

Abelia Care 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

Abelia Care Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, younger adults, physical disability, sensory impairment, mental health and dementia. At the time of our inspection, 29 people were using the service.

Not everyone using Abelia Care Services Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service:

People and their relatives were positive about the service and the care provided.

People were supported by staff who knew how to keep them safe and protect them from avoidable harm. Regular, knowledgeable staff met people's needs. People received their medicines regularly and systems were in place for the safe management of medicines. Incidents and accidents were investigated, and actions were taken to prevent recurrence. Staff followed infection control and prevention procedures.

People's needs were assessed, and care was delivered by staff who were well trained and knowledgeable about people's care and support needs. People had choice and control of their lives and staff supported them in the least restrictive way possible. The management team and staff had a good understanding of the principles of the Mental Capacity Act (2005), they had put in place the policies and systems in the service to support this.

People were cared for by staff who were kind and compassionate. People said staff were patient and caring towards them, and they felt like part of a family. People and their relatives felt involved and supported in decision making. People's privacy was respected, and their dignity maintained.

Staff were responsive to people's individual needs and wishes and had an in-depth knowledge about each person. Relatives confirmed staff knew their family members needs well. People's concerns were listened to and action was taken in a timely way.

The management team were open, approachable and focussed on providing person centred care. Systems were in place to monitor the quality of care provided. The management team and staff communicated effectively and shared a passion for quality care.

Rating at last inspection: Comprehensive inspection completed 21 April 2016. The overall rating was Good.

Why we inspected: This was a planned inspection based on previous rating of good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our methodology. If any concerning information is received, we may inspect sooner.

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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below

Abelia Care Services Limited

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 service was inspected by one inspector.

Service and service type: This is a domiciliary care service. It provides personal care to people living 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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity started on 10 June 2019 and ended on 18 June 2019. We visited the office location on 13 June 2019 to see the manager and office staff and some care staff; and to review care records and policies and procedures.

What we did before inspection:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and we assessed the information in the provider information return. This is key information providers are required to send us about their service, what they do well, and improvements they plan to make. This information helps inform our inspections.

During the inspection:

We spoke with three people who used the service, to ask about their experience of the care provided and two family members. We spoke with eight staff including the registered manager, care manager and six care

staff. We also spoke with the nominated individual and a health professional [moving and handling expert evaluator].

We reviewed a range of records about people's care and how the service was managed. This included looking at seven people's care records including their medicine records. We reviewed records of meetings, staff rotas and staff training records and two staff recruitment files. We also reviewed the records of accidents, incidents, complaints and quality assurance audits the management team had completed.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding about protecting people from abuse. They had up to date training and understood who to report concerns to. Staff were confident to take appropriate action. We saw examples where incidents had been reported and these were actioned appropriately. We spoke with the local authority safeguarding team and they confirmed concerns were reported and actioned appropriately.
- The registered manager had procedures in place to ensure they met their responsibilities to report any concerns.

Assessing risk, safety monitoring and management

- People said they felt safe and their risks were well managed. One person told us, "I am always safe, they [staff] always make sure of that."
- Risk assessments were up to date and gave clear guidance to staff and were reviewed when required. Staff had a good understanding of people's risks and knew how to mitigate them. For example, one member of staff described how a person needed different support at different times of the day to support their needs and safety. Staff had a good understanding of the person's risks and the information was clearly recorded in the person's care documents.

Staffing and recruitment

- People and their relatives told us they always had staff they knew, and they were confident with their skills.
- The provider explained they would not take on new people without having staff to meet their needs. Staff we spoke with were experienced and had worked for the provider for at least a year.
- Staff we spoke with told us they had provided references and there were checks in place to ensure they were suitable to be employed at the service. We looked at two staff files and the service were completing safe recruitment practices.

Using medicines safely

- People said they had their medicines when they needed them.
- Staff administered medicines in a safe way, following appropriate guidance, and using an effective system to ensure people had their medicines as prescribed. Staff were trained and had competency checks to ensure they followed safe practice.

Preventing and controlling infection

- People told us they were confident staff always followed safe practice.
- Measures were in place to control and prevent the spread of infection. Staff completed training and were

knowledgeable about the requirements.

Learning lessons when things go wrong

- When there were accidents and incidents these were reviewed by the management team to look at trends and any learning from the incident. For example, medicine records were reviewed by the care manager and errors followed up with staff and recorded, to ensure lessons were learnt and people did not continue to be at risk.
- Staff knew how to report accidents and incidents and told us they were confident they would know any changes to peoples care and support as a result.

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

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

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

- The management team assessed, and documented people's needs and preferences in relation to their care and planned their support based on this.
- People's outcomes were good. For example, one family member told us about how their relative had improved since receiving the service, and how much they could see their relative enjoyed their visits from staff.
- We saw tools and information on best practice guidance was available for staff.

Staff support: induction, training, skills and experience

- Staff told us they had completed training when they first started the role. They said they met all the people who received care before they supported them with experienced staff, who shared best practice knowledge. They had the information they needed to support people well. They also told us they had competency checks so they were confident they were completing their role effectively.
- One member of staff said they had completed specific dementia training, and this had improved their understanding of how they supported people living with dementia.
- We saw ongoing training updates were arranged for staff, and staff had completed the care certificate. Staff said they were encouraged to further develop their knowledge and skills through vocational training.

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

- Support offered to people varied dependant on people's individual needs. People's independence in meal planning, shopping and meal preparation was promoted.
- People said they had the help they needed with their meals and staff listened and respected their choices.
- Staff were knowledgeable about how to meet people's nutritional needs. For example, when needed staff recorded nutrition intake and made referrals appropriately.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care.

- People and their families explained they were confident staff would support them to access healthcare services if they needed support.
- Staff were aware when support was needed to attend a health appointment and worked with the person to meet their needs. People told us staff promptly helped them to see their GPs if they were unwell or contact community nurses.
- Staff understood people's health needs and gave us examples of advice they had followed from the person's doctor or community nurses, so people would enjoy the best health outcomes possible.

- We spoke with a health professional [moving and handling expert evaluator] who explained that they worked well with the team and had a good relationship. The health professional told us that staff listened to them and acted on their direction. They also said, the registered manager was quick to up date care plans and let staff know any changes, and staff were well trained.

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

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

- People told us staff would ask for their consent before they supported them. People felt staff respected their wishes and listened to them.
- Staff understood and applied the Mental Capacity Act principles in the way they supported people.
- The registered manager had systems in place to ensure people were supported with decisions lawfully.

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

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

- People we spoke with told us all the staff were kind and caring. One person said about staff, "They are all so kind and patient." All the people said staff arrived when they should and stayed as long as they needed.
- One relative said staff were, "Part of the family, they really care." Other relatives all said the staff were compassionate towards their family members and they knew their family member enjoyed their visits.
- Staff demonstrated sensitivity and consideration about issues around equality, diversity and human rights when discussing the people they supported. One relative explained how staff connected well with their family member and knew their individual interests which really improved their well-being.

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

- People we spoke with said they made decisions about their day to day care and had the support they needed. One person said, "They [staff] listen to me and do things I want to do."
- People were asked for feedback to ensure they were happy with the service staff provided. One person told us they had made suggestions and they had been acted on. They went on to say there was an open culture at the service.
- Relatives we spoke with told us they felt involved in the care of their family member and were kept included and updated by staff and the management team.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity and supported them to be as independent as possible. One person said that staff always maintained their dignity by closing their blinds when helping them to get undressed.
- Staff were respectful of people's needs. All the staff we spoke with were passionate about providing quality care.

Is the service responsive?

Our findings

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

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

- Information was gathered from people and their families to build a detailed picture about each person's care needs, preferences and history. Staff told us they were able to provide personalised care tailored to the needs and wishes of each person.
- Staff had a really good knowledge about people they supported. They always met them before they supported them. People said they always had regular staff who knew them well.
- Records contained detailed information for staff on how best to support people with personal care, eating and drinking, medicines and other day to day activities. They also included detailed information about their health needs and the care people required to manage their long-term health conditions.
- Staff knew how to communicate with people to understand their wishes and when people were less able to communicate verbally, staff found different ways to ensure they understood their needs.
- The provider were aware of the accessible communication standards and ensured people had access to their information.
- People and their families told us support could be changed when they needed it. One person explained how they had increased their support over time and the management team were always ready to listen.

Improving care quality in response to complaints or concerns

- People and relatives said they could complain if they needed to, many said they raised any issues straight away and the management team would listen and take appropriate action. We saw where complaints were made these were investigated and the complaints policy followed by the management team.

End of life care and support

- Staff told us they supported people with end of life care when this was needed. They were knowledgeable about how to respect people's needs and wishes.
- The management team explained they had involved other agencies to support people who remained in their own homes at the end of their life.

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

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

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

- People and relatives said the management team knew them well and treated them as individuals. People said the management team regularly checked they were happy with the service.
- The management team completed a range of quality audits on a regular basis and we saw actions were identified and addressed to bring about improvements.
- Relatives we spoke with said they were always contacted when there were any concerns about their family member. One relative said about the service, "They are on the ball and always listen and act."
- All the staff we spoke with were passionate about the service and the care they provided.
- All the staff we spoke with said there was an open and positive culture, led by the management team. One staff member said about the service, "This is the best company I have ever worked for, they really care about all of us."

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

- People and their relatives gave positive feedback about the care they received. For example, one person said, "Abelia is the best care agency I have had, they really care and treat you like family."
- The service was led by an experienced supportive management team. Staff were clear about their responsibilities and the leadership structure.
- The management team were clear about their responsibilities for reporting to the Care Quality Commission [CQC] and the regulatory requirements. Risks were clearly identified and escalated where necessary.
- Staff were confident they could speak with the provider if they wanted to escalate concerns.
- The management team constantly reviewed their practice to ensure they were up to date and following best practice guidance.

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

- People and their relatives were encouraged to contribute their views through regular questionnaires. They also said they had regular conversations with the management team when they visited people when reviewing the care, they received. One relative said, "I can ask anything, any little thing will always be acted on and sorted." We saw when feedback had been gathered, it was positive and had been reviewed by the nominated individual, and a personal response sent to each person.

- Staff told us they were encouraged to share ideas and concerns to help improve the quality of care. They said they were listened to. For example, one staff member raised with the management an improvement in the type of gloves used, and this had been actioned straight away.

Continuous learning and improving care.

- The management team regularly audited all aspects of their care delivery to constantly keep the care provided under review.
- We found accidents and incidents were regularly reviewed and learning used to inform future plans.

Working in partnership with others.

- All the staff we spoke with said they felt valued.
- A health professional we spoke with said the management team worked with them to provide quality care.