Abicare Services Limited

Handcross

Inspection report

5 The Old Stables, Hoadlands Farm
London Road
Handcross
West Sussex
RH17 6HB

Tel: 01444400744
Website: www.abicare.co.uk

Date of inspection visit:
25 May 2016

Date of publication:
14 June 2016

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 the 25 May 2016 and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

Handcross provides domiciliary care and support for people in their own home. The service provides personal care, help, and support to people with a variety of needs. This included older people, people living with dementia and people with a physical disability. At the time of our inspection 53 people were receiving a care service with an age range of 22 to 101.

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.

The experiences of people were positive. People told us they felt safe, that staff were kind and the care they received was good. One person told us "I feel very safe with everyone that comes to see me". A relative told us "It's a very safe service, no issues there".

There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The registered manager made sure there was enough staff at all times to meet people's needs. When the provider employed new staff at the service they followed safe recruitment practices.

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. People were supported to maintain good health and had assistance to access health care services when needed.

The service considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

Staff felt fully supported by the registered manager to undertake their roles. They were given training updates, supervision and development opportunities. For example staff were offered to undertake additional training and development courses to increase their understanding of the needs of people using the service. One member of staff told us "We have excellent training and updates and can ask for more if we need it".

People and relatives told us that staff were kind and caring. Comments included "They are caring and so

kind and help me with what I need" and "They are all caring and always happy, it's lovely".
People confirmed staff respected their privacy and dignity. Staff had a firm understanding of respecting people within their own home and providing them with choice and control. People were supported at mealtimes to access food and drink of their choice and were supported to undertake activities away from their home.

People's needs were assessed and regularly reviewed and they received care based upon their needs and preferences. Staff were proactive in recognising and supporting changes in people's needs. We found the care plans to be person centred and details recorded were consistent.

People and relatives said they were happy with the management of the service. People's comments included "The manager is lovely, we can call her anytime" and "The manager is good, helps out if needed and will check all is ok". There were clear lines of accountability. The service had good leadership and direction from the registered manager. One member of staff told us "We have a good manager, who is approachable and supportive".

The registered manager monitored the quality of the service by the use of regular checks and internal quality audits to drive improvements. Feedback was sought by the registered manager through surveys which were sent to people and their relatives. Survey results were positive and any issues identified acted upon. People and relatives we spoke with were aware of how to make a complaint and felt they would have no problem raising any issues.

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.

People were safeguarded from the risk of abuse. Staff understood how to recognise and protect people from abuse and knew how to report any concerns.

There were sufficient numbers of staff and recruitment procedures were robust and ensured staff were suitable for their role.

Medicines were administered safely by staff who had been trained and were assessed as being competent.

Is the service effective?

Good

The service was effective.

Staff were supported with induction, supervision and training to equip them with the skills and knowledge to provide care effectively.

People were supported to have enough to eat and drink. Staff understood and recognised changes in people's health and supported them to access health care services and to receive on going healthcare support.

Staff understood the necessity of seeking consent from people and acted in accordance with the MCA.

Is the service caring?

Good

The service was caring.

Staff had developed positive relationships with the people, they supported and knew them well.

People were encouraged to express their views about how care was delivered and staff responded proactively.

Staff maintained the confidentiality of people's personal information and people's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and regularly reviewed and they received care based upon their needs and preferences. Staff were proactive in recognising and supporting changes in people's needs.

People received a personalised service and staff were flexible in their approach to ensure people's choices and preferences were respected.

People knew how to complain and they were encouraged to share their views regularly.

Is the service well-led?

Good

The service was well- led

The values of the service were well embedded and staff were committed to providing good quality care.

The service was well managed by the registered manager who actively led and supported the staff team.

There was good oversight of the service and processes in place for monitoring the quality of care provision and for seeking feedback in order to continuously improve.

Handcross

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 the 25 May 2016 and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in the office to speak with us. The inspection team consisted of one inspector.

The provider had 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.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with nine people and five relatives who use the service over the telephone, four care staff, two community team managers and the registered manager. We observed staff working in the office dealing with issues and speaking with people and staff over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for seven people, medicine administration records (MAR), six staff training records, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

We spoke with two health care professionals after the inspection to gain their views of the service.

The service was last inspected on 6 November 2013 with no concerns.

Good

Is the service safe?

Our findings

People and relatives told us they felt safe using the service. One person told us "I feel very safe with everyone that comes to see me". Another person said "I would say I feel safe with the staff that come to help me". A relative told us "It's a very safe service, no issues there".

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff described in detail the sequence of actions they would follow if they suspected abuse was taking place. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns. One member of staff told us "There are lots to look out for, even empty cupboards with no food in could be neglect of a person. We always check this and contact relatives if needed".
Another member of staff said "Any concerns including change of character would be reported to the office who deal with it straight away taking the right course of action". Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

People and relatives we spoke with told us their care workers were competent and had the skills required to support them safely. One person told us "Staff seem very skilled in what they do. I know they get training". Care workers told us they received a good level of training and that they felt confident to support people in a safe manner. This information was supported by training records that showed all staff were trained in important health and safety areas, such as moving and handling, infection control and first aid.

The service had skilled and experienced staff to ensure people were safe and cared for on visits. Rotas were planned a few weeks in advance and care staff were informed of their shifts via their smart phones. The phones held the information securely which included the rotas and key information on each person they were visiting. We looked at the electronic rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service. The registered manager told us that they were continually recruiting staff to maintain the staffing levels to ensure all visits were being covered and for any new people using the service. They told us "We are continuously recruiting and currently have eight new staff ready to attend their induction and training".

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff.

Risk assessments were thorough and identified hazards and how to reduce or eliminate the risk. For example, an environmental risk assessment included analysis of the condition of flooring or rugs and considered whether they presented a risk of trip, slip or fall for a person and how staff were to be observant of any hazards while in the person's home. Other potential risks included the equipment people used and how staff could ensure they were used correctly and what to be aware of. For example in one care plan it described how one person used a hoist to be transferred. The person was anxious of being hoisted and concerned their clothes may get caught in the hoist. The assessment detailed how staff were to make sure the person had their sleeves rolled up while being hoisted and reassured it was safe. This meant that risks to individuals were identified and well managed so staff could provide care in a safe environment. Staff told us that they talked through the risks with the person to ensure that they were happy with any suggested changes that would reduce the risk. A relative told us "My relative has two staff to hoist them. It's safe and brilliant it is a ceiling hoist from bed to chair. It works brilliantly they ask them to fold arms etc. To make sure they are safe".

People were supported to receive their medicines safely. We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. Staff were able to describe how they completed the Medication Administration Records (MAR) in people's homes and the process they would undertake. One person told us "The assist me with my medicines and make sure I have taken them, which is helpful to me". Another person said "They look at my medicine chart and make sure I have taken them". Staff received a medicines competency assessment on a regular basis. We looked at completed assessments which were found to be comprehensive to ensure staff were safely administering or prompting medication. Audits on medicine administration records (MAR) were completed on a monthly basis to ensure they had been completed correctly. Any errors were investigated, for example, if a missing signature had been highlighted for the administration of a medicine the registered manager would investigate and the member of staff would be spoken with to discuss the error and invited to attend medication refresher training if required.

Staff were aware of the appropriate action to take following accidents and incidents to ensure people's safety and this was recorded in the accident and incident records. There were processes in place to enable the registered manager to monitor accidents, incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

Good

Is the service effective?

Our findings

People and their relatives felt confident in the skills of the staff. One person told us "Well, I think they are trained well and so helpful too". Another person said "The staff do lots of courses and are trained in what they do". A relative told us "The service they provide is excellent, what more can I say". A health professional told us "The staff have updated us when they had concerns, so we could intervene in a timely manner".

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. Staff had knowledge and understanding of the (MCA) because they had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. Staff we spoke with showed good knowledge in the MCA and told us how people had choices about how they would like to be cared for and that they always asked permission before starting a task. One member of staff told us "Everyone is unique and individual and has choices. I see one person that I put a display of clothes on their bed to they can take their time and choose what they would like to wear that day".

People were supported by staff that had the knowledge and skills to carry out their roles. Staff completed a company induction which incorporated the Skills for Care care certificate before they supported people. The certificate sets the standard for new health care support workers. The induction included training sessions and workbooks for staff to work through and shadowing a more experienced staff before they started to undertake care calls on their own. Staff would also be observed delivering care and support to people. The length of time a new member of staff was required to shadow another member of staff was based on their previous experience, whether they felt they were ready, and a review of their performance with their manager. Staff spoke highly of the induction and felt it provided them with the confidence and skills to deliver effective care. One member of staff told us "We have excellent training and updates and can ask for more if we need it". Another member of staff said "The induction and ongoing training and support provide us with what we need".

Staff also attended a variety of essential training which equipped them with the skills and knowledge to provide safe and effective care. Training schedules confirmed staff received training in various areas including moving and handling, first aid and infection control and also when they required an update in a training subject. Training was held in the training room at the service. The training room also had displays on the walls with key subjects such as the MCA and first aid techniques as a refresher for staff. Staff were supported to undertake qualifications such as a diploma in health and social care. Staff spoke highly of the training provided and one told us "I recently completed an additional first aid course through the local authorities training, which was really good". Another staff member said "I am currently working on my level 3 diploma in health and social care. It's great to get the opportunity to gain further training and a qualification".

Staff told us that they received supervision by their manager on a regular basis and competency spot checks. During this they were able to talk about whether they were happy in their work, anything that could be improved for the workers or the people they cared for and any training that staff would like to do. In addition staff said that there was an annual appraisal system at which their development needs were also discussed and a personal development plan created. One member of staff told us "When you're new you have more spot checks, they are helpful and keep you on your toes". Another member of staff said "It's good we have time to sit with our manager and discuss everything. It's important to have competency checks to ensure everything is how it should be".

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members or themselves and staff were required to reheat and ensure meals and fluids were accessible to people. One member of staff told us "With warm weather and the summer coming it is important to leave drinks out for people. Before I leave one person I put drinks in different rooms they go into so it is there ready for them". People's nutritional preferences were detailed in their care plans. For example in one care plan it detailed that a person had an allergy to certain foods. Another care plan detailed a person's preference to ice creams and ice lolly's and what drinks they preferred throughout the day. One person told us "They always make me drinks and encourage me to eat, they know I need to get better at that". Another person said "They help with my food and drink and always make sure I have my cup of tea, they know how much I love my tea". The registered manager told us that if they or staff had concerns about a person's nutrition or weight they would seek advice from the correct health professionals.

We were told by people and their relatives that most of their health care appointments that dealt with their health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments. If needed they liaised with health and social care professionals involved in people's care if their health or support needs changed. One person told us "They rang my GP once to sort out an appointment for me, so helpful". A relative told us "They are very good, they will contact any health professionals needed like the GP".

Good

Is the service caring?

Our findings

Every person and relative we spoke with felt the staff were kind and caring. Comments included "They are all caring, all of them. Cannot fault any of them", "They are very good and caring in what they do, It's nice seeing them", "They are caring and so kind and help me with what I need" and "They are all caring and always happy ,it's lovely".

On the day of the inspection we observed members of staff in the office speaking with people over the telephone. Staff showed a caring and understanding attitude towards people. It was apparent that there was good rapport between people and staff, staff were polite and understanding of people's needs and took time to answer any questions that they had.

Staff we spoke with showed a caring attitude towards the people they supported. Care staff were aware of the need to preserve people's dignity when providing care to people in their own home. Care staff we spoke with told us they took care to cover people when providing personal care. One member of staff told us "One person I visit I assist with a shower. I help them into the shower and let them know that I am just outside the door if they need any assistance to ensure they have their privacy". Staff also said they closed doors, and drew curtains to ensure people's privacy was respected. People we spoke with confirmed their dignity and privacy was always upheld and respected. One person told us "The give me privacy when doing personal care and make me feel at ease". Another person said "They help with a wash in the morning they are gentle and kind".

Staff recognised the importance of promoting people's independence. People confirmed they felt staff enabled them to have choice and control whilst promoting their independence. Care plans provided details on how staff could promote independence. One person told us "Yes, they do help with keeping me independent and help me to do things for myself". One care plan recorded how a person sometimes liked to prepare food with the staff. It advised staff to encourage the person to be involved if they wanted to. Staff told us how they promoted peoples independence and let the person do as much as they could for themselves. One member of staff told us "One person I go to see takes a while in the morning to get up and needs to be encouraged. The other day I took them breakfast in bed and had a chat with them and then they wanted to get up and have a wash. We encourage people to do as much as they can for themselves".

People's confidentiality was respected. Care staff understood not to talk about people outside of their own home or to discuss other people whilst providing care to others. Care staff received their rotas and details about people on their smart phones which were pass code protected. Information on confidentiality was covered during staff induction, and the service had a confidentiality policy which was made available to staff. One member of staff told us "We know never to discuss a person out of work or to other people. All their information and well-being is private and confidential".

People were consulted regularly about the care they received and any changes that were needed for their care and support. People said they could express their views and were involved in making decisions about their care and support. People and relatives confirmed they had been involved in their care plans and felt

included. One person told us "Yes I had an assessment with the manager and asked what I would like and created my care folder after that".

Good

Is the service responsive?

Our findings

Staff were knowledgeable about people and responsive to their needs. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Comments from people included "Any concerns I have, they would deal with it straight away", "I see the same carers most of the time, that's nice as we all get on" and "They help me with most things and respond to my wishes". A health professional told us "The service has worked with us in a flexible way with service users who have not engaged well with care".

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The care records were easy to access and were clearly set out. They gave descriptions of people's needs and how staff should support people to meet these. There were two copies of a care plan one in the office and one in people's homes. Staff also held key details of people's care and support on their smart phones, which they could access at any time. One member of staff told us "It is so handy to have the information and rotas on the phones. If there are any changes or updates we can be aware of these before we attend the call". Each person also had a 'relationship circle' this documented key people in their lives such as friends, relatives and health professionals. We found the care plans to be person centred and details recorded were consistent. For example care plans contained a 'This is me' section which recorded a person's life history and details on likes and dislikes. One care plan detailed a person's dislike to loud noises and did not like the TV to be on very loud. Another care plan described a person who had limited vision and how staff were to ensure surfaces were left clear and floors were hazard free for the person. Care plans were informative enough for care staff to understand how to deliver care and for the ease of use for people. The outcomes of this care planning for people included the support and encouragement needed to enable them to remain in their own homes for as long as possible. Staff told us the care plans were detailed and gave the right amount of information required to support people. One member of staff said "The care plans are detailed and hold the right amount of information. If I feel there are any changes that may be needed with the care plan, I call the office and they will arrange for a review". Care plans were reviewed annually or as and when required to ensure they were up to date and met people's needs. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care, nutrition and moving and handling. People's well-being was also recorded and any concerns raised were documented.

All staff we spoke with told us they were able to build relationships with people and increase understanding of their needs, due to the fact that they consistently attended the same people. They told us that they had enough time to support people when providing care and support. They also told us they had enough time to spend with people to meet their needs. Staff were committed to arriving on time and told us that they always notified people or the office if they were going to be late. Staff logged in and out of each call using their smart phone. This information was sent to the providers head office were it was monitored daily. The registered manager told us "Head office monitors the calls daily to ensure people are receiving their calls correctly. They will contact staff if they are late logging into the call and contact people to let them know". The majority of people told us that they received their calls when expected. Comments included "Office calls to let you know if late, they usually turn up on time", "They arrive on time with no issue, don't think they have

ever been really late" and "They are mostly on time, if late they would call and let me know, they do their best".
People's preferences around activities and interests were detailed in care plans. This included people who enjoyed going out for a walk, watching TV and assisting with preparing meals. Staff told us how they enjoyed the time they spent with people and being involved in their activities where possible. A member of staff told us how they were supporting a person who was living with dementia and how they could interact better with them. They bought a colouring book and pencils for the person and asked if they would like to colour the book. They told us the person looked happy and now enjoys colouring in the book.

Staff were knowledgeable about the health care needs of the people they supported. Staff were able to describe what signs could indicate a change in a person's well-being. For example one member of staff explained the process they would take if a person had a fall in their home and how they would call the emergency services and contact the office and the person's relatives. Another member of staff told us how they would ensure that if a person was refusing to take their medicine's they would report this to the office and advice would be sought from the person's GP. Staff knew how to obtain help or advice if they needed it. A relative told us "Medicines my relative was on made them become unwell. Staff alerted me straight away to the problem, so yes they are very responsive"

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people in their care plans and complaints made were recorded and addressed in line with the policy. Complaints had been recorded with details of action taken and the outcome. A follow up to the complaint was in place where needed. One person told us "Any complaints I would call the office and ask to speak to the manager, she would sort it out for sure". Another person said "Any concerns I have would be dealt with by X [registered manager] she is very nice".

Good

Is the service well-led?

Our findings

People and relatives spoke highly of the registered manager. Comments included "The manager is efficient and on the ball, I email any questions and she responds to me. Since she became the manager a couple of years ago everything has improved", "The manager is lovely, we can call her anytime", "The manager is good, helps out if needed and will check all is ok".

A health professional told us "I have found the registered manager has been very helpful and supportive working with us and helping to move things forward with the other outside professionals to ensure a person has all the care and support that they require, this is working well and is very effective".

The atmosphere in the office was friendly and professional. Staff were able to speak to the registered manager when needed, who in turn was supportive. The registered manager had created an open and inclusive culture at the service. Staff we spoke with all complimented the service and the registered manager. One member of staff told us "We have a good manager, who is approachable and supportive". Another member of staff told us "We are a great team and X [registered manager] is always available and helps out when needed and can speak to her about anything".

The registered manager and staff told us they had office meetings and communication which gave them a chance to share information and discuss any difficulties they may have. This also gave them an opportunity to come up with ideas as to how best manage issues or to share best practice. One member of staff told us "It's good when we have a meeting, it is a chance to catch up with everyone and share stories with each other on what is working or not". Another member of staff told us "It's good as the provider has been doing road shows on updates on the company and what new things are coming up".

Feedback from people and staff had been sought via surveys which were sent out annually by the provider. The last survey comments were mostly positive. Comments included "Staff always kind, helpful and friendly" and "Any issues have been voiced and addressed". The surveys helped the provider to gain feedback from people and relatives about what they thought of the service and areas where improvement was needed. The registered manager also showed us a survey they had created that was used on a more regular basis when senior staff visited people to gain people's feedback on the service they were receiving. This also included telephone monitoring, where people were able to give their opinion on the staff that supported them and if they had any concerns.

The registered manager monitored the quality of the service by the use of monthly checks and internal quality audits. The audits covered areas such as training, staff and care records. Highlighted areas needing improvement were reviewed and findings were sent on a regular basis to the provider and ways to drive improvement were discussed. An action plan was then created with objectives for the registered manager to complete. A current area of action was the improvement of communication among all staff. The registered manager told us about improvements being made which included creating a newsletter for staff and regular staff meetings. Another area of focus had been on recruitment and retention. This included the provider introducing their 'Butterfly Awards'. This is where staff could nominate another member of staff for doing

something outstanding, showing willingness, flexibility and commitment. The winning staff members would receive a badge, certificate and gift voucher.

The registered manager showed passion and drive in their role. They told us "We want to ensure people receive the best care and support. I have a fantastic team who really care and support each other. I also like to cover some calls so I see people more often and have an opportunity to see how they are and see if they are happy with everything. It is nice that we get word of mouth referrals as well and people are happy to recommend us to their family or friends".

The provider stated in the PIR 'Abicare has a clear statement of vision and values, driven by quality and safety. A transformational management structure is in place to ensure staff at all levels are supported and well led which ensures the delivery of sustainable high quality person-centred care. As an equal opportunities company we offer a range of training and development to staff equipping them with the skills required to deliver the vision, values and goals of the organisation. Processes are in place to monitor the quality of person centred care delivered and the safety of our service users. Service users are involved in the planning of their chosen outcomes and the way they want the outcomes delivered enabling them to remain independent'. This was confirmed at the inspection and from speaking with staff and people about how the service was well led. Comments included "It is a good company to work for they have the right idea about care" and "What can I say, I would recommend the service to friends and family without a doubt".

The registered manager understood their responsibilities in relation to the registration with the Care Quality Commission (CQC). They had submitted notifications to us, about any events or incidents they were required by law to tell us about. They were aware of the requirements following the implementation of the Care Act 2014.