ABK Caring Service 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

The inspection took place on 31 January and 1 February 2017 and was announced.

ABK Caring Service Ltd is a domiciliary care service that provides personal care to people living in their own homes. They predominantly provide a service for older adults, some of whom may be living with dementia or may have a physical disability. The service does not provide nursing care. At the time of our inspection there were 53 people using the service.

There was a registered manager in post. 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. The registered manager had appointed a general manager to assist them in the daily running of the service.
The general manager was enthusiastic and people who used the service and their families told us they ensured there was a good quality of care. They worked alongside staff and so were able to respond promptly to concerns. The general manager was focused on continually improving the service and was introducing a number of changes to ensure people's safety and wellbeing was promoted.

Staff felt well supported in their role and had varied opportunities to develop their skills and knowledge. People were able to make choices about the support received. The service was meeting its responsibilities under the Mental Capacity Act. People were supported to maintain a balanced diet and to maintain good health. Staff supported people to access health care professionals, where necessary.

People were supported to receive their medication safely. Risk was well managed and there were sufficient staff to meet people's needs. The provider had a robust recruitment process which helped protect people from the risk of avoidable harm.

Staff took time to get to know people well and had developed good relationships with them. The care which was provided was personalised and in line with people's preferences. People's concerns were dealt with effectively and they felt able to speak to the general manager and other senior staff when they wanted to discuss any issues with the support they received.

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.

The service managed risk in an effective and practical manner

There were enough staff to meet people's needs

Staff enabled people to take their medicines safely.

Is the service effective?

Good

Staff had varied opportunities to develop their skills in line with the needs of the people they supported.

People were enabled to make their own choices about the care they received.

Staff supported people to maintain a balanced diet of their choice and to access health and social care services when required.

Is the service caring?

Good

The service was caring.

Staff took time to get to know people well and treated them kindly and with respect.

People were supported to remain independent.

Is the service responsive?

Good

The service was responsive.

Support was personalised and responded to individual needs.

People's needs were reviewed regularly.

When concerns were raised people received a personalised response.

Is the service well-led?

Good

The service was well led.

The registered manager provided advice to the general manager who led the service in a practical and effective manner.

The general manager communicated well with the staff team who were all aware of their roles and responsibilities.

The general manager had a good oversight across the service.

ABK Caring Service Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 31 January and 1 February 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to give us access to paperwork and respond to our queries.

The inspection team consisted of one inspector.

On the day of the inspection we visited the agency's office and met with the registered manager who was based part time at the service. We also met the general manager who was responsible for the day-to-day running of the service, referred to in the report as 'the manager 'and other office staff. We visited the home of three people who used the service and met with them and their families plus the staff supporting them on that day. We spoke on the phone to three people who used the service, three staff, two family members and one friend. We also contacted one professional to ask them their views regarding the support people received from the service.

We reviewed all the information we had available about the service including notifications sent to us by the manager. Notifications are information about important events which the provider is required to send us by law. We also looked at information sent to us from others, including family members and the local authority.

We looked at five people's care records and four staff records. We examined information relating to the management of the service such as health and safety records, personnel and recruitment records, quality monitoring audits and complaints.

Good

Is the service safe?

Our findings

We received very positive feedback from people and their families about how safe they felt with the staff who supported them. One person told us, "Goodness me, I can trust them with my life." Another person said, "If there was a slightest worry you would know as my family are very diligent."

The service managed risk well and staff had a practical approach to supporting people to keep safe. For example, we saw during a visit a member of staff chatting to a person about being careful not to apply cream on their feet just before going to have a shower. It was clear this was a regular conversation and part of the on-going support provided.

Care plans and risk assessments were in place which supported this practical style of support. A care plan asked staff at each visit whether a person with a sight impairment was wearing appropriate clothing and footwear. This would help them minimise the risk of getting cold or tripping over in their home.

Staff responded promptly and care plans were kept up to date when people's needs and risks changed. We saw that a risk assessment had been amended when a person's needs had changed after a stay in hospital. - When a member of staff became concerned about a person being at risk of pressure sores, they had raised their concerns with the district nurses.

Where people had complex needs staff received advice from outside professionals. For example, occupational therapists for advice on safe manual handling techniques. Staff had worked together with an occupational therapist to make sure they were supporting one person safely when using a hoist.

The service had a particularly strong focus on risk assessing for manual handling. Other risks were reviewed more broadly as part of the general review process. When we raised this with the- manager they started the process of broadening the manual handling risk form to include other areas of risk, - for example, risk from financial abuse.

There was a good balance of risk and respect for people's right to make their own decision. We read an incident in a person's notes where the person was refusing care, which would leave them at risk. The notes clearly described how staff had gently encouraged the person to receive care, but when this did not succeed they raised their concerns with the on-call coordinator who contacted the relevant outside professionals.

Staff had completed the relevant training in safeguarding and knew who to speak to within the service and which relevant external professionals to contact if they had concerns.

Recruitment processes were in place for the safe employment of staff. The recruitment procedure included detailed application forms, checking references and completing a comprehensive employment interview. Office staff checked the applicant's proof of their identity and right to work and carried out disclosure and barring checks (DBS) for new staff to ensure they were safe to work with vulnerable adults. Staff told us that they had only started working once all the necessary checks had been carried out. We looked at recruitment

files for four staff and noted that the provider's procedures had been followed.

We were told by the registered manager that recruitment of new staff was a challenge in that area but that they remained committed to employing good quality staff. To ensure people remained safe the registered manager made safe decisions about how much care they would provide to ensure people's needs could still be met by the existing staff. We were told that a few months prior to our inspection there had not been enough staff to meet the existing care packages and we saw that the registered manager had responded effectively and promptly to address the situation.

People and families recognised the service had improved staffing and timekeeping. Whilst some people said punctuality could still be an issue there was an understanding that staff were providing care over a large rural area and there were generally valid reasons where staff run late. Rotas were well planned and allowed for adequate travel time. We were told staff were not rushed when providing care and we had no concerns raised with us regarding missed visits. There was a commitment to ensuring people were not let down if staff were not available. One person told us, "When the girls from Burnham couldn't make it someone came all the way from Southminster on the train to visit me."

People and their families described how staff supported them safely with taking their medicines. Staff understood the risks of a person not taking their medicines, for example due to memory loss. We saw on a person's notes that the member of staff had recorded that they had watched while the person took their medicines in front of them. Notes of a recent staff meeting instructed staff to record on the care notes if they did not actually see a person take their medicines. This demonstrated a commitment to safety and to ensuring staff received clear advice about their responsibilities in this area.

The service had recently improved the recording of their medication so staff now completed a MARS (medicine administration record sheets) for people. Prior to this staff had written in the care records when there had been support with medicines but with the improved system it was now easier to monitor and check what medicines had been administered. This was a safer process, for example if a person was admitted to hospital in an emergency it would be clearer exactly what medicines they had taken.

When we spoke to staff they knew the medicines people were on and any risks from taking other medicines, for example a member of staff told me a person could not have aspirin due to their health needs. There were not individual written protocols in place for when people needed medicines administering on an 'as needed' basis, such as for pain relief, however this was being implemented as part of the overall improvements in medicine administration.

Good

Is the service effective?

Our findings

The senior staff understood the skills and strengths in the staff team and matched them well to the people they supported so they were effective in their job. A member of staff told us they had a specific interest in working with people with dementia and how they mainly supported people where they could put their skills to best use. They told me they had been given additional information on dementia and mental capacity to ensure they maintained their expertise.

Staff told us about different training and supervision sessions they had attended and said these had been useful, for example one member of staff told us about a manual handling refresher training they had been to in the last year. A member of staff told us, "They keep me up to date on things and on courses coming up." Staff told us they were well supported by the on-call staff and gave us examples of how they had rung senior staff for advice when out supporting a person to ensure they knew how best to meet their needs. The general manager had developed a new system to log what training staff had received so they would monitor whether there were any gaps or overdue training.

Direct observations took place and covered a range of issues such as punctuality and the safe use of equipment. A member of staff told us, "They do spot checks, I get assessed myself on a regular basis."

New staff received an induction which included a period during which they shadowed experienced members of staff. Staff were given a pack of information when they started which included guidance on dementia and epilepsy. Their knowledge was tested and their practice was observed by senior staff before they started providing care independently. This was a robust process and we saw on one member of staff's record that the manager had assessed that a specific member of staff needed more supervision. The direct observation was also used to provide practical advice to the staff member about what they needed to do to improve their practice.

Most of the training was workbook based, apart from manual handling but we noted that there were a number of other ways staff skills were developed, for example when the general manager worked alongside them. Staff received regular supervision during which they could discuss any concerns or areas for development. There were quarterly staff meetings which were useful to share good practice and resolve any issues at the service for example, staff were advised to ensure food was used in date order.

There were systems in place to ensure staff covering for their colleagues knew the people they would be supporting. Staff discussed people's needs in supervision and in team meetings. We were told staff would usually only go to visit a person once they had shadowed their usual carer. On the rare occasions when a person visited without having met a person first, they spoke on the phone to a senior member of staff to ensure they had enough information about that person. Our discussions with senior staff confirmed that they knew the people and would ensure that staff had enough information to meet people's needs.

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.

We checked whether the service was working within the principles of the MCA. The service had recently worked positively with officers from the local authority to improve their processes in order to ensure they were complying with the MCA. The manager showed us the changes being implemented during our inspection which outlined in support plans what the service's responsibility was in this area.

Whilst the manager was improving the way decisions under the MCA were being documented, our discussions and observations demonstrated there was a good understanding in the service of decision making and capacity. For example, one person's care plan included guidance about the person's right to make a decision whether to take their medicines, as they had capacity to make this choice. The care plan for another person who had a Power of Attorney was in place highlighted how decisions were made for them. When we spoke with and observed staff, the demonstrated they had a good awareness of issues of capacity.

Staff supported people to make choices about the care they received, for example what they ate and drunk. One person's care plan stated staff should, "Cook and serve a hot meal of their choice." A staff member told us how they supported a person with dementia and mobility difficulties to make a choice about what they ate by bringing meals out from the kitchen to show them.

We visited people in their homes during lunch time and therefore were able to observe staff offering choice of meals. They were also clear over the need to ensure people were protected from malnutrition and dehydration. There was guidance in place where people had specific needs around their eating or drinking. For example, one person's care plan highlighted they were lactose intolerant and another plan offered advice regarding a talking microwave and other aids in place for a visually impaired person.

Staff worked well with outside professionals to meet people's health and social care needs. For example, staff had reminded a person to ring their doctor and on another person's notes staff had written that they had spoken to the District nurse to arrange for more continence aids to be delivered.

Staff were given information about the specific needs of the people they supported. A member of staff told me they had been given a booklet about dementia when they started supporting a person with memory loss. Our observations of staff care demonstrated that the staff put the guidance they received into practice and had a good understanding of people's health needs, and could describe these needs in detail.

Good

Is the service caring?

Our findings

When we visited people in their homes we observed that they had positive and comfortable relationships with the staff supporting them. These relationships had built up over time. Staff knew people's families and interests and could talk to them about the things which were important to them.
People's faces lit up when they spoke with staff and it was clear they enjoyed their visits, as well as benefitting from the support they received. One person told us, "We have a chat and a laugh."

Staff made the effort to treat people with kindness to make them feel valued. A staff member told us, "As long as they are smiling and happy, I am happy." We observed that staff greeted people fondly and appropriately. A person we visited was clearly very attached to the member of staff and when the staff member left they gave the person a kiss and a hug to say goodbye.

Whilst carrying out tasks staff chatted to people and involved them in the process. Staff focused on assisting people to do things independently and to make choices and decisions independently. This was done in a relaxed informal way. For instance, whilst chatting to a person about what they wanted to eat for lunch a member of staff joked with them, "You're pineapple mad you are!"

A person spoke of the "little" things staff did which they appreciated, for example rubbing their hands to get them warm before applying cream. Another person told us, "We were chatting about marmite and the carer went and got me a jar." A person told us that staff were happy to feed their bird and that this gesture made a difference to her quality of life.

A relative told us of an incident where they had felt staff had been particularly supportive. It had been snowing and roads were treacherous. A staff member who lived locally popped in to check a person was safe, just in case the family could not make it in the weather or the scheduled care staff could not attend them as planned.

Care plans and daily records were written with respect and dignity. There was a good understanding of people's right to privacy. For example, a member of staff had been disciplined when they had posted a person's personal details on social media. A family member also described how respectful staff were when supporting a person with a catheter.

Good

Is the service responsive?

Our findings

People and their families told us they felt the staff provided a good quality of care. One relative told us, "If mother wasn't happy with the care I would have had 100 phone calls."

People's care needs were outlined in detailed care plans. There was scope for them to be more personalised about people's interests, however, all key information was available to provide safe and effective care to meet people's needs. When we met with staff it was evident they knew people well.

We looked at the plan for a person who had dementia and noted this plan was more detailed. This meant staff had access to the guidance they needed and did not need to rely on the person for accurate information about their care needs.

Regular updates were sent out to all staff about people's needs. For example, one update reminded staff where gloves and aprons were stored in a person's house and another let staff know a person had fallen so they were to be extra vigilant. Staff and people told us they liked the personal nature of the service where staff knew everyone well.

People's care needs were reviewed regularly by the manager and senior care workers Where people's needs had changed staff had reviewed the support provided to ensure it was still tailored to their individual circumstances. For example, a review happened when a person was discharged from hospital and the care plan was amended in response to the person's sight loss. We discussed with the manager that the reviews seemed to happen in an adhoc manner and they agreed to develop improved systems to ensure there were no gaps in the review process.

If carers were concerns about anything they could complete a form for senior carers to highlight the issue, this meant concerns could be tracked more effectively then if the concern had been raised verbally. - The form was also used to describe what tasks were being carried out so was a useful tool to review services on an on-going basis. One of these forms was completed following a paramedic visit when a person had fallen. A senior carer had then updated the moving and handling assessment and looked at the support needed when the person had a shower.

People's relationships with family and friends were valued and supported by staff. A family member told - us staff rung them up when there were any concerns about their relatives care. Staff had set up a specific note book for communication with a person's friend which was an appropriate and respectful way to communicate. Staff shared messages about who was going to buy milk or what groceries were running out which made a practical difference to the person's life.

People received a pack when they started receiving a service and this included a complaint procedure. It also listed all the policies which were available upon request. People told us they did not always like ringing the office to make a complaint but were happy to ring the general manager or speak with a care coordinator directly.

The general manager told us they received few complaints. These were kept in a folder and we could see each one had been dealt with and responded to in a personalised manner. Where a family member had complained that a member of staff had left food uncovered, additional guidance had been given around food hygiene to ensure staff were given advice about how best to store food. Another complaint had been received from the neighbour of a person and we noted that this had been dealt with sensitively, with respect for the person's right to privacy and confidentiality.

Good

Is the service well-led?

Our findings

Whilst there was a registered manager in place, much of the day to day running of the service was carried out by a recently appointed general manager. The registered manager still had oversight of the service being provided and provided good advice to the general manager. The general manager was attending a management course and throughout our visit, they discussed the learning from this course and how it was assisting as they took on greater responsibility in the running of the company. It also showed an enthusiasm for finding out about best practice and continually improving the service.

There had been a recent audit by the local authority and the manager showed me all the improvements they had made as a result, for example staff now clearly recorded the support they provided with medicines. They demonstrated a commitment to implementing best practice. For example during our inspection the manager contacted all the care staff to ask them to slightly change the recording of medicines to make it more robust, in response to our discussions about their recording system which they had recently implemented.

Two people we spoke with were positive about recent improvements at the service. One person told us, "All of a sudden things seem to be working for the better."

There was a focus on providing a practical and effective service. The general manager had a folder with useful information to assist them in their role, such as the contact details of the local GP surgeries, should these be needed in an emergency. They had also linked with another local care agency should they need support in a critical emergency such as flooding. All the staff in one location knew the people who lived in that area and so could meet people's needs in an emergency.

We were told by outside professionals and staff that they could not always get through when they rang the office. We also did not receive a prompt response when we rang the office to let them know about the inspection. We did receive a positive response from the on-call senior member of staff when we rung them. Whilst this provided good emergency cover the senior carer could be providing care so phone calls could interrupt a care visit which might inconvenience the person being supported. We discussed this with the general manager who acknowledged that she enjoyed providing care but that in her new role she needed to ensure she was more available in the office.

Staff told us they were well supported by the manager of the service. A member of staff told us, "They not only care about the clients but the carers (staff) too." The registered manager was committed to promoting people who demonstrated potential. Therefore the general manager told us they had started out as a care worker in the service before being promoted from within. Likewise, another member of staff had been brought in to review and revise care plans when their potential had been spotted.

There were detailed records of spot checks which were used by the manager to ensure people were receiving a good quality service. The general manager told us they provided care and were able to use this as a way of monitoring the service people receive, for example by talking to people and families while they

provided care or observing staff when working alongside them. They gave us two examples where they had effectively challenged poor practice. People, families and staff confirmed the manager was very visible and easy to speak to. In order to improve the way they found out about people's views the manager told us they were going to start carrying out phone reviews to ask people for feedback about the service they received.