

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 ●

Summary of findings

Overall summary

About the service: Abicare Services Limited – Bradford-on-Avon is a domiciliary care agency that provides personal care to people in their own homes.

People's experience of using this service:

People told us they were happy with the service they received. They said staff treated them with respect and promoted their privacy, dignity and independence.

People felt safe and were supported by staff who knew them well.

There were enough staff to support people. Staff arrived on time and there were no concerns of support being missed.

Medicines were safely managed. Staff had received training in the safe administration of medicines and their competency was assessed every year.

Risks to people's safety were identified and measures taken to minimise them. Accidents and incidents were appropriately reported and, reviewed to minimise further occurrences.

People were fully assessed and able to discuss their preferences, before being offered a service. This enabled their needs to be met safely and effectively.

People had support with meal preparation and to keep their home, clean and tidy if required.

People were encouraged to make decisions and were involved in developing and reviewing their support plans.

People were encouraged to give their views about the service they received. This was through annual surveys, telephone conversations or within reviews of their support.

People knew how to make a complaint although none had been made recently. Day to day concerns were quickly resolved but there was not an overview of the concerns raised. A system was being developed to enable this.

Staff were well supported. They regularly visited the office for informal support, and attended group meetings and one-to-one meetings, with their supervisor. The one-to-one meetings enabled staff to discuss their work and any concerns they might have.

Staff received a range of training, which included topics such as moving people safely and those related to people's health conditions.

There were a range of audits, which assessed the quality and safety of the service.

The registered manager had clear expectations regarding the standard of support people should receive.

There was a caring ethos which was based on enabling, empowering and promoting independence. These values were adopted throughout the staff team.

Rating at last inspection: At the last inspection on 27 October 2016, the service was rated as Good. The report of this inspection was published on 25 November 2016.

Why we inspected: This was a planned, comprehensive inspection, based on the rating at the last inspection.

Follow up: We will monitor all intelligence about the service and complete another inspection in line with this and our frequency of inspection guidance.

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

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Abicare Services Limited - Bradford-on-Avon

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was undertaken by one inspector and an expert 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: Abicare Services Limited Bradford-on-Avon is a domiciliary care agency that provides support to people in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit to ensure the registered manager would be available to assist with the inspection.'

What we did:

Before the inspection, we reviewed information we had received and held about the service. This included statutory notifications sent to us about events and incidents that had occurred at the service. A notification is information about important events which the service is required to send us by law.

We visited the office location on 17 April and 3 May 2019, to see the registered manager and staff.

We reviewed people's support plans and associated care records and information relating to the management of the agency. This included quality auditing and staff recruitment, training and supervision. To gain feedback about the service, we spoke with six people, one relative and two health and social care professionals on the phone.

Is the service safe?

Our findings

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

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

Using medicines safely

- There was a list of people's medicines, with clear instructions for their use. However, the information was hand written and not countersigned by another member of staff. This increased the risk of error, as the information may have been inaccurately written.
- Records showed staff had given people their medicines although there were a few gaps in the signing of the medicine administration records. A senior manager told us this was often due to the person not having staff support at that time, or because the person's family had administered the medicines, rather than staff. They said a code would be introduced, to reflect these circumstances.
- Support plans showed the assistance people needed with their medicines. For example, one person preferred to take their medicines on a spoon whilst another liked theirs with lemonade.
- The medicine administration records formed part of each person's monthly communication log. This made them easier to use, which minimised the risk of error.
- Staff had received training in the safe administration of medicines and their competency was assessed each year.

Assessing risk, safety monitoring and management

- Risks to people's safety had been identified. This included the risk of falling, soreness of skin and not being able to communicate discomfort. Records showed one person had difficulties with their swallowing. There was clear guidance for staff, to minimise the risk. This included, ensuring there were "no bones in the food and it was cut up into small pieces, without being too hot".
- Staff told us they would inform office staff, if any concerns were identified whilst supporting a person. These were discussed with the person or their relative if appropriate. Staff monitored the person at their next visit or if needed, an additional visit would be arranged to ensure safety.

Staffing and recruitment

- The registered manager told us there were enough staff to support existing care packages. They said more staff were being recruited to increase capacity and enable the service to grow.
- Staff retention was good. There was a stable staff team, with little change or sickness absence. This enabled a reliable service.
- Staff told us they were allocated time to travel between visits, which meant they arrived to support people on time. They said they were rarely rushed and had enough time with people. The registered manager told us they did not want staff to feel stressed and rushed, as this would negatively impact on people's support.
- The registered manager told us there were "clusters of staff" in all areas which enabled people's support to be allocated and undertaken more efficiently.
- Senior managers reviewed capacity each week, to ensure people's visits were safely covered.

- People told us there were enough staff to support them. One person said, "I always have the right amount of carers to cover all the shifts. There has been a time when my carer was taken ill. Abicare called to let me know and asked for my permission to send a different carer."
- Appropriate recruitment checks were undertaken before a new member of staff was appointed to work at the agency.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when being supported by the service. Specific comments included, "I'm in good hands", "They have never been rude or over friendly" and, "I always feel safe and trust my carers implicitly."
- A relative told us they had no concerns about their family member's safety. They told us, "There is a real element of trust. I trust them with [my family member's] care but also in their house, with their belongings."
- Any suspicion or allegation of abuse was taken seriously and appropriately reported. Staff were removed from supporting a person, if abusive attitudes such as racism, were experienced.
- The registered manager and a senior manager told us any form of abuse would not be tolerated.
- Staff had completed up to date training about keeping people safe and had a good understanding of safeguarding. Staff were aware they could raise a concern within the organisation and with the local safeguarding team.
- Information about safeguarding was readily available for staff to refer to when needed. This included the staff handbook, which each staff member had a copy of.
- Safeguarding was revisited in forums such as staff meetings and one to one staff supervision sessions.

Preventing and controlling infection

- Infection control training formed part of the provider's mandatory training programme. Records showed all staff had completed this.
- Clear information about preventing and controlling infection was available to staff.
- Staff told us they collected supplies of disposable gloves and aprons from the office when needed.
- People's support plans detailed any areas staff needed to be aware of. Some information showed cleaning tasks and how they should be undertaken. This included leaving the microwave door open after use to minimise any condensation.
- People were happy with the level of cleanliness staff provided. One person told us, "Everything they do around the home is to my expectations. They leave my home immaculate." A relative told us staff had made a real difference to the cleanliness of their family member's home.

Learning lessons when things go wrong

- Any accidents and incidents were reviewed to ensure measures were put in place to minimise further occurrences. For example, one member of staff had tripped over a person's rug. An investigation identified the staff member had not been wearing the most appropriate footwear. This was addressed, and the agency's dress code was revisited with staff.
- Senior managers met each week to review accidents, incidents and quality auditing reports. This ensured appropriate action had been taken, and trends were monitored across the organisation.

Is the service effective?

Our findings

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

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

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- At the last inspection, a recommendation was made to develop practice in line with the MCA. In response to this, staff had received training and given small cards to carry. The cards detailed the five principles of the MCA, which could be referred to as needed.
- People told us they were encouraged to give consent and make decisions about their support. One person told us, "They encourage my choices and independence." Another person said, "They encourage my independence and remind me that I'm still in control of my decisions."
- A relative told us staff had contacted various health care professionals, to discuss and agree the best ways to support their family member. This was to ensure a consistent and encouraging approach could be followed when there was resistance to personal care.
- The registered manager told us those people who received a service from the agency had capacity and were able to make day to day decisions.

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

- People were fully assessed before being offered a service from the agency. This ensured their needs could be met effectively.
- People told us they were given the opportunity to discuss their needs, preferences and expectations. One person told us, "I was asked what kind of support I needed and if there were any specialist requirements of care that I needed support with." This person told us they were also able to say how many staff they needed, and the periods of the day they found most difficult.
- Staff told us before any support was provided, they accompanied the registered manager to meet people with complex needs. This enabled further assessment and helped staff to become familiar with the person and their needs.

Staff support: induction, training, skills and experience

- Staff who were newly appointed and new to the caring profession, completed six days of training and worked alongside more experienced members of staff before working on their own. Those staff who had previous experience, were "fast tracked" and completed training in line with their needs.
- Staff had completed a range of training deemed mandatory by the provider. Such topics included moving people safely and basic first aid, as well as topics related to older age and people's health conditions.

- Different formats of training were arranged to meet staff's learning styles and to maintain interest. A digital system had recently been introduced to enable staff to learn in "bite size" pieces, when they had spare time available.
- Records showed staff received one-to-one meetings with their line manager to discuss their role and performance. There were also discussions on different topics such as stress awareness.
- Appraisals, where staff reflected on their work performance with their supervisor, had taken place for some staff in a timely manner. The registered manager told us focus was being given to those appraisals that were late being completed.
- The registered manager told us clear focus was given to looking after the staff, so they did the "very best for people." Staff confirmed this and said they felt well supported. One member of staff told us, "They're a good company to work for, they really care about us and the clients."
- Staff's birthdays, good practice and individual strengths were celebrated, which enhanced staff morale. There was a framed picture in the office of those staff who had worked hard to deliver people's support in the snow, earlier in the year.
- Staff told us they could "pop in" to the office at any time, for support or advice. One member of staff told us the service had "Keeping in touch" and "Welcome back" days. These were undertaken to help staff return to work following absences, such as maternity leave.

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

- Information within support plans showed the support people needed with preparing meals.
- Staff offered people a choice of meal, dependent on what was available in their home.
- Guidance was sought from the GP or dietician, if there were concerns about a person's eating or drinking. The registered manager told us staff had successfully supported one person to gain weight. They said ways to encourage the person to eat were discussed with individual staff and within staff meetings.
- Staff prepared snacks and drinks to leave with people, so they could have them later. One person told us, "My carer puts biscuits or other snacks on the table beside me, some water and any books or magazines and remote control. Then leaves."

Staff working with other agencies and healthcare services to provide consistent, effective, timely care and access to healthcare support

- The registered manager told us they had established relationships with health and social care professionals. They said they had recently been invited to community multi-disciplinary meetings. This enabled them to learn more about people's needs and amend any support if needed.
- Records showed referrals to health and social care professionals had been made as required. This included requesting an occupational therapist to visit a person, to review the equipment they were using. Other people had been referred to the speech and language team and tissue viability specialists.
- The registered manager told us staff undertook some joint-working with health and social care professionals. This included visiting a person with a physiotherapist from the neurology team and working with community nurses.
- A health and social care professional told us staff were very good at identifying a deterioration in a person's health. They told us any concerns were appropriately reported in a timely manner.

Adapting service, design, decoration to meet people's needs

- People received support to tidy and clean their home if needed. This support was documented within people's support plans.
- The registered manager told us staff had successfully contacted local retailers to ask if they would donate carpets, to make a person's home more comfortable.

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

Good: 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

- The registered manager and senior managers said they had an excellent staff team, who cared about people's wellbeing and were enthusiastic about their role. They told us, "They are so caring and committed. They're amazing." A health and social care professional confirmed this. They told us staff were really caring and had "brilliant rapports with people."
- People were complimentary about the staff who supported them. One person told us, "I can be sullen and stubborn sometimes, and [staff] will nag me in the most positive way." Another person said, "The carers handle my care very seriously. They are not dismissive to any need I have or say it can wait till the next time. They are very attentive to detail and to my requests and needs, without question."
- Staff showed a caring approach and told us they enjoyed their role. They said they liked working with people and making a difference. One member of staff told us, "Each member of staff gives a little bit of themselves. We use our different strengths to support the person as a whole. I always make sure I've read the news, so I can talk about it with one person, whilst another member of staff will do something else."
- The office staff showed a caring and friendly approach when answering the telephone. This included, "Hello [person's name]. How can I help you today?" They engaged and empathised with the person and told the person to "Take care", or "That's not a problem [Person's name]."
- Managers told us staff respected equality and diversity, as a matter of course. A member of staff confirmed this and said, "I always see the person not the disability."
- Records showed staff had received equality and diversity training.

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

- People were involved in the development of their support plan and its review.
- People were encouraged to complete an annual satisfaction survey to give feedback about the service they received.
- The registered manager told us telephone calls were made to people to ensure they were happy with their support.
- People were able to amend their support or request a different member of staff if needed. The registered manager told us the person's wishes would be respected and acted upon.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful of their privacy and dignity. One person told us, "They are very respectful. I don't feel exposed or embarrassed to be seen by them in such a personal and vulnerable position. In fact, feeling vulnerable is definitely a feeling I've never felt in their care."
- Staff were knowledgeable when talking to us about people's rights. They said promoting privacy, dignity

and independence were key to all support, and they always promoted this.

- People's support plans detailed the individual's preferred name, their interests and preferences. This promoted respect and enabled staff to promote engagement, which in turn promoted dignity.

Is the service responsive?

Our findings

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

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

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

- People were happy with the support they received. They said staff arrived at the agreed time and there were no concerns about staff being late, or not turning up. One person told us, "Everything is done in that time and they always ask if there is anything else needed before they leave." Another person said, "[The staff] are great. Credit where credit is due, they go all out to make sure they have done everything they can, and that I need them to do."
- People were allocated a small team of staff to support them. This ensured consistency and established relationships. One person told us, "When I feel down they pick up on it and we talk about the subjects that make me happy. I find it highly stimulating."
- Staff told us people's visits were efficiently coordinated. They said they had enough time with people, including time to chat. Staff were aware they might be the only person the individual saw all day.
- A health and social care professional told us staff had worked "amazingly well" with one person who had very complex needs. They said staff were also very proactive. This included taking action to minimise the risk of pressure ulceration. A relative was also complimentary about the care their family member received. They told us, "One of the staff actually sat with [family member] and they had Christmas lunch together. They didn't just put it in the microwave and leave."
- Staff told us they focused on the whole person, rather than just the individual's physical needs. After talking to us, a member of staff was going to take fish and chips to a person and their friend. Another member of staff told us, "I always scan the room when I go in, particularly with new people, and select something to talk about." They said this helped put the person at ease, develop their confidence and the enhance relationship.
- The registered manager told us staff often went the "extra mile" with people. They said one member of staff helped a person, who was anxious, to get ready for their planned respite stay. Other staff supported a person whilst in hospital, to improve their wellbeing and aid their discharge.
- The registered manager told us staff were 'matched' to people in relation to their skills, interests and personality. This was intended to maximise the success of people's support.
- People had a support plan in place that showed the individual's needs, preferred routines and the support they required. The information also showed what was important to the person, such as wearing jewellery and perfume.
- Whilst information within support plans was detailed, it was not always written in an empowering way. For example, one record stated, "Assisted with feeding" and, "To dress [person] in her chosen clothes."

End of life care and support

- The registered manager told us staff were able to support people at the end of their life but at the time of the inspection, no one required this type of care.

- Staff told us additional time would be arranged for them to stay with a person until they passed, if no family were available.
- End of life training formed part of the organisation's training programme.
- The registered manager told us staff were given time to go to the person's funeral if they wanted to.

Improving care quality in response to complaints or concerns

- People knew how to raise a concern or make a formal complaint.
- The registered manager told us they aimed to resolve any concerns quickly and efficiently, to minimise the risk of them escalating into formal complaints.
- Staff told us they would have no hesitation in raising a concern and said there were a range of people within the organisation they could talk to. Staff felt they would be listened to and their concerns would be satisfactorily addressed.
- One formal complaint had been made, which had involved the billing of a person's support.
- The complaint procedure showed a positive approach to managing complaints. The information started by saying, "All complaints will be treated with the utmost confidence and sensitivity."
- A health and social care professional told us there were very clear channels to raise anything that "cropped up". They told us things were dealt with quickly and appropriately.

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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was passionate about the quality of the service to be provided.
- A range of audits were in place to monitor the safety and quality of the service. This included monitoring the times and duration of people's support and staff practice, whilst working with a person.
- Action was quickly taken to address any day to day concerns, but there was not a clear overview of the concerns raised. A senior manager told us a system would be developed to address this.
- There were a range of communication systems which enabled staff to be fully supported and kept up to date with information. This included staff meetings and an app on each staff member's phone, which was used for general messages. Staff told us the app was "really useful" and "worked well."
- Any significant incidents, accidents or allegations were appropriately reported to the Care Quality Commission and local safeguarding team.

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

- The registered manager had undertaken their role since August 2014. They were readily involved in the day-to-day management of the service. This included undertaking some people's support and taking part in the "on call" rota.
- Staff were complimentary about the registered manager. Specific comments were, "[Registered manager] is very approachable and will sort things out. She looks after us" and, "She's great and will help out on calls if needed. She's calm and never gets ruffled." One member of staff told us, "She's absolutely lovely but can be too soft sometimes. She tries to please everyone."
- There was a clear ethos of enabling, empowering and promoting independence. This was adopted throughout the staff team.
- Staff told us they enjoyed working for the agency and would recommend the service to a family member, if they needed such support.

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

- The registered manager gave examples of how people's diversity was respected and promoted. This included only sending a member of staff of the same gender to a person because of their nationality and beliefs.
- A senior manager told us the service had a very diverse staff group, whose individual needs were

respected.

- Social events were arranged for people who used the service. Other members of the community were invited to attend, to enhance integration and address loneliness.
- The registered manager told us people's wishes outside of their usual support were being considered. This included accompanying a person to an animal park. Staff had researched the options available to support the person with their mobility whilst there.
- Fundraising events, such as "Dress Down Friday" were undertaken to raise money for local charities. A local food bank was recently supported.

Continuous learning and improving care

- The registered manager regularly met with senior managers and other registered managers within the organisation. This was to gain support, share best practice and enhance learning.
- Senior managers told us they regularly spent time in the office, to engage with the staff team. They said they celebrated good practice, as well as "trouble shooting" and helping services prepare for CQC inspections.
- The registered manager told us they undertook training, read various journals and visited ` websites to enhance their learning.
- Senior managers told us the newly introduced phone app, had brought staff together as a team and enabled them to solve any difficulties, through helping each other. The app was also used to share information such as hot weather alerts and guidance for driving safely in poor weather conditions.
- There was a research team within the organisation, which supported the agency with trying new systems and technology. This ensured any format introduced was "fit for purpose". It was hoped the service would soon be paperless, with greater focus on electronic recording systems.

Working in partnership with others

- The registered manager told us they had established positive links with local authorities and community teams.
- There were plans to offer training courses, such as living with dementia, to people's relatives. This was to enable greater understanding, and to meet others and gain support.
- A senior manager told us some staff had assisted another service, within a different part of the country, when they had experienced staff shortages. They said staff willingly undertook people's support and stayed overnight in hotels to do so.