

Abicare Services Limited

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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

We undertook an announced inspection of Abicare Domiciliary Care Agency (DCA) on 25 January 2017. We told the provider two days before our visit that we would be coming.

Abicare provides personal live in care services to people in their own homes. At the time of our inspection 44 people were receiving a personal care service.

At the previous inspection on 26 and 27 January 2016 we found the service was not always deploying staff effectively to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014, which relates to staffing.

At this inspection we found that the service had made significant improvements to address the areas of concern and bring the service up to the required standards. Staffing rotas confirmed and people told us there were enough staff to meet people's needs.

The service had a registered 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.

People told us they were safe. Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff had completed safeguarding training.

The service sought people's views and opinions and acted upon them. People and their relatives told us they were confident they would be listened to and action would be taken if they raised a concern. Where risks to people had been identified risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe.

People received their medicines as prescribed. Records confirmed where people needed support with their medicines, they were supported by staff that had been appropriately trained.

Staff spoke positively about the support they received from the registered manager. Staff had access to effective supervision.

People were supported by staff who had the skills and training to carry out their roles and responsibilities. People benefitted from caring relationships with the staff who had a caring approach to their work. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

The registered manager and staff understood the Mental Capacity Act (MCA) 2005 and applied its principles

in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves.

Staff and the registered manager shared the visions and values of the service and these were embedded within service delivery. The service had systems to assess the quality of the care provided. Learning from audits took place which promoted people's safety and quality of life.

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment.

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. There were sufficient staff to meet people's needs.

People told us they felt safe.

Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.

People received their medicines as prescribed.

Is the service effective?

Good 

The service was effective.

Staff had the training, skills and support to meet people's needs.

People were supported by staff who had been trained in the MCA and applied it's principles in their work.

The service worked with other health professionals to ensure people's physical health needs were met.

Is the service caring?

Good 

The service was caring.

Staff were kind and respectful and treated people with dignity and respect.

People benefited from caring relationships.

The staff were friendly, polite and compassionate when providing support to people.

Is the service responsive?

Good 

The service was responsive.

People's needs were assessed to ensure they received personalised care.

Staff understood people's needs and preferences.

Staff were knowledgeable about the support people needed.

Is the service well-led?

Good ●

The service was well led.

The manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

There was a whistle blowing policy in place that was available to staff. Staff knew how to raise concerns.

The service had a culture of openness and honesty.

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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 was 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 24 January 2017. It was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in. This inspection was conducted by one inspector.

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 looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

We spoke with five people, three relatives, five care staff, two community team supervisors, the quality assurance officer, the regional manager and the registered manager. We looked at 10 people's care records, six staff files and medicine administration records. We also looked at a range of records relating to the management of the service.

Is the service safe?

Our findings

At our previous inspection on 26 and 27 January 2016 we found that the service did not deploy its staff effectively and that the service was regularly late for its visits. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Since our last inspection we found the service had made improvements to staff deployment. Staffing rotas confirmed, there were enough staff to meet people's needs. People told us there were enough staff to meet people's needs. Comments included; "They are very professional and always on time", "If they are running late then they let me know" and "They turn up when they are supposed to". A relative we spoke with told us, "Occasionally they may be a little late if they have had problems with traffic. But generally we don't have any concerns". One staff member we spoke with told us, "Staffing levels are really good at the moment, we've got loads of staff". Another staff member told us, "Staffing is really decent at the moment".

The service had introduced an electronic telephone monitoring system to manage care visits. The system logs staff in and out of people's homes and alerts the service if staff were late. The registered manager told us and records confirmed that the service regularly monitored its visits. Records confirmed that there had been no missed visits.

People told us they were safe. One person told us, "I feel very safe when they are around." Another person told us, "Oh yes I am safe". Relatives told us that people were safe. One relative told us, "We don't have any concerns with the (staff)".

Staff were aware of types and signs of possible abuse. Staff had completed safeguarding training and understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff we spoke with told us that if they had any concerns then they would report them to the registered manager. Staff comments included; "I would initially tell my (senior)" and "I would tell [registered manager] straight away".

Staff were also aware they could report externally if needed. One staff member told us, "I would report it straight to social services". Another staff member said, "I would contact the safeguarding team at Swindon borough Council".

Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person was assessed as being at high risk of falls. This person's care record gave guidance for staff to mitigate the risk to the person by ensuring that the person's walking aid was always within reach.

Another person was at risk of demonstrating behaviour that may challenge whilst being supported during personal care. This person's care record gave guidance for staff on how to mitigate this risk. This included ensuring that two staff members were present to support during personal care. Staff we spoke with understood and followed this guidance.

Accidents and incidents were recorded and investigated. For example, one person had injured themselves as a result of a fall. The service took immediate action in updating this person's risk assessment and contacting healthcare professionals for guidance in order to mitigate any future risks.

Where people had been assessed by district nurses as at risk of pressure ulcers, care plans and risk assessments were in place. Records confirmed that people were repositioned in line with the guidance from healthcare professionals. Records contained guidance for staff on what action to take if they had further concerns in relation to pressure damage. For example, one person's care records contained details of a district nurse and reminded staff to 'contact [district nurse] with any concerns.- immediately'. We also noted that this person's care records highlighted the importance on making sure that the person had access to fluids in order to support them to keep hydrated. Staff we spoke to were aware of these risks and what action to take to mitigate the risks associated with pressure ulcers.

Where people needed support with taking their medicines we saw that medicine records were accurately maintained and up to date. Records confirmed staff who assisted people with their medicines had been appropriately trained and their competency had been regularly checked.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised in people's homes. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role. One new member of staff we spoke with told us, "I could not start until my checks came back".

Is the service effective?

Our findings

People we spoke with told us staff were knowledgeable about their needs and supported them in line with their support plans. One person told us, "They know me very well. They certainly come across as knowledgeable".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff completed training which included moving and handling, safeguarding, MCA, fire safety, infection control, first aid, dementia and pressure care. Staff told us that the training supported them in their roles. Comments included; "I like the training", "We always get regular updates", "It's really good training, it made me feel supported" and "It's alright. I did learn a lot from it".

Staff told us and records confirmed that staff had access to further training and development opportunities. For example, staff had access to national qualifications in care. One staff member we spoke with told us "I have just finished my level two and now I am going to start my level three".

Staff told us, and records confirmed they had effective support. Staff received regular supervisions. A supervision is a one to one meeting with their line manager. Supervisions were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. For example, one staff member we spoke with told us, "I like supervision. If you get complacent then there is someone to tell you to sort it out. On the other hand if you are doing something good then that is highlighted to you". Staff we spoke with told us they felt supported. One staff member told us, "I feel supported by my seniors. They do a good job". Another staff member said, "[Registered manager] is really supportive. She sorts things out and she always gets back to you".

Staff were also supported through spot checks to check their work practice. Senior staff observed staff whilst they were supporting people. Observations were recorded and feedback to staff to allow them to learn and improve their practice. Observations were also discussed at staff supervisions.

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and to report our findings. The 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. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected. They told us, "We always assume capacity until it is proven otherwise".

People were supported by staff who had been trained in the MCA and applied its principles in their work. All staff we spoke with had a good understanding of the Act. One staff member told us, "It's there to protect people from harm and protect people's rights". The staff member then described how they had recently had concerns about a person's capacity in relation to (decision). The staff member contacted the person's family, G.P and social worker. As a result, a capacity assessment was carried out. The service then worked

closely with the person's family and professionals in carrying out a best interests meeting. We noted that this was recorded in the persons care records.

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. People either bought their own food or families or staff went shopping for them. People had stipulated what nutritional support they needed. For example, one person had stated that they needed staff to remind them to drink plenty and for staff to offer a choice of foods. This person's daily record's confirmed that staff followed these requests.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, occupational therapists, mental health teams and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans.

Is the service caring?

Our findings

People told us they benefitted from caring relationships with staff. Comments included; "They really look after me", "They are very lovely" and "The staff are wonderful". Relatives we spoke with told us, "They are amazing", "The care is great" and "I can't fault the care"

People told us staff were friendly, polite and respectful when providing support. Comments included; "They are very polite. We get on great", "They are very friendly and we always have great conversations" and "They look after me well".

Staff were enthusiastic about supporting people. Staff comments included; "I like finding out about people", "I sit down with [person] and make (person) a cup of time and we have a chat. That's what I love doing and that's what I love about this job" and "It's rewarding knowing that you have made a difference to someone's day".

People told us they were treated with dignity and respect. Comments included; "They always cover me up", "They treat me like a human being. They are very professional all of the time" and "I don't have any concerns with the way they are with me".

We asked staff how they promoted people's dignity and respect. Staff comments included; "We must respect people's choice and wishes", "I use a towel to cover people up when they are seated", "Make sure bathroom doors and windows are shut", "It's simple. You treat people how you want to be treated" and "You must not leave people naked. You must respect what people ask for, it puts them in control. It's their care package at the end of the day. Not ours".

Staff we spoke with told us the importance of informing people of what was going to happen during care. One staff member said, "It's important because it gives the client a sense of control". Another staff member told us, "It keeps people feeling comfortable and respected".

People told us they felt involved in their care. One person told us, "I feel very much involved. They are great". One relative told us, "They always involve us".

People were supported to remain independent. One staff member described how they had recently supported a person to maintain their independence in carryout personal care tasks for themselves. The staff member told us, "It's important, so [person] feels in control and that everything has not been taken away from him" Staff we spoke with told us how they supported people to do as much as they could for themselves and recognised the importance of promoting peoples independence. Comments included; "No matter what task you are doing, you involve people and get people to do what they can for themselves. It gives back the feeling of being in control", "It helps people feel good about themselves" and "It provides people with a worthwhile feeling".

The service ensured people's care plans and other personal information was kept confidential. People's

information was stored securely at the office and we were told copies of care plans were held in people's homes in a location of their choice.

Is the service responsive?

Our findings

People's needs were assessed prior to accessing the service to ensure their needs could be met. People had been involved in their assessment. Care plans contained details of people's preferences, likes and dislikes. For example, care plans contained a document titled 'who am I'. This captured person specific information that included people's previous employment, personal care preferences and important people in their lives. Staff we spoke with were knowledgeable about the person centred information in people's care records. For example, one member of staff we spoke with told us about a person's previous employment and the person's dislikes. The information shared with us by the staff member matched the information within the person's care records.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person had difficulties with hearing. Guidance within this person's care record highlighted that staff should maintain eye contact with the person and to speak slowly. The person's care records also reminded staff to allow the person to speak without interrupting them.

Another person's care records highlighted the person liked to sit by the window after receiving personal care so they could enjoy their surroundings. Staff we spoke with were aware of the guidance in people's care records and told us they followed it.

Care records contained details of people's medical histories, allergies and on-going conditions. Care plans had been developed from the information people provided during the assessment process. Care plans were updated regularly to ensure the information was accurate. People we spoke with told us that their care was regularly reviewed by the service. One person we spoke with told us, "We go through my care plan every now and then. We have a conversation about what's going on".

The service was responsive to people's changing needs. For example, following a medical diagnosis and a change in a person's dietary requirements the service had worked closely with the person's G.P and local authority to ensure that this person's care needs were being met. As a result, the service arranged for an additional care visit to be put in place to ensure that this person was supported effectively.

The home sought people's views and opinions through quarterly satisfaction surveys. We observed that the responses to the recent survey were positive. We noted that the registered manager had sent the satisfaction survey earlier than usual. We spoke with the registered manager about this and they told us, "We have made a lot of differences and I wanted to see how we were doing". This demonstrated that the registered manager valued the views of people in developing the service. One person had responded to the survey and asked if their visit could be carried out at a later time of the day. Records confirmed that the service had carried out this request.

People knew how to raise concerns and were confident action would be taken. The service's complaints policy was available to all people, and a copy was kept within people's care records. Records showed there had been four complaints since our last inspection. These had been dealt with in line with the provider's

complaint procedure. One person we spoke with told us, "I haven't made a complaint yet, but I'm sure they would do something if I did".

Is the service well-led?

Our findings

Staff spoke positively about the registered manager. Comments included; "[Registered manager] is friendly and approachable", "[Registered manager] is a marvellous mentor. She listens and she is always there for you", "She is a really good manager" and "I think [registered manager] does a smashing job".

The registered manager told us their visions and values for the home were, "For our clients to be in control and able to adapt their care packages to suit their ongoing needs" and "For clients to feel empowered and feel comfortable in approaching us with any concerns. The registered manager also told us, "We are at a good point now and we have a good starting point to expand and make the service even better". There was a positive and open culture in the office and the registered manager was available and approachable.

Regular audits were conducted to monitor the quality of service. These were carried out by the registered manager and the provider. Audits covered all aspects of care including, care plans, risk assessments and medication. Information was analysed and action plans created to allow the registered manager to improve the service. For example, following a recent medication audit the registered manager identified that they had not received all of the MAR charts for people. They then raised this with staff and as a result they requested that MAR charts were returned to the office on a more regular basis to support the registered manager in their auditing and monitoring the quality of the service.

The service was continually looking to improve. For example, following feedback from staff, the registered manager and provider decided to change the way they captured information about people's daily care needs. The new way of working improved the information that was recorded within people's daily notes and reduced the amount of time that it took for staff to complete the documentation. We spoke with the registered manager about this and they told us, "It was a result of feedback from care staff, we were looking at ways to improve the quality time that we spend with clients".

The registered manager had introduced a mechanism called "The butterfly award" to highlight good practice within the staff team. Each month a staff member received the award. The registered manager told us, "We do it to demonstrate recognition of commitment and willingness that staff have to support the team. It encourages the team to succeed. We spoke with one member of staff who had recently been awarded with a 'butterfly scheme certificate'. They told us, "It's important to be recognised as doing a good job. It encourages you to strive to do the best you can for the service and the clients".

Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. One staff member told us, "I would certainly have the confidence to do it if I needed to".

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the service had informed the CQC of reportable events.

The service worked in partnership with visiting agencies and had links with G.P's, district nurses and local authority commissioners of the service. Records of referrals to healthcare professionals were maintained and any guidance was recorded in people's care records.