Abicare Services Limited

Abicare Services Ltd

Inspection report

Parkway Business Centre
Campbell Road
Eastleigh
Hampshire
SO50 5AD

Tel: 02380650926

Date of inspection visit:
14 January 2016

Date of publication:
31 March 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

This inspection took place on the 14 January 2016 and was announced. The provider was given 48 hours because the location provides a domiciliary care service; we need to be sure that someone would be available in the office.

The service was last inspected in July 2013 and no concerns were identified.

Abicare Services limited provides personal care and support to people living in their own homes. At the time of our inspection, 32 people with a variety of care needs, including older people, were receiving personal care from this service. This agency was managed from a centrally located office in Eastleigh.

There was a new manager in post who was in the process of becoming registered with CQC. 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 feedback we received from people was positive. They felt they were safe with the care and support provided by the staff from Abicare. The manager and staff were aware of their responsibility to provide the care and support to each person. There were systems in place to ensure the risks to people's safety and wellbeing were identified and addressed those. People who required support to take their medicines received this safely by staff who were competent.

The manager ensured that staff had an understanding of each person they were to be supporting, prior to them starting work with them. The service knew the person's care needs and ensured the staff had the appropriate skills and knowledge to be able to support them. People felt safe and secure with the support they were currently receiving.

Staff were motivated and proud of the role they had. There was a safe recruitment process in place and all necessary pre-employment checks had been completed. Staff said they felt supported by the manager and new staff said they had received a full induction when starting with Abicare. There were sufficient staffing levels and all staff received regular supervisions and had received and annual appraisal.

People said they had positive relationships with the care staff. People felt they were treated with respect and dignity and the staff were mindful of their privacy. People were asked for their consent before care and support was given. Staff and the registered manager knew about the Mental Capacity Act 2005, and how it affected their work.

People felt involved and listened to, they contributed to what was written in their care records and risk assessments. People received a service which was based on their personal needs and wishes. Changes in

their care needs were identified and amended as required. The service was flexible to changes if they were requested. People were supported to (when necessary) access healthcare services and referred to the doctors when needed.

People and their relatives were able to complain or raise issues on an informal and formal basis with the manager, and were confident these would be resolved. The manager demonstrated the importance of effective quality assurance systems. This involved looking at different areas such as support plans and reviews, and policies and procedures. The service was committed to continuous improvement and feedback from people whether it was positive or negative. This feedback would then be used and actions taken.

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 said they felt safe. Staff were aware of safeguarding and knew how to recognise and report suspected abuse.

The service followed safe recruitment practices and there were sufficient staff to meet people's needs.

Medicines were administered safely and systems were in place to assess risks.

Is the service effective?

Good

The service was effective.

Staff received training appropriate to their role. New staff were supported to complete an induction and all staff were supported through regular supervisions.

People said that staff always sought their consent. Staff were aware of the Mental Capacity Act 2005 when providing care and support.

People's nutritional needs were met and referrals made to healthcare professionals as required.

Is the service caring?

Good

The service was caring.

People were positive about the caring attitude of staff. Staff treated people with dignity and respect whilst encouraging them to maintain their independence.

Staff understood about person-centred care and this was reflected in their care plans.

Is the service responsive?

Good

The service was responsive.

People received personalised care which met their needs. People's choices and preferences were respected.

People's views were listened to and actions taken if required.

Is the service well-led?

Good

The service was well-led.

The provider had a formal quality assurance system in place to monitor the service and ensure care was being delivered as required.

Staff felt supported and able to speak to managers if they had any concerns.

Abicare Services 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.

This inspection took place on 14 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by one inspector. We reviewed the information we held about the service including the previous inspection reports. Before the inspection we received 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 spoke with six people who use the service as well as the relatives for two. We spoke with three care staff as well as the manager. We looked at eight care files and associated records. We also looked at five staff recruitment files, the providers policies and procedures and the records relating to the management of the service.

Good

Is the service safe?

Our findings

People said they felt safe with the care and support they received. They told us they were cared for by people who took their time and provided care in a safe manner. One person said, "I feel safe" another said "They [the care staff] keep us safe". However one person said, "It depends on who the carer is I don't always feel safe with the agency staff as they don't know me as well". The manager was aware of this and ensured that the service was using the same agency staff to maintain continuity.

There were assessments in place to manage risks. These had been completed with each person receiving support from Abicare service limited. This information was used by staff to identify the risks posed to people and gave guidance to staff on how to support them to remain as independent as possible. We saw there were risk assessments in all the care files we looked at. They contained information about each person and the risks posed to them. The manager agreed that whilst they identified the risks they needed to be developed to make them more person-centred. For example, one person who has a catheter, the information about the risks to the person had been recorded but basic in details. The manager had already identified this as an area which needed improving and was planning on reviewing all risk assessments to make them more person centred, but hadn't been in post long enough to achieve this.

Risk assessments were reviewed annually and the manager said they would be updated any time the person's needs changed. Staff confirmed this saying "If [the name of the person] conditioned changed, we'd tell the manager or community team support (CTS) and their risk assessment would get updated".

People were protected from the risk of harm from infection; staff wore protective clothing such as aprons and gloves whenever carrying out personal care. Staff knew when they needed to wear protective clothing. One staff member said, "I come to the office and collect gloves and aprons. I know to wear them when providing any personal care and support or when I'm applying cream to the person".

Staffing levels were appropriate to meet the current level of people's needs. The service had sufficient staff available as well as regular agency staff to cover any illness or sudden absence of staff. People said they knew the care staff. One person said, "Staff usually arrive on time but occasionally get stuck in traffic". The manager was aware of this concern and had changed staff rota's to minimise the chance of this happening in the future. The manager explained that they have enough staff at the moment for the people's current level of needs. However if they needed to use agency staff, they used the same agency and had regular staff from there in order to provide continuity of care.

The service followed safe recruitment practices. Staff told us they had "completed an application form and attended an interview". They had not commenced work until all the checks had been completed. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults. Records confirmed that staff members were entitled to work in the UK.

Staff knew what to do if they suspected abuse and received relevant training as part of their induction. Staff could identify the signs that abuse might be taking place and felt confident to report their concerns internally and follow these up with the local authority or CQC if necessary. One member of staff said, "We covered safeguarding adults our initial training, I know to report anything direct to my manager or the community team supervisor (CTS). If I want to take it further then I would contact social services or you (CQC)". They were able to follow the procedures and confirmed they had received regular training and updates on the safeguarding of adults. Staff were aware of the whistleblowing procedures and knew it was their responsibility to report any unsafe practices to the relevant authorities' One staff member described a situation where they had concerns and how they had reported them immediately to the office and had then completed a written statement. They said that appropriate action had been taken by the manager and the concern was investigated by the appropriate people. The manager was aware of their responsibilities for safeguarding; they knew to contact the local authority if they had any concerns about people's safety.

People said staff supported them to take their medicines as prescribed. One person said "Staff only need to put my medicines out. They always tell me what they are doing first". All staff said they had received appropriate training in the administration of medicines, they described how they shadowed more senior staff members and were then competency assessed. One person received their medicines through their PEG tube, this is a tube which goes direct into the person's stomach and they receive all their nutritional input through it. Staff had received additional training and further competency assessments in order to be able to support this person to have their medicines.

Staff followed the policies and procedures in order to protect people they worked with. Where accidents or incidents had occurred, this was documented and a clear plan of what action had been taken and any follow up or learning had been made. For example; where there had been a medicine error. This had been raised immediately and action taken. The manager said they used any incidents for "learning and development", either on a one to one basis or would be shared in team meetings.

Good

Is the service effective?

Our findings

People were confident that all care staff had the skills to care for them effectively. One person said "I can't complain about anything the carers do for me". Another said, "They [care staff] are willing to do what I want them to do". A third person said, "All the carers are very good. I do like one particular carer and Abicare try and make sure I get her, to get continuity".

Staff had completed a range of training appropriate to their role. Everyone we spoke with felt the care staff had received sufficient training to meet their needs. One member of staff said, "The training was really good. It's fully comprehensive and I felt confident to go out and do the job". Another staff member described how their induction prepared them from the role. They said "The training is in-depth with this company, as well as my induction I did a three day refresher training. I then went on double up visits until I felt confident and competent, to go out on my own". There was a fully comprehensive six day induction training programme which covered all necessary areas via e-learning, practical or group sessions. The manager had a clear view of the training needs of the care staff and ensured these were met. Should there be any specific training needs identified, these would be addressed through extra training. For example, one person required to have their nutritional needs met through a PEG feed. An external trainer was brought in to teach the care staff how to manage this to ensure all care staff were competent to provide care for this person. Arrangements were in place for staff new to care to complete the Care Certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care to people.

Staff were supported through both formal and informal supervision. All staff we spoke with confirmed they received regular supervision. One care staff said, "I feel fully supported, I have had regular supervisions". Another said, "I know I can phone up the office or call in and get support if I need to". Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Records of supervisions showed a formal system was used to ensure all relevant topics were discussed. Where actions were identified the process ensured these were reviewed at the subsequent supervision meeting. New staff were subject to a probation period, during which they received supervisions at four, eight and twelve weeks. This could be extended if required. Records showed these meetings identified actions for both the staff member as well as management.

People's ability to make decisions was assessed in line with the Mental Capacity Act 2005 (MCA). 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 to do so if needed. When they lack mental capacity to make particular decisions, any decisions made on their behalf must be in their best interests and least restrictive as possible. Staff were aware of the MCA and how they used it when providing care and support to people. All staff had completed MCA training and were able to describe situations when it might be needed. All the people who were being supported by Abicare had the ability to make decisions for themselves. However, staff were able to explain how people's capacity may change due to a medical condition such as a urinary tract infection.

People said they were always asked for their consent before care and support was provided. One person said, "The carers always ask my permission before doing anything, though sometimes it isn't necessary" Another person said, "They [the care staff] always ask, especially the new ones". Care plans contained a 'consent to care form', which had been signed by the person. Staff said they gained people's consent before providing care. One staff member said, "I always ask the persons consent before I do anything. It's their home". Another said, "I always ask their permission, and I'll double check that it's ok before continuing with the task".

Staff knew people's needs and were able to describe how to meet them effectively. Staff recorded the care and support they provided and a sample of the records viewed, demonstrated that care was delivered in line with their care plans. One person said, "The new carers read my care plan, but I tell them how I like things doing and they listen and do as I ask".

People's health needs were met. Care plans contained information about people's health and personal care needs and any actions that were required to meet these needs. Where people required health care this had been arranged for them in a timely manner. Staff said if they felt the person they were visiting was unwell, they always advise them to contact their doctor and then they would inform the office staff of this and record it. One staff member told us how they had noticed a lump on one person when they were carrying out the evening shift. They left a note in the daily records, detailing the lump and asking them to contact the district nurse in the morning to get it checked. They confirmed this had been done. Care files contained records of contact made with external health professionals such as GP's or district nurses.

People confirmed that staff supported some of them to make their meals. No one we spoke with required support to eat their meals. Care plans contained information about special diets people required such as for people with diabetes. One person said "They always ask me what I'd like and then they make it for me". All care staff had completed their food hygiene training.

Good

Is the service caring?

Our findings

Everyone we spoke with said the care staff were kind and caring. One person said "They [they care staff] are lovely, they are really nice and helpful. They are very caring". Another person described the care staff as always being "very cheerful". A third person said, "They are all very caring, they always ask me how I am". A relative said "All the care staff are very, very good. I have no complaints they treat [name of person] with dignity and respect. They are all very caring".

Care staff said they always treated people with respect and kept dignity in mind when providing personal care and support. Everyone we spoke with confirmed this was happening. People said staff asked their permission before carrying out any support task and explained to them what they were doing. One relative said, "The care staff always make sure [name of person] remains as covered as possible when providing person care. They explain what they are going to do before they start and they always wait for [name of person] to indicate they are ready".

People said care staff asked them about their care and how it was provided. Staff knew what person-centred care was and were able to explain how they provided it. They knew the people's likes and dislikes. They were knowledgeable about their individual needs and how to ensure these were met. One staff member said, "They [the people] are all individuals you need to listen to what they want and not take over". Care plans were detailed and gave step by step guidance to staff about what support the person needed and what they were able to do themselves. Each person confirmed they had been consulted when these were written. Care staff knew the importance of maintaining the person's independence. One staff member said, "You need to respect their [the people's] independence. You let them do what they feel able to do and support them with what they are not able to manage. You don't just take over". Other staff members said, "You try to get them to do as much as they can for themselves" and "You encourage people to do as much as they can for themselves".

Care staff respected people's right to refuse care. They told us that if a person did not want care, they would encourage them to have it by leaving them a while and then asking again. If the person still declined, they would record this in the person's daily notes. Care staff said they would also inform the office of this. Daily records showed where care staff had recorded they care provided and when it had been refused. It also showed what actions had been taken and any changes made. People said the care staff always respected their wishes and never forced them to receive care.

All records relating to people were kept secure within the care agency's office. Access was restricted to staff who needed access to them. Any information which was kept on the computer was also secure and password protected. Daily records were collected weekly and stored securely in the relevant care files.

Good

Is the service responsive?

Our findings

People received individualised care which met their needs. One person said, "All my needs are met" another said, "They always check if there is anything else I need before they go" and "they help me to put on my creams, I couldn't manage without them". Care plans were updated regularly to ensure that the information was accurate and a true reflection of the person's current needs. They provided clear guidance to staff about the person, and provided them with clear instructions on how to manage specific situations.

People's care plans reflected their individualised needs and were not task focused. They included information about the person and their likes and dislikes. For example, they provided details about how they liked to be supported, what time they wanted their support and whether they wanted a male or female carer. They also gave details about what the person was able to do for themselves. People confirmed they had been involved in the decision making about the care they received. The care plan was clear that care staff should support and encourage [name of person] to do as much of this as possible and to not take over. The care plans were updated regularly to ensure that the information was accurate and a true reflection of the person's current level of needs.

Daily records showed people were receiving the support they required to ensure their personal care needs were met. The daily care notes were collated in the office and if any concerns identified, these would then be addressed. For example, if the daily notes identified a particular aspect of care was taking longer, then a review of their care needs would be arranged. If a training need was identified, then this would be discussed at the next staff meeting. If care staff weren't recording enough information on the daily records, then this would be addressed in supervision.

People were confident that the manager of Abicare would take their concerns seriously and felt confident to raise any complaints. One person said, "If I have any concerns I just phone the office and it gets sorted". Another person said, "I haven't had to complain, but I know I just need to ring them at the office and I am confident they would sort it". There was a complaints procedure in place, and when complaints had been received there was a clear response to the person making the complaint informing them of what action had been taken. The manager contacted people at least once a month via telephone to see if people had anything they were concerned about or wanted to change with their current care package; this allowed them to gather regular feedback from people using the service and address issues in a timely manner. They did this alongside visiting people to get feedback. We saw copies of the feedback from these meetings which highlighted the concerns over the delays in arrival of some staff. They would also send out annual questionnaires to people and their relatives. If these raised any concerns or suggestions, they stated these would be looked into and actions taken.

Good

Is the service well-led?

Our findings

People and staff believed the service was well-led. People said, "Things have improved since the new manager took over". Another person said, "Circumstances have changed, they are now much better. Abicare is the best care agency I have had so far and I don't want to change them". Staff said, "The new manager has sorted a lot of things out in the time she has been here. [Name of manager] has put structure back into the company and leadership". Another staff member said, "The new manager is absolutely fantastic".

The manager explained the plans to improve the service and spoke about making the staff feel supported. They went on to say the first thing they had done was "make the staff happy in their role". They explained that prior to them coming into post, there had been no consistency and there was a lack of leadership. Now there is a clear management structure and support network, staff levels are sufficient and the service is retaining staff. The manager wants the service to develop and plans on looking at ways in which they can learn and develop further.

The service promoted a positive culture and had an 'open door' policy. The manager confirmed that the biggest challenge when starting with Abicare had been changing the culture within the service. In the short time the manager had been in post, both people and staff had commented on the change in how the service was now being managed. Staff commented on how they felt "listened to" and how they could approach the manager about anything.

Staff told us they felt "supported by the management team". They said that previously "there had been no structure and managers had not stayed in post" but, "now there was a clear management team in place which supported the staff by offering clear leadership, advice and guidance". Staff were encouraged to call into the office at any time and have a coffee and catch up with the manager and office staff. All of the care staff, who were spoken to, said they enjoyed working for Abicare and would recommend it to their friends. One staff member said, "They [the management] have been so supportive. I needed flexibility with my hours and they supported me with this. This means I can continue to work". Staff said they felt listened to, and they were encouraged to attend regular staff meetings to share their experiences. The manager said "Since being in post, head office have been very supportive and there is someone I can call if I need to".

People's experience of care was monitored through regular telephone calls from the manager and community team supervisor. People were also encouraged to call the office if they had any concerns or changes to their care. People said, "Things have changed, there is a new manager. Before when you rang you couldn't get hold of anyone, now there is always someone there to help". The service also sent out annual questionnaires to people using the service, in order to gather feedback. This was then put onto a spreadsheet and allowed any areas of concern to be identified and acted on. Staff also completed feedback surveys, which allowed the manager to identify and areas of concern or specific training needs.

The manager stated they reviewed all the medication administration records and records of daily care when they were returned to the office. This helped them ensure people were receiving the correct care and would allow action plans to be put in place should any issues be identified. Both the manager and the community

team supervisor went out on shadow shifts with staff, to observe staff providing different aspects of people's care. This allowed them to identify any training needs and ensure the care was being delivered correctly. There was a system in place to review care plans and risk assessments.

The service completed quality assurance checks on the care and support they provided. This was done through audits, surveys as well as spot checks. The manager also carried out shadowing and reverse shadowing on all staff at different times throughout the year to identify if there were any additional training needs required and to check they were competent in their role. Reverse shadowing is where someone is then watched doing the task they have been shown. There was a system in place for reviewing care plans and risk assessments. The manager told us these were reviewed annually, but were also updated as people's needs changed. We saw that spot checks on the daily records were being completed, and had identified issues with poor recording by certain staff members. This has been discussed at staff meetings and changes have been made. Appropriate policies and procedures were in place and followed. The manager said staff had to sign once they had read the policies to say they understood them.

The service took appropriate action if any accidents or incidents occurred. The service kept a record of when they occurred, and the action they took as well as any measures put in place to prevent them from occurring again. The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration.