Luton Borough Council

Abigail Court (Domicillary Care)

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

Overall summary

We carried out an announced inspection on 12 November 2015. The service provides care and support to people living in their own homes, within an extra care housing scheme and the care staff are based in the building. At the time of the inspection, 16 people were being supported by the service, some of whom may be living with chronic health conditions, physical disabilities and dementia.

The service did not have a registered manager following their retirement in September 2015, but the provider had started the process of looking for a new manager. A team leader was managing the service at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from risk of possible harm and suitable equipment was in place so that people were supported safely.

The provider had effective recruitment processes in place and there were sufficient numbers of staff to support people safely. Staff received supervision and support, and had been trained to meet people's individual needs.

Staff understood their roles and responsibilities to seek people's consent prior to care being provided. Where people did not have capacity to consent to their care, this was provided in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by caring and respectful staff. They were supported to access other health and social care services when required.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to improve the quality of the service.

The provider's quality monitoring processes had been used effectively to drive continuous improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There was sufficient staff to support people safely.

There were systems in place to safeguard people from the risk of harm.

People's medicines were managed safely.

Good

Is the service effective?
The service was effective.

People's consent was sought before any care or support was provided and staff understood their roles to provide care in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by staff who had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Good

Is the service caring?
The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were encouraged and supported to pursue their hobbies and interests.

The provider had an effective system to handle complaints.

Good

Is the service well-led?
The service was well-led.

The team leader provided effective support to the staff and promoted a caring culture within the service.

People who used the service, their relatives and professionals involved in their care had been enabled to routinely share their experiences of the service and their comments were acted on.

Quality monitoring audits were completed regularly and these were used effectively to drive continuous improvements.

Good

Abigail Court (Domicillary Care)

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 12 November 2015. We gave 48 hours' notice of the inspection because we needed to be sure that there would be someone in the office. The inspection was conducted by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we briefly met with the service manager who provided support to the team leader. We also spoke with the team leader, three care staff, two visiting professionals and the warden. We visited and spoke with six people who used the service. We looked at the care records for six people, the recruitment and supervision records for four care staff and the training records for all the staff employed by the service. We saw the report and action plan of the last review carried out by the local authority. We reviewed information on how medicines and complaints were managed, and how the provider assessed and monitored the quality of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe and that they were supported well by staff. One person said, "I feel safe here, no problems at all." The exception to this was a person living on the ground floor who was worried about possible intruders. They said, "Recently someone has been trying my door at night. I think it is someone trying to get in. I have to make sure that I lock the door when I go to bed to make sure it is secure." We discussed this with the team leader and they told us that the evening staff normally checked that the homes of the people they supported were secured before they left. In addition, only members of staff and people's relatives had access to the key safe codes necessary to access keys to enter the homes of people who were unable to open their doors. We noted that staff understood the importance of keeping this information safe.

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Information about safeguarding was displayed in the care office and the notice board by the entrance to the building. This included guidance on how to report concerns and contact details of the relevant agencies. Staff had received training in safeguarding people and this was up to date. Staff we spoke with demonstrated good understanding of safeguarding processes. One member of staff said, "I have never been concerned about people's safety because we do our best to support them well. We always make sure that their homes are safe and where required, we use the right equipment to help people to move safely."

We saw that an environmental risk assessment had been completed for each person as part of the service's initial assessment process. This helped staff to identify and minimise any potential risks in people's home. The service also kept a record of all accidents and incidents, with evidence that appropriate action had been taken to reduce the risk of recurrence.

There were personalised risk assessments for each person to give guidance to staff on any specific areas where people were more at risk. These assessments included those for risks associated with people being supported to move, risks of developing pressure area damage to the skin, people not eating and drinking enough, and risk of falling. The action taken by staff was meant to maintain a balance between minimising risks to people and promoting their independence. In order to ensure that a person requiring a hoist and sling to move was supported safely, information about how to use the sling had been given to staff. A copy of the sling label was kept in the person's records so that staff had the contact details of the manufacturer if they needed these to order a new one or to get advice. This was a good way of preserving this information as the labels tended to fade when the sling had been washed a few times. We noted that people's risk assessments had been kept up to date because they were reviewed and updated regularly or when their needs had changed.

People said that there was enough staff to support them safely and at agreed times. There was an effective system to manage the staff rotas and these showed that enough staff were always available to support people. We saw that the provider occasionally used agency staff to cover for staff leave, but they ensured that those staff had previously worked there and understood the needs of people they supported. Staff told us that they were always able to provide the support people needed because there was enough of them. A member of staff said, "Generally we are ok for staffing. I know that more staff have been employed recently so that we don't use agency staff as much."

We noted that the provider had an ongoing recruitment programme so that they covered any vacancies as they occurred. They had effective systems in place to complete all the relevant pre-employment checks, including obtaining references from previous employers, checking each applicant's employment history and identity, and requesting Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

The majority of people told us that they were given their medicines safely and as prescribed. Although one person said that their medicines had not been managed well when they were first supported by the service a few months ago, they said that this had improved adding, "My [relative] has sorted it all now and it's safer as all the carers have to do is press the tablets out into a pot and give them to me. I am reassured now that I am getting the right medicines." On the whole, we saw that people's medicines were managed safely and administered by staff who had been trained to

Good

Is the service safe?

do so. The medicines administration records (MAR) had been completed correctly with no unexplained gaps. The medicines were stored securely within each person's home and where necessary following a risk assessment, these had been locked in a cupboard for safe keeping. There was also a system in place to return unused medicines to the pharmacy for safe disposal. Where issues had been identified with someone's medicine, appropriate action had been taken to reduce the risk of it happening again in the future. For example, there was a written record of an incident when a person had been given their morning medicines twice in May 2015 and this included all actions taken to manage the error. Additionally, this had also been discussed in a subsequent staff meeting to ensure that they learnt from the incident.

Good

Is the service effective?

Our findings

People told us that staff supported them appropriately and in a way that met their individual needs. They were very positive about the staff who supported them and they said that staff knew what they were doing. One person told us, "I feel I am very well looked after here." Another person said, "They are all trained very well to meet my needs." A third person said, "It's all good with my care, they know what I need help with."

Staff told us that they provided good care to people because they had the right skills and knowledge to do so. They were complimentary about the provider's training programme and said that it had been effective in ensuring that they knew how to support people appropriately. A member of staff said, "The training is excellent. They really care that we know how to meet people's care needs." We saw that the provider's compulsory training programme included a variety of relevant subjects and this was monitored regularly to enable staff to update their skills and knowledge in a timely manner. We noted that additional training had also been completed by staff in a range of subjects. The training undertaken by the team leader included the impact of the Care Act, dementia awareness and they also attended a conference on dementia friendly communities, autism, transdermal patches, tissue viability and mental health awareness. The team leader told us that they had found all training useful in ensuring that they had the knowledge and skills they needed to support staff. They also said that they could ask community nurses for further training and support if they needed to learn specific skills to support people with complex needs.

Staff had received regular support through staff meetings and they could also speak with the team leader whenever they needed support. They said that they worked well as a team and there was good communication amongst team members. A communication book was being used to ensure that important and urgent issues were communicated to all members of the staff team. Staff told us that they routinely read these messages at the start of each shift as they found it to be an easier way of communicating changes to people's care needs or routines. There was evidence that regular supervision was provided to all staff. Staff found these meetings to be positive and we saw that they had been used as an opportunity to evaluate each member of staff's performance and to identify areas they needed additional support or training in. One member of staff said, "If I need anything from [team leader], she is really helpful." They also told us that they had regular supervision and had had a positive appraisal meeting for this year.

People were supported to give consent before any care or support was provided. We saw that consent had been sought from people in relation to their care and support, staff having access to their key safe codes and being supported with their medicines. Staff understood their roles and responsibilities in ensuring that people consented to their care and support. A member of staff said, "We always respect people's wishes and decisions." They went on to tell us about a person who had in the past made a decision to refuse care and food, but they had to respect this as the person had capacity to make these decisions. There was evidence that where a person did not have capacity to make decisions about some aspects of their care, mental capacity assessments had been completed and decisions made to provide care in the person's best interest. This was done in conjunction with people's relatives or other representatives, such as social workers and it was in line with the requirements of the Mental Capacity Act 2015 (MCA).

Some of the people were being supported to prepare their meals. Most people or their relatives organised their food shopping and staff were mainly required to warm and serve already cooked meals, and prepare drinks for people. People told us that this was done with care and staff respected their choices. One person said, "I'm happy with how they give me my meals." While we were speaking to a person in their home during lunchtime, we observed that a member of staff asked them what they wanted to eat and whether they needed help. They said to the person, "Do you want me to cut up your chicken for you." We also saw that another member of staff supported a person to sit up comfortably before they gave them their food. They said, "I need to turn you around to sit you up at the table, is that alright [person]?" We noted that both members of staff remained in each person's home while they were eating and then took away the used plates. Staff told us that they were happy that where required, they were able to support people to eat. A member of staff said, "This was not possible when I used to support people in the community because the care visits were quite short." They also said that being able to observe people eating enabled them to

Good

Is the service effective?

assess if they had difficulties eating their food and could take prompt action to ensure that people ate and drank enough fluids. Staff told us that any concerns would normally be reported to the team leader in the first instance and where necessary, this would also be discussed with the person's relatives and their GP so that appropriate action could be taken to support the person.

People spoke at length about how they were supported to access other health and social care services, such as GPs, dieticians, community nurses, and hospital appointments by their relatives so that they received the care necessary for them to maintain their wellbeing. They told us that the care staff did so if urgent care was required. One person said, "When I'm unwell, the carers suggest that I need to see the GP and they arrange for them to visit me." A professional who visited the service regularly to see different people said that they were normally contacted by the service in a timely way so that prompt action was taken to support people. They also said, "I have no concerns at all about what I see when I come on a daily basis. The residents are well cared for and enabled to stay fit and well." During the inspection, we observed that ambulance crew had arrived to assess a person who had a fall, but they had not been taken to hospital as they did not have any injuries.

Good

Is the service caring?

Our findings

People told us that staff were friendly and provided care in a compassionate manner. One person said, “The carers are all very different, but all friendly and helpful.” Another person said, “I am very well looked after here. They are patient, kind and never rush me.” A third person said, “They are always kind to me.” Due to the nature of the service, we were only able to observe limited interactions between staff and people they supported and found this to be friendly and supportive. Both parties appeared to have a mutual understanding of what staff needed to do at each visit and the interactions we observed were both relaxed and purposeful.

People told us that they were involved in making decisions about their care and support needs. Some of them told us that they had been involved in planning their care and that staff took account of their individual choices and preferences. We observed that staff knew how people wanted to be supported and respected their choices. For example, a member of staff had asked if a person wanted to be supported to use the toilet before or after their lunch and they respected the person’s choice to do so after they had eaten. Also, a member of staff told us how they supported a person to choose what to eat by showing them four meal options so that they could make a choice from these. They also said, “It is not always possible for people to remember what they have in their fridges or freezers, so it helps if they are actually shown what is there.”

People told us that staff treated them with respect, and maintained their dignity. One person said, “They are always respectful.” Staff demonstrated that they understood the importance of respecting people’s dignity, privacy and independence by ensuring that they promoted people’s human rights. A member of staff said, “We try to make sure that people continue to do as much as possible for themselves. It gives them satisfaction that they are not entirely reliant on us to meet all their care needs.” Staff were also able to tell us how they maintained confidentiality by not discussing about people outside of work or with agencies not directly involved in their care. We also saw that the copies of people’s care records were held securely within the provider’s office.

Information was given to people in a format they could understand to enable them to make informed choices and decisions. Some of the people’s relatives or social workers acted as their advocates to ensure that they understood the information given to them and that they received the care they needed. When required, information was also available about an independent advocacy service that people could get support from.

Good

Is the service responsive?

Our findings

People who used the service had a wide range of support needs and these had been assessed prior to them being supported by the service. We saw that appropriate care plans were in place so that people received the care they required and that appropriately met their individual needs. Their preferences, wishes and choices had been taken into account in planning their care and people confirmed this when we spoke with them. People told us that the care provided was focussed on them, as individuals. One person said, "I get the care I need all the time." Although some of the people we spoke with said that they had not helped to write or review their care plans, they were happy with how their care was being managed. One person said, "My [relative] deals with all that."

Staff told us that they were keyworkers to a small group of people so that they got to know their needs very well in order to provide appropriate care. A member of staff said that they were a keyworker to one person and that their responsibilities included routinely ordering the person's medicines so that they never ran out of this. The keyworkers also ensured that people's care plans were reviewed regularly or in a timely manner when their needs had changed.

It was evident that care provided was based on the individual needs of people who used the service. We observed that adjustments had been made in some of the people's homes so that they achieved good outcomes from the care provided to them. For example where required, people had specialist beds, walking frames or wheelchairs. We saw email communication between the team leader and other professionals to ensure that people had the equipment and support they needed. As a result, adaptations had been made to some of the people's showers so that they were able to use them safely. A person who had recently started being supported by the service was waiting for a shower seat to be installed and this work had been requested as soon as they moved to their flat.

Activities were provided by the housing staff to support people to positively occupy their days. Some people chose to attend these and others regularly attended off site day centres. Staff told us that they encouraged people who were fit and mobile to remain as active as possible. One person said that they walked a neighbour's dog daily and did their own shopping in the local shops. Another person told us that they regularly went to a local convent to pray and that they enjoyed walks in the park. Others told us that family members visited them regularly and they occasionally, went out with them.

The provider had a complaints policy and procedure in place and people were aware of this. Everyone we spoke with told us that they had never had any reason to raise a complaint about the care provided by the service. They said that their relatives generally dealt with any problems or issues, but they would speak to the warden if they were not happy about their homes. They also said things always got sorted if they had concerns about their care. We noted that there had been no complaints recorded in the last 12 months prior to the inspection.

Good

Is the service well-led?

Our findings

The service did not have a registered manager because they had retired in September 2015. A team leader was managing the service while recruitment of a new manager was in progress. The team leader was supported by a service manager. People knew who the team leader was. One person said, "She comes around from time to time." People we spoke with were also complimentary about the quality of the service provided and that staff were responsive to their individual needs. One person said, "The care is excellent ."

Staff told us that the team leader was approachable and provided the support they needed to support people well. They said that they had no concerns about how they were being managed since the manager left and they could contact the area manager (service manager) if they had any complaints. A member of staff said, "We are a good team here. We all muck in together and there are no problems. If we need help we say so." Another member of staff told us, "The support from the team leader is really good."

The provider promoted an 'open culture' within the service so that people or their relatives and staff could speak to the team leader or the service manager at any time. Staff told us that they were encouraged to contribute to the development of the service so that they provided a service that met people's needs and expectations. Regular staff meetings had been held so that they could discuss issues relevant to their roles. This also enabled the team leader to relay new information to all staff so that they provided appropriate care. We saw a standing agenda that included information about the Care Quality Commission (CQC)'s standards, safeguarding, provider updates or policies, medicines management, complaints and compliments. Also, we noted that the care of individual people was discussed to share good practice.

There was evidence that the provider regularly sought feedback from people who used the service, their relatives and health and social care professionals involved in their care so that they had the information they needed to continually improve the service. There were occasional meetings with people who used the service, but only one person told us that they had attended these. Where possible, staff visited people to complete a 'customer consultation' form which sought to determine if people were happy with the service provided. We saw that for one person, this form had been completed on five occasions in the 12 months prior to the inspection. On all occasions, the person said that they were happy with their care. Additionally, the provider completed an annual survey and the results of the one they completed in 2014 showed that people were mainly happy with the quality of the service provided. Other positive comments about what staff did well included: 'they cook my meals; they look after my wellbeing; they are patient especially when my tablets change; they listen to me; they treat me with affection and respect'. Although some people had indicated that they had not been given information about the care office hours and the out of hours contact details, we saw that this information had been included in the 'service user guides' given to people when they start using the service. Also, we saw the records kept by people in their homes and this information was in the file. We noted that the form had been updated for the 2015 survey so that they could better capture people's views and suggestions for improvements.

The team leader regularly completed various audits to assess the quality of the service they provided. These included checking people's care records to ensure that they contained the information necessary to provide safe and effective care. Also, medicine administration records (MAR) and staff files were checked regularly. Where issues had been identified from these audits, they took prompt action to rectify these. For example, although robust records were mainly kept in relation to people's care, we saw that further guidance had been given to staff to ensure that the daily care records contained detailed information about people's welfare and the support provided to them. The team leader also said that they were reviewing whether additional staff training was required to ensure that they kept detailed records that accurately reflected the good care they provided to people. This showed that they were a learning service that endeavoured to continuously improve.