

Abicare Services Limited

Abicare Services Ltd

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

Abicare Services Ltd is a domiciliary care service providing personal care for 46 people at the time of our inspection.

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.

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

People were cared for by staff who were recruited safely. Staff were appropriately trained and had skills and experience relevant to their role.

Risks to people's safety and wellbeing were assessed, recorded and managed effectively.

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.

Staff respected people's privacy and dignity; people told us staff always listened to them and respected their wishes.

Staff supported people to be as independent as possible.

People told us they were happy with the care they received, they told us staff were kind and patient when they visited them.

The service was well led. There were appropriate quality assurance systems to ensure the quality and safety of care remained a high standard. Staff told us they felt supported by the registered manager to be able to do their job effectively. The registered manager used quality assurance data and up to date best practice knowledge to drive improvement within the service.

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 this service was good (published 7 March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

Good ●

The service was well-led.

Details are in our well-Led findings below.

Abicare Services Ltd

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector

Service and service type

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

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.

What we did before the inspection

Before this inspection, we looked at the information we already held about the service. This included reviewing notifications we had received from the service. Notifications are information about important events the service is required to send us by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-

We spoke with four people who use the service and two relatives about their experience of the care provided. We spoke with six staff members, this included care staff and the registered manager.

We examined a range of documents, this included three care plans and multiple medicine administration records, two staff files, and a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection 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

- The service had effective systems in place to protect people from abuse. Staff received training and had good knowledge of safeguarding principles.
- All staff we spoke with told us they had a copy of the whistleblowing policy. Whistleblowing is when a member of staff passes on information concerning a wrongdoing at work.
- Staff told us they knew how to report concerns and would feel confident to do so.

Assessing risk, safety monitoring and management

- People had risk assessments and management plans in their care plans. These identified and managed risks such as environmental hazards, risk of pressure injury and risk of falls.
- Staff were knowledgeable about common risks to older people and the actions they should take to reduce the risk.
- Staff knew how to assess if assistive equipment, such as hoists or stand aids, had been serviced and were safe to use.

Staffing and recruitment

- People were looked after by staff who had been recruited safely. Recruitment checks included references and DBS checks. DBS (Disclosure and Barring Service) checks help employers make safer recruitment decisions and prevent unsuitable people working with vulnerable adults.
- People told us there were enough staff and they liked the fact they could have the same members of care staff visit them consistently. One person told us, "Having the one main person has been the best thing about it, the others are fine, they are all fine, but it's good to have somebody who knows the routine thoroughly and you can have a chat when you are doing it."

Using medicines safely

- Staff received annual training in medicine administration, this included both theory and practical training.
- The registered manager and senior staff regularly observed staff in the community to ensure medicine management practices were safe.
- There were audit systems in place to ensure medicine was administered safely. Where concerns had been found, these were dealt with appropriately.

Preventing and controlling infection

- Staff we spoke with had received training and were knowledgeable about infection control principles.
- Staff told us they had access to appropriate personal protective equipment.

Learning lessons when things go wrong

- The registered manager responded appropriately to accidents and incidents and used these as a learning opportunity.
- The registered manager analysed trends in accidents regularly, these were used to drive future improvement of the service. Learning from this analysis was discussed in team 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.

At the last inspection this key question was rated as good. At this inspection 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 included people's physical and emotional needs. This was then used to inform people's care plans.
- Assessment forms had spaces to include information about people's religious or cultural needs, however, these were not always completed. This meant that people's religious or cultural needs were not always incorporated into their care planning. However, staff we spoke with were aware of some people's religious and cultural needs. One staff member told us, "If someone has a religious belief, we support them to pray at the times they want, if they want us to pray with them, we do. We have someone who is Hindu, if he talks about his religion, we listen, we get to know their beliefs and why it's important to them."
- People's needs were assessed before receiving care. This ensured the service was able to meet people's needs and had appropriately skilled staff to provide care.
- The service used nationally recognised assessment tools, this meant assessments were completed using effective, evidence-based methods.

Staff support: induction, training, skills and experience

- People were supported by staff who had received ongoing training relevant to their roles. Staff told us they could discuss any further training needs with their manager during supervision.
- Staff told us the induction process was robust and supportive. One staff member told us, "Abicare gave me two weeks of comprehensive training in their office in Basingstoke, I was paid for the mileage, it was all physical practice, you weren't signed off until you were competent. After that you had a week shadowing and then a week working with a champion. You weren't left alone with a service user until you were confident, it wasn't when Abicare was ready, it was when I was ready."
- Staff received regular supervisions and appraisals.

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

- People were supported by staff to maintain good nutrition and hydration.
- People's likes, dislikes and dietary requirements were documented in their care plan.
- People told us they enjoyed the food that care staff prepared for them and were always given choice.

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

- People were supported to access health care services to ensure their health needs were met.
- The service referred people to other health care professionals, such as the GP, community nurses or Speech and Language Therapy.

- People told us staff knew them well and were able to meet their needs and supported them to access community health services when required.

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 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.

- We did not see any mental capacity assessments in the care plans we reviewed. We discussed this with the registered manager who informed us they were not currently providing care for anybody without capacity.
- Staff were able to explain the principles of MCA. One staff member told us "It is the principle that the service user must be assumed to have capacity, unless a group of people have assessed otherwise, you cannot make decisions on other people's behalf unless they've been assessed to be without capacity. If they have capacity and they want to make unwise decisions, we can advise but we can't take their independence away from them."
- The registered manager was knowledgeable about MCA and knew how to access appropriate guidance.
- There were appropriate systems and tools in place to assist staff to assess capacity and identify best interest decisions when required.

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 the last inspection this key question was rated as good. At this inspection 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 and relatives told us staff were caring and treated people kindly. Comments included, "The girls and men who come are very, very good, I have one main one, which is nice, she comes most of the time, the others we have when she is off", "They are wonderful, they are very good to me" and, "They are very patient, they take it all in their stride."
- Management and care staff spoke about people kindly and compassionately.
- Staff told us of the importance of person-centred care, one staff member told us "It's delivering care to someone based on their own need, so they get care that they are comfortable and happy with. We treat everyone according to their own preferences, we keep them within their routine, we do exactly what they want, when they want it."
- Peoples religious and cultural differences were respected by care staff.

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

- People told us they felt in control of their care and staff regularly consulted them on how they would like things to be done. One person said, "They [staff] always ask what I want for my tea, they always ask what I'd like to do. They always ask what I like."
- The registered manager signposted people to advocacy services if required. An advocate is someone who can speak up independently for someone if they need them to.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated people respectfully and respected their privacy.
- People were supported to be as independent as possible
- Staff told us of the importance of maintaining people's dignity. One staff member said, "You always ask people before you do anything, explain what you are doing next, listen to their concerns, and you always ask if they are comfortable and understanding what you are doing."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection 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 feedback about being able to choose when they received care was mixed. Some people told us they chose the times of their care and visits from care staff were at a time that worked well for them. However, others told us they were not given a choice and did not know when care staff would visit, they told us this impacted on their ability to plan their day. Comments included, "You never know when they are coming." And, "I don't think they can give times they said. You don't know what time they are coming." When we asked the registered manager about this; they stated people are offered a choice of times at the point of assessment and were regularly asked if they were happy with their call times as part of their care plan review. The registered manager told us they would draft a letter to people to inform them of their care times and offer an opportunity to discuss this.
- Care plans were written collaboratively with people and families. These were updated regularly as people's needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The Registered manager had clear understanding of the AIS.
- People's communication needs were assessed and recorded clearly in their care plans.
- People's communication needs were shared appropriately with other healthcare professionals to ensure appropriate equipment was in place when needed.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure which clearly stated how people could complain and escalate concerns to other agencies if required.
- People told us they knew how to complain and would feel confident to do so.
- Where complaints had been raised with the service, these had been investigated and responded to appropriately and in line with Abicare's policy.

End of life care and support

- People did not have end of life wishes recorded in their care plans. When we discussed this with the registered manager, they told us that they worked closely with the local hospice and people's GP's to develop a person-centred care plan at the end of people's lives.

- The Registered manager was in the process of sourcing specialised training for a small group of staff with the aim of creating a responsive 'end of life team'.
- The service received positive feedback from relatives of people that had died. One relative said, "I know she looked forward to everyone's visits and when I was visiting I could hear and see the way she enjoyed meeting and talking to everyone. It was reassuring to know from afar that she was being looked after and any concerns you had were acted on and reported to myself."

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 the last inspection this key question was rated as good. At this inspection 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

- Staff told us they felt the service was well managed and felt supported by the registered manager. Comments included "[registered manager] is an incredible lady and she runs a tight ship. She's not fluffy but she'll always make time for you. She'll give advice, she'll always ask you if your happy with her course of action. [registered manager] is supportive of her staff" and, "I'm in the office all the time, one of the first things [registered manager] said to me is don't be a stranger, that stuck in my head. She's really down to earth, really approachable."
- People told us that they felt the service was managed well, where people had raised concerns with the registered manager, they told us these had been dealt with satisfactorily.
- The registered manager demonstrated caring and person-centred values. These values were reflected in the attitudes of staff members we spoke to.

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 manager had good understanding of the duty of candour, they were able to provide examples of when this had been met in the past.

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

- The registered manager had effective quality assurance systems in place. This included a regular review of care records, medicine records and quality satisfaction surveys.
- The registered manager had clear understanding of her regulatory requirements, the service had submitted appropriate notifications to CQC since their last inspection.

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

- The service involved people, their families, friends and others in the development of the service and encouraged feedback both formal and informal. The registered manager responded to issues raised in quality surveys and let people know what action they had taken.
- Staff told us they felt listened to, valued and able to contribute to the running of the service.

Working in partnership with others

- The provider worked well with health and social care professionals. There were clear referral pathways in place and we saw evidence of good communication between Abicare and other health and social care services.
- The Registered manager attended relevant industry meetings and forums to ensure they were up to date in relevant legislation and good practice guidance.