

Abicare Services Limited

Abicare Services Limited - Bradford-on-Avon

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 

Overall summary

This inspection took place on 29 July 2015 and we spoke with people who used the service, their relatives and staff on August 3 and 4 2015. This was an announced inspection which meant the provider knew two days before we would be visiting. This was because the location provides a domiciliary care service. We wanted to make sure a registered manager would be available to support our inspection, or someone who could act on their behalf.

There were two registered managers in post at the service at the time of our inspection. One of whom was an area manager. 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.

Summary of findings

People were positive about the care they received and praised the quality of the staff and management. A social care professional said “ Abicare Carers know the clients that I support and have built up a good working relationship with them.”

Systems were in place to protect people from abuse and harm and staff knew how to use them. Staff understood the needs of the people they were supporting. People described their care was provided by staff with “kindness and compassion”.

Staff were appropriately trained and skilled. They received a thorough induction when they started work at the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service. The staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs. All of the staff we spoke with were clear the effectiveness of training was monitored through the supervision; and if necessary disciplinary processes.

The service was responsive to people’s needs and wishes. We saw that people’s needs were set out in clear, individual plans. These were developed with input from the person and people who knew them well.

We saw records to show formal complaints relating to the service had been dealt with effectively. People explained they were confident that any concerns or complaints they raised would be taken seriously and be dealt with promptly.

The registered managers’ assessed and monitored the quality of care. The service encouraged

feedback from people, their relatives and staff, which they used to make improvements.

Staff explained the importance of supporting people to make choices about their daily lives. Where necessary, staff contacted health and social care professionals for guidance and support.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People and staff told us they felt safe.

Staff had been recruited following safe recruitment procedures. They had a good awareness of safeguarding issues and their responsibilities to protect people from the risk of harm.

The provider had systems in place to ensure people received their prescribed medicines safely.

Good



Is the service effective?

The service was effective. Staff had suitable skills and received training to

ensure they could meet the needs of the people they supported, however records were not always updated to show this.

Staff we spoke with had a good understanding of the people they were supporting, and their working practices were monitored.

People's health care needs were assessed. Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to their care package.

Good



Is the service caring?

The service was caring. People and relatives described the staff as "very kind and caring."

People's privacy and dignity were respected. People were involved in making decisions about the support they received.

People were asked what they wanted to do daily and their decisions were respected.

Good



Is the service responsive?

The service was responsive. People and their relatives were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

Staff had a good understanding of people's needs and provided examples of how they took an individual approach to meet them.

People told us they knew how to raise any concerns or complaints and were confident that they would be listened to and acted upon.

Good



Is the service well-led?

The service was well-led. Both registered managers provided strong leadership, demonstrating values, which were person focused. Staff had a good understanding of the aims and values of the service and had opportunities to express their views in what they described as an "open culture".

There were clear reporting lines from the service through the management structure. Staff were aware of their responsibilities and accountability and spoke positively about the support they received from the management team.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned.

Good



Summary of findings

Quality assurance systems involved people, their representatives and staff and were used to improve the quality of the service.

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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 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.

This inspection was carried out by one inspector and a bank inspector. A bank inspector is a person employed by the CQC to assist in the inspection process. The bank inspector gathered information by speaking with seven people who used the service, five relatives/representatives and four staff members on the telephone.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR was information given to us by the

provider, which enabled us to ensure we were addressing potential areas of concern. We also looked at the notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

We used a number of different methods to help us understand the experiences of people who used the service. During the visit we looked at documents and records that related to four people's support and care, three staff files and records relating to the management of the service. We spoke with both registered managers and a community team supervisor. Shortly after our visit we received positive feedback from a total of 17 people. We contacted five health and social care professionals for feedback. We received one response from a social care professional who provided positive feedback.

Is the service safe?

Our findings

People told us they felt safe, and made the following comments; “Without them I don’t know what I would do, I feel absolutely safe with them, they check on everything properly and they do risk assessments and assess every situation”. Another person said, “I always feel safe and confident with all of the girls, they are very patient and don’t rush you”. Family members that spoke with us said that they felt confident in the training and abilities of the staff.

There were arrangements in place to deal with foreseeable emergencies. Staff confirmed there was an on call system in place which they had used when needed.

Most people we spoke with explained either they, or a family member managed their medicines. Three people described the assistance they received, and said it was “always carried out very carefully by staff and recorded each time”. One person said, “I can be a bit forgetful sometimes about my tablets but they (the staff) always check and remind me”. We saw the level of support the person needed was detailed in their care plan, such as prompting. Staff told us they had received medication training, they were able to describe safe procedures and what level they were allowed by company policy to administer medication. For example they were not allowed to administer controlled medicines such as Morphine based medication. Staff said they underwent refresher training and received competency assessments. This meant procedures for the safe administration of medicines were in place and being followed.

All of the five staff spoken with said that they had received safeguarding training and regular updates; they were able to give examples of what constituted abuse or neglect and who they would report to. They were aware of the agency whistleblowing policy and all said that they would not hesitate to report any concerns. Comments included, “If I

did have any worries or thought that another staff member had been less than professional, I would in the first instance report to my line manager, if I did not feel that it had been taken seriously I would keep going up the line”.

Family members and users of the service said that staff were very observant and if they had any concerns at all, they reported them on to the office and to the family.

Records demonstrated appropriate action had been taken to report concerns to the local safeguarding authority.

We looked at four support plans, each showed risk assessments had been completed with the involvement of the person who used the service, where possible. Records showed risks were reviewed regularly and updated when people’s needs changed. Staff demonstrated an understanding of these assessments and what they needed to do to keep people safe. One family member gave an example of where the staff had identified a risk with the use of a hoist previously assessed by another professional. The concerns had been reported by the staff who did not use the hoist again until it had been re-assessed and made safe.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant’s past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people. Staff said that they had received a formal interview process that included DBS checks and references. They said that they had undergone an induction process and off site mandatory training, they had shadowed more experienced staff and had undergone competency assessments before working unsupervised. Staff also said they were trained in the use of any individual equipment in use, for example hoists. One family member described how they had been asked to provide feedback about a new member of staff, as part of their induction.

Is the service effective?

Our findings

The people who gave feedback about the staff described them as being “well trained and efficient in the way they provided care and support.” Some people said they had regular carers and they had been part of choosing the staff to support them. A few people said the staff supporting them changed frequently, and despite receiving a list each week, sometimes staff arrived who they weren’t expecting. Everyone said that there was never a time where staff arrived who they hadn’t met before. They said they understood the changes were necessary such as to cover holidays and sickness, however this made people feel uncertain when they did not know who would arrive. We discussed this with the registered manager and they said they “do their best to contact people in advance of any changes” and acknowledged the comments and impact this has on people.

People told us staff understood their needs and provided the care they needed, with comments including, “A social care professional told us “they (Abicare) provide a person centred service and review customers (people using the service) by discussion and looking at different ways to meet their individual needs. I feel the staff have a good understanding of diversity and respect people’s differences with the clients I support.” A person described how “the carer is always on time, unless we get a phone call from the office saying they’re going to be late.” Another person described how “the staff that come to me are very good indeed, They listen to what I want and are always respectful. They are very good to me and do little things like making sure that my walker is near to me before they go and that I have my ‘lifeline’ alert on. They always ask if there is anything else they can do for me”. Another person said, “I need continuity so have my own team of carers, they are all very good and make sure that my care and dietary requirements are met, that is not just for me but also for my dog as they know he is very important to me”.

Records showed people had regular access to healthcare professionals and attended regular appointments about their health needs. A social care professional described how “They (staff) support people and refer them to the correct departments regarding healthcare issues.”

The staff we spoke with described how they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and

development needs. This was a way of monitoring staff delivering support to people in their homes. At these meetings areas where personal or professional development was required were identified to maintain good practice. Staff said they received good support and described how they were able to raise concerns outside of the formal supervision process. Comments from care staff included, “I feel well supported. The manager and other colleagues work well together.”

We saw that the majority of these supervision sessions were recorded. The registered manager said all staff receive regular supervisions and the few that were not recorded was an “administration error”. During our feedback to one of the registered manager’s shortly after our visit, they confirmed the shortfall in recording supervisions had been addressed.

The provider was following the Care Certificate induction programme for new staff. This meant the provider was following good practice as part of staff induction for social care. Records showed the induction process included reading the provider’s policies and procedures and by shadowing more experienced members of staff to meet and get to know people they would be supporting. We saw records to show staff inductions and probationary periods had been signed off by the registered manager.

There was a programme of training available. Staff told us they received the necessary training to meet people’s needs such as moving and handling, medicine and health and safety, however records were not always up to date to reflect the training received. The registered manager was confident the staff had received the training and it was more of an administration error. Staff told us they were well trained and received specific training for example, in dementia care. They said they could also request extra training for example, for the specific needs of people they were supporting. The registered manager explained the majority of training was given face to face by the person employed to provide the training. We were told competency checks were made to ensure the individual understood the training, and supervisions were in place to address any shortfalls or concerns.

All of the staff we spoke with demonstrated an understanding of the Mental Capacity Act 2005 (MCA) and its principles. They were able to describe such areas as ‘best interests’, not restraining people and ensuring that people had a say in the care they received. Comments from

Is the service effective?

staff included, “We are going into people’s homes and need to treat people with respect and listen to what they want and get their consent. Sometimes it is different from what families want but good assessments and care plans ensure that we know what is expected of us”. We found support plans had records of assessments of capacity and best interest decisions were in place where necessary. A relative said “I think that the staff team have a good understanding of mental capacity, they always treat my relative with dignity and respect and ensure that he is involved in his care. They all are aware of issues such as people’s best

interests and allowing people to make their own decisions. We have been involved in capacity assessments and it is all recorded in the care plan. An example of this is that my relative does not want to go out into the community and prefers to be very private and they respect this but offer alternatives”.

The registered manager told us that if they had any concerns regarding a person’s ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken.

Is the service caring?

Our findings

Without exception, everyone we spoke with was complimentary about the staff, comments we received included; “they (staff) are excellent, that is the only word for it, they always do what I ask them to do and I feel cared for and cared about”. Another person said, “They are all very kind and caring, they help me to be independent by assisting me to do as much as I can for myself and nothing is too much trouble for them.” A third person described the staff as being “well turned out and friendly.” A family member said, “they (staff) all have a very good attitude and do what my relative wants, not what the family might say. They manage her needs very well and keep in good contact with the family. We all find them very caring; they are aware of their responsibilities and know where the boundaries lie”. Another person described how due to an issue with a previous agency, they had “lost a lot of my confidence. The staff at Abicare are gradually building this up again and I feel safe and well cared for by all of them”. Another person said, “They do what they say they will and that gives me confidence in them”.

The support plans we saw demonstrated that people were involved in making decisions about the support they received. Family members said they had opportunities to express their views about the care and support their relative received. People we spoke with explained they felt involved in the support they received.

People’s preferences regarding their daily care and support were recorded and reviewed. Staff demonstrated a good understanding of what was important to people and how they liked their care to be provided, for example people’s preferences for the way their personal care was provided and how they liked to spend their time. People explained how they were involved in regular review meetings with staff to discuss how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people’s care plans.

Without exception, everyone we spoke with said staff maintained their dignity and privacy. We could see privacy and dignity was discussed during spot checks and reviews with people. Staff described how they would ensure people had privacy and how their modesty was protected when providing personal care, for example ensuring doors were closed and not discussing personal details in front of other people.

Staff were able to describe how to care for people at the end of their lives. They said it was about being sensitive to the needs of both the person and their family, whilst working closely with other professionals such as hospice care workers and district nurses to ensure end of life plans were fulfilled.

Is the service responsive?

Our findings

Everyone we spoke with said the staff had enough time to meet their needs in the way they wanted them met. Comments from people included; “I think they (the agency) are very responsive to my needs, they know that because of some of my health issues that my needs fluctuate and they are very aware of the signs to look out for. They make sure that I keep other healthcare appointments and will support me with both my physical and emotional health needs”.

People knew who to contact if they were concerned about their call time, or if any changes were needed. One person said “the managers’ are very approachable and accommodating if you would like to change the timings.” One family member described how the needs of their relative had recently changed and re-assessments had been carried out and the care plan reviewed and updated.

Each of the support plans we saw were individualised, and took into account each person’s needs and wishes. People were encouraged to provide information about themselves so that staff understood their needs well. When appropriate, family members had contributed to the development of support plans to include details about their relative’s likes, dislikes and interests. People described how the support was tailored to their needs and was reviewed accordingly to meet these. Everyone we spoke

with said they were involved in reviewing the care on a regular basis, and were able to describe their care plan as being “the red folder” which contained all the information about the agency and held their personal records. People confirmed the staff read the care plans and made notes following every visit.

Everyone we spoke with was confident any concerns they raised would be listened to and acted upon. A social care professional explained “I feel the manager and staff are approachable and deal effectively with any concerns or queries raised on any clients I have on my caseload.” A person explained how “I did have a few niggles at the beginning but they were listened to and very soon sorted out”. We saw that complaints had been investigated and a response provided to the complainant, including an apology where appropriate. Staff were aware of the complaints procedure and how they would address any issues people raised with them.

The complaints were monitored each month, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them.

The staff described the community team supervisors’ and registered managers’ as being “approachable and would listen and act on what they had said.” Staff told us they felt their views were valued by the registered manager.

Is the service well-led?

Our findings

There were two registered managers in post, one of whom was area manager.

The service had clear values about the way care should be provided and the service people should receive. Staff demonstrated a good understanding of what the service was trying to achieve for people. They told us their role was to promote people's independence by supporting them to make choices about how they wished to live their lives. Staff said regular team meetings took place where they could discuss any concerns or ideas to improve the service people received. They told us they felt well supported in their role and did not have any concerns.

Staff valued the people they cared for and were motivated to provide people with high quality care. Staff told us the management team demonstrated these values on a day to day basis. The registered managers described how they focused on ensuring the team worked together effectively to meet people's needs. This had resulted in staff explaining how well the team worked together, feeling valued and there being 'high staff moral'. All the staff we spoke with said they felt there was an "inclusive and open management style within the office." They said they could call for advice and assistance at any time and would receive a good response. Without exception, everyone we spoke with described the registered manager's as being 'approachable, honest and supportive'.

The provider had systems in place to monitor the quality of the service. This included audits carried out periodically throughout the year by both the manager and the quality

assurance manager. The audits covered areas such as care plans, staff records, the safe management of medicines and health and safety. There was evidence of learning from incidents / investigations took place and appropriate changes were implemented.

Staff that spoke with us said there were systems in place to report any accidents or incidents; they said that these were acted upon very quickly by the office.

Everyone we spoke with said they had opportunities to feedback on the service they received. Some people said they preferred to do this informally by "chatting with staff" others recalled completing a survey. The registered managers said a survey was sent out to 40 people, 16 were completed. Overall feedback was very positive. We received the following comments from people; "I have had many care agencies over the years and I would say Abicare is this best! I would thoroughly recommend them."

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present during the hours of 06.00 until 22.00 each day to manage and address any concerns raised. Staff confirmed there was an efficient and responsive on-call system and all staff were provided with mobile phones.

The registered managers and staff described the use of 'smart phone' technology for monitoring staffs whereabouts. Staff explained they 'logged in and out' of each person's home which linked them to a computer system in the office. We saw how any 'missed calls' would appear on the computer screen. The registered managers said this new system has resulted in no missed calls.