

Abicare Services Limited

Abicare Services Limited - Hereford

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

This inspection was carried out on 22 September 2015.

The provider registered this service with us to provide personal care and support for people within their own homes. At the time of our inspection 63 people in Herefordshire received care and support from this service.

There a registered manager in post. A registered manager is a person who has registered with the Care Quality

Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they could talk to the staff and management at any time and if they had any concerns they would be listened to.

Summary of findings

People said that there were enough staff to meet their needs. People said that Staff holidays or sickness were covered by other staff to make sure that all planned visits could go ahead.

People received care that was safe and got the support they needed with their medicines.

People felt involved in their care and were able to make choices regarding their care and support. They told us that staff were caring and kind and knew their needs, providing them with the support that they expected.

Checks were in place to make sure that new staff were suitable to support people in their own homes and keep them safe before they were recruited.

The registered manager told us that they wanted a service that provided individual and specialised care. Checks were completed regularly to make sure that good standards of care were maintained. Feedback from the people that used the service was gathered on a regular basis and any areas identified for action were acted upon

People told us they had choice over the support they received and nothing was done without their consent. Staff understood the principles of consent and delivering care that was individual to the person.

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.

People felt that staff had the skills and knowledge to protect them from harm and provide care and support that was safe. People had the correct support to take their medicines safely.

Staff had a good understanding of safeguarding and managing risks associated with their care. People received care and support at the times that they needed it.

Good



Is the service effective?

The service was effective.

People were supported to access different health professionals when needed.

People had the support they needed with preparing meals or with eating and drinking.

Staff understood the principles of the mental capacity act and the importance of ensuring people were able make choices and consent to their care.

Good



Is the service caring?

The service was caring.

People said staff were kind and caring and treated them with dignity and respect.

People were involved in planning and reviewing their care and support. They felt they could make suggestions about their care at any time with the staff and the registered manager.

Good



Is the service responsive?

The service was responsive.

People said that staff responded to their needs and if they had any concerns were quick to involve other professionals.

People knew how to complain and felt that they were able to raise any concerns and they would be listened to and responded to.

Good



Is the service well-led?

The service was well led.

People said the registered manager and staff were approachable and always took time to make sure they were happy about their care and support.

Staff felt well supported and motivated to provide a good quality service.

Good



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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 was an announced inspection which took place on 21 September 2015 by an inspector and an expert by experience. The provider was given 48 hours' notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also included any safeguarding. We refer to these as notifications and providers are required to notify us about these events.

As part of our planning for the inspections we asked the local authority if they had any information to share with us about the care provided by the service.

We spoke with 13 people who used the service, three relatives, five care staff, the registered manager and the locality manager.

We looked at the risk assessments and specific care plans care records for five people, four staff files and looked at records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

People we spoke with told us they had consistent support from a small team of regular staff who they knew and were familiar with their assessed needs. If staff were off ill or on holiday other staff would cover the visits to make sure none were missed. They said that staff were reliable and rarely late. One person said, “I Realise that it (being late) can’t be helped at times and they will let you know if very late.” Staff told us that they felt it was important to be on time, but on occasions they could be late, so would call in to the office so the person could be told.

People told us they felt safe, one person said, “It feels very safe and I trust them [staff].” People said that they had information from the provider on who to report any concerns to. One relative said, “I feel [person’s name] is completely safe with all the workers-no concerns about any aspect of care. [Person’s name] has still got control and choice but there is now a safety net in place which is very re-assuring”. Staff told us about what to look for and how to deal with abuse. They were able to tell us who they would contact if they had any safeguarding concerns. The registered manager also had a good understanding of their responsibilities to identify and report potential abuse under local safeguarding procedures.

People said that risks were explained to them and they felt risks were managed well by staff. Staff we spoke with knew about people’s needs and could tell us how they managed risks associated with people’s care and medical conditions. Staff told us that the risk assessments were clear and reviewed regularly. If they felt that a person’s risk assessment needed changing they would tell the managers who would review it straight away. For example one person

had an increase in falls, so the risk assessment had been updated to include increased monitoring and increased awareness of fall hazards in the person’s home. As a result the person had been referred to other health professionals.

Staff told us that there were checks in place before they started working for the service. Three staff files confirmed that checks had been undertaken with regard to criminal records and proof of ID. The provider had also received references from past employers to make sure that new staff were suitable. The registered manager told us the importance of checking the suitability of potential new staff before they commenced delivering care and support.

People told us that they had the right support with their medicines. The support varied according to people’s needs. For example some people just needed a prompt to take their medication; other people needed help with administering eye drops and creams. One person said, “Carers do all my pills and the like, they prompt me daily and remind me to re-order from surgery.” All staff told us that they had regular medicine training and that they were unable to help people with their medicines unless they had been trained. They knew about the medicines policy and were able to tell us about the action that they would take if they had concerns about someone’s medicines. One staff member said, “If someone didn’t take their medicines or none were available I would phone my manager.” Staff also told us about the importance of reporting medicine errors straight away.

People said that staff agency would deal with any emergencies and they knew the agency had a policy where staff would contact the office and if appropriate the emergency services and family. One staff member told us about an occasion where they had called an ambulance upon arriving at a person’s home. They told us that they stayed with the person until the help arrived.

Is the service effective?

Our findings

People told us that staff had the skills and knowledge to meet their needs effectively. One person told us, “I have never had any problems with my care and so yes, I do feel they are skilled and trained.” A relative whose family member was living with dementia was particularly impressed with the way in which all the staff cared for the person. They told us that they felt that staff understood the health needs of the person and showed skill and knowledge in how they supported them.

Staff told us that they had regular training. They felt that the training was useful and enabled them to do their jobs effectively. One staff member said, “If you come across something you are unsure of and there is training on it all you have to do is ask and they get it arranged.” The registered manager told us about the plans to form specialist teams so that staff could get additional training in certain health conditions and become leads in a particular speciality. Discussions with staff had already started to identify what additional training they required. One staff member told us, “We [staff] get good training and support. Couldn’t ask for more.” One new member of staff said, “I have had more training here than anywhere I’ve worked before.” They felt that their induction period gave them opportunity to observe and be observed by more experienced staff. They told us this provided them with confidence and knowledge to carry out their job role effectively. We saw in the staff records that new staff had induction training and shadowed experienced workers for the first few visits.

People felt that the support they had was what they expected and reflected what was in their care plans. Staff told us that they felt care plans were clear and detailed. Staff were able to tell us about people’s needs and said that the care plans reflected the care they provided. In the four care records we looked at we found that care plans were detailed and had been reviewed regularly. All the staff

we spoke with had knowledge of the needs of the people who used the service. Staff were able to tell us about how they managed some of the people’s more complex health needs.

People said that staff always respected their wishes. People who had requested changes to times or to the support they received felt that their wishes were listened to. One relative said, “Staff have to come at set times in the morning and evening to do meals as [Person’s name] is diabetic and nurses come to do insulin so can’t be late or not able to have injection. They are very good at this.”

Staff were able to tell us about what needed to happen if a person did not have the capacity to make choices. Staff were able to explain about best interest meetings and the principles of the Mental Capacity Act 2005 (MCA). This demonstrated that staff understood about consent and supporting people with their choices.

Some people received help with their food preparation and they told us they were happy with the support they had around mealtimes. One person said, “They [staff] do my breakfast and on the days I am home they do my lunch and tea. I choose what I want in the morning and they cook it or microwave it.” Staff were able to tell us about people’s dietary needs and the importance of making sure that people had access to food and drinks when staff left. One relative told us, “They [staff] have to come at set times in the morning and evening to do meals as [person’s name] is diabetic and nurses come to do insulin so can’t be late or not able to have injection. They are very good at this.”

People told us that staff supported them to keep well and where needed staff would support them with their health appointments. One person told us, “If I am not well they [staff] do notice and will contact my mum or ask if I want the GP and always ask if there is anything else I want before they leave.” Staff told us about occasions when they had called a doctor and waited with the person until someone arrived. The staff we spoke with all said that they felt the management team were always available for advice if they were worried about a person’s health.

Is the service caring?

Our findings

The people we spoke were happy and complimentary about the staff and the caring way in which they were supported. They felt that the support matched their needs and that they were treated as individuals. One person said, "They [staff] are focused on my individual needs, we have a laugh and joke and they chat to us and are caring, capable and offer to do whatever I want." A relative said, "All staff are courteous, approachable, caring, kind, practical and professional." The staff we talked with spoke fondly of the people that they provided support for.

People said that they felt involved in their care. One person said, "Yes I was involved in it all as was my friend who I live with and I think it's focused on our individual needs." A relative told us, "We were all involved in deciding about care package. Care plan was explained fully so we knew what we were supposed to be getting, agreed and signed." The registered manager told us the most important thing was to have the full involvement of all the relevant people with the person themselves at the centre of all decisions about what care and support was needed. People we spoke with told us that they knew about their care records. The care records that we looked at showed that people had been involved in identifying and reviewing their care and support. We were told that staff explained clearly before going ahead and carrying out any care tasks. People felt that staff communicated well and took the time to make sure that they were involved in their care.

People told us that they were supported to maintain their independence. One person said, "I have regular carers and

they are all very caring. Very good and nothing could fault about them. I try to be as independent as I can and they encourage me, but make sure I don't get too ambitious." Care plans that we looked at showed that the care and support promoted an approach that recognised people's choices and independence. People told us about how staff took time to enable them to participate as fully as they could. Examples we were given included aspects of personal care, meal preparation and shopping. One staff member said, "It's not about doing things for people. It is about respecting what people can do and maintaining that." This was a view shared by the other staff that we spoke with.

All the people that we spoke with had been asked what they preferred to be called and this was adhered to. They told us that staff always treated them with respect and protected their dignity and privacy at all times. For example where a person had specifically said that they did not wish for male carers, this had been acted upon. One person told us, "I feel that all staff treat me with respect in how they talk to me and they make sure that when helping me with personal care my privacy is maintained." People told us that they were always treated with dignity and respect by staff. The registered manager told us about how they are starting to develop a dignity champion role. We asked the registered manager what their thoughts were on the role of a dignity champion. They told us staff would have additional training and look at supporting other staff to maintain dignity in what they do. The care plans we looked at contained information on promoting people's dignity and respect.

Is the service responsive?

Our findings

People told us that the care was centred on their individual needs. One person told us, “[Staff] are flexible. For example if I have appointments at the hospital they will fit in with them.” Another person said, “I had a fall and they extended my care to include getting me up.” Where they could the provider tried to be flexible to meet people’s needs. The registered manager told us, “We try to accommodate if people need their times or patterns of support changing due to a change in their own circumstances.” They acknowledged that it may not always be possible straight away but would work with the person to make sure their needs were met. We could see in the care records where care routines and tasks had been altered so that they could remain individually tailored to what the person wanted.

People told us that if their needs changed the care and support they received was reviewed with the registered manager, staff and themselves to make sure it was still responsive to their care needs. One relative said, “We are due a review as [Person’s name] is not as well as they have been. The GP and Occupational Therapist have been altering things so Abicare have said they will come out in few days’ time to review the package.” Another relative told us, “[Person’s name] care plan has been reviewed three times over phone in six months as [person’s name] has been in hospital and their needs have changed.” We asked people what involvement they had in any changes. They told us that they were always consulted and part of any decisions made about the support they received. Staff told

us that care needed to reflect people’s own personal needs and the senior staff and management were quick to respond and organised care reviews when they were needed.

The registered manager and the staff regularly engaged with other professionals associated with peoples care and support so that they could respond to changes where they were required. We saw an example where a care plan had been reviewed with input from the district nurse following a change in a person’s health.

People told us that they felt they could raise any concerns or complaints. They told us that information on how to raise a complaint was provided to the people that used the service and their family/carers. This included contact details for the registered manager as well as other agencies such as the local authority and CQC. All the people we spoke with knew who the registered manager was and felt comfortable to raise concerns with them or the staff. They were confident that any concerns or complaints would be listened to and dealt with appropriately. One person told us about how they had some occasions with staff not turning up. They told us that after they had raised it with the registered manager it had been addressed and the service had introduced a system where staff have to phone in on arrival and on leaving.” They felt this had improved the overall service they received. We spoke with the registered manager about the handling of concerns and complaints. There had not been any recent complaints but we could see that there was a system in place to respond and investigate concerns appropriately. We could see where changes had been made to staff policies following a concern that had been raised by a member of staff.

Is the service well-led?

Our findings

People told us that they felt management were approachable and were easy to contact if they needed them. They said staff were reliable and felt that they would listen and forward any concerns or comments to the registered manager if that was needed. Staff felt well supported and able to go into the office and speak with senior staff or the registered manager if they wanted. One staff member said, “You never feel alone. I can contact the manager any time.” Another staff member said, “We are all well supported in our jobs.” Staff felt that they could go to the registered manager about any concerns and that they felt they would be listened to. Staff were also aware of the whistle blowing policy and who to contact if they had concerns about people’s safety. There was a clear management structure and out of hours on call system to support people and staff on a daily basis.

The senior staff carried out regular spot checks where they would go out unannounced to a visit that staff were attending, observe the care and also ask the person if there were any concerns. The registered manager told us that this was a way of making sure staff were continuing to meet people’s needs as planned and to also give the staff and the person receiving support the opportunity to talk about the quality of the care. Also the provider reviewed people’s care every three months, this involved gathering feedback on what was going well and what needed reviewing with the person who received the care and support and where appropriate their family. Staff felt this was positive, one staff member said, “It gives us a chance to reassure everyone that the care we give is safe and good.” The people we spoke with were positive about the registered

manager. One person told us, “Very good company as a whole I have all details I need if I want to contact them and they tell you of any changes in care. Manager does hands on as well as so has been out herself to see if all working as we agreed.”

Staff we spoke with felt the service was well led and they felt involved in the running of the service. A staff member told us, “We are getting involved in the future of the service. We are developing as a team as we get more complex people to support.” The registered manager told us that they had regular staff meetings. Staff told us that they found the meetings useful. One staff member said, “It is good because staff meetings mean we get together and iron out any little niggles we may have.”

We asked the staff and the registered manager about their vision for the service. The registered manager told us it was to be “The best service in the area.” This was supported by the staff we spoke with all of whom seemed well motivated and positive about working for Abicare. The registered manager told us that they had frequent contact with the provider who was supportive and responsive to anything that the registered manager had to say. The registered manager told us about the plans to develop more specialities in the care they gave as they have had an increasing amount of complex health conditions. They told us that they had already started to identify people with specialist interests and exploring additional training and resources.

The provider had, when appropriate, submitted notifications to us. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.