and support plans which were individual to the person and contained updated information from the person, their families and any medical professional involved. One person told us, "If there are ever any changes to the care plan we all talk about it together and agree what is needed". Families and others that mattered to the person were involved in the care planning when appropriate. One relative told us, "We all meet together regularly and discuss what has gone well and what could be improved. We are also kept fully informed about any changes or emergencies".

People were encouraged to discuss what mattered to them in addition to their care needs. One person told us, "They know just how much my pets mean to me so help me feed them before they leave". Staff we spoke with knew the individual needs of the people they supported. Personal likes and dislikes were known by staff who could tell us what mattered to the people they supported.

People told us they thought their support was good and adapted as their needs changed. One person said, "I had a bit of a change in how I walked. I never needed support before. They [staff] asked me about what help I now needed. It is only a small thing but just having them now by me when I stand makes the world of difference". We saw care and support plans which were reviewed regularly and included any changes in need or preference. We saw referrals to appropriate services when people's needs changed including occupational therapists and recommendations for mobility equipment.

The registered manager and staff members recognised the risks often associated with social isolation. Staff told us they often go out to people and are aware that they will be the only people that person will talk to or see during the day. The registered manager told us they tend to have specific responsibilities as part of their funding and it is important that they deliver on this agreement. However, they went on to say the calls staff make should also be social occasions where the person feels valued and stimulated as part of their involvement.

People felt comfortable to raise any concerns or complaints with staff or the registered manager. One person said, "I would contact the office straight away if I ever had a concern. I know they [registered manager] would put it right straight away". Staff told us if someone wanted to raise a complaint they would make attempts to put it right themselves. Failing that they would pass on the concerns to the registered manager or encourage the person to do it themselves. People told us they had a pack of information given to them by the provider which contained the relevant information should they have a concern. The registered manager and provider had systems in place to respond to complaints. People and relatives we spoke with were confident any concerns they raised would be taken seriously and addressed promptly by the registered manager and provider.

Is the service well-led?

Our findings

People told us they felt involved and fully informed about the service that was provided. People knew who the management team were. People told us they felt able to approach the registered manager or provider at any time. One person said, "I have full faith in [registered manager] and can talk to them at any time". People and staff told us they believed the provider created a culture that was open and transparent. Staff we spoke with told us about changes that were made following a concern that happened in the past. One staff member said, "We didn't need to know what happened but we all undertook training to ensure we were all doing the right things when it came to working with people". Staff members told us there were appropriate policies in place to guide their practice including a whistleblowing policy. Staff understood the whistleblowing process and felt they would be supported by the provider should they ever need to raise a concern.

Staff told us about the values of the provider and how these were reinforced by the registered manager. One staff member said, "We aim to provide a high quality standard of living for people whilst promoting dignity and independence". Staff told us these values were demonstrated by the provider and registered manager in the assessment of care and the training which was provided.

People were regularly asked for their feedback on how their care and support was provided including any recommendations for change. One person said, "We have just completed a survey asking us what we thought". Another person told us, "I have just received the outcome of the latest survey including the actions for improvement". We saw results of regular surveys including any actions which had been identified. For example one person had indicated they had a high number of different staff coming out to see them. The registered manager revised the rota to ensure only a core group of staff assisted this person. We saw records confirming actions had been taken and completed. People and staff were kept up to date with changes with the provider by a regular newsletter. In addition to issues relating to the support provided they were kept up to date with wider points of interest concerning the care sector nationally.

The registered manager maintained their personal professional development by attending regular training and support sessions appropriate to their role. Any learning or changes to practice was cascaded to staff members through regular team meetings or one to one sessions. Staff members told us they attended regular team meetings and had the opportunity to contribute towards any improvements. For example: staff told us about the frustrations associated with travelling in a rural location. This was raised with the registered manager and staff members schedules were amended to allow for such a location. Staff understood what was expected of them and were supported in order for them to do their job. Staff told us they felt the management team was supportive and approachable for advice and guidance when they needed.

At this inspection there was a registered manager in post. The management team clearly understood the requirements of their registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. The

provider and registered manager had systems in place to monitor the quality of service provision. The registered manager told us they assessed information from quality checks, incident and accidents and feedback from people and staff which they used to drive improvements. For example, Staff members have all been provided with mobile phones with smart technology so they can update the management of any changes in need as soon as it is known.