

ABClivein Care Limited

ABClivein Care Hampshire

Inspection report

7 Elms Road
Aldershot
GU11 1LH

Tel: 07563679637
Website: www.abcliveincare.co.uk

Date of inspection visit:
02 December 2019
04 December 2019

Date of publication:
02 January 2020

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

About the service

ABClivein care Hampshire is a domiciliary care service providing personal care for 44 people at the time of inspection in their own homes.

People's experience of using this service and what we found

The provider had systems and processes in place to manage medicines safely and protect people from the risk of abuse. Infection control measures were in place to minimise the risk of infection. The provider acted on or learnt from incidents, such as an incident highlighting the need for pre-admission assessments to be more detailed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care workers had developed caring relationships with people they supported. Staff respected people's dignity and privacy and promoted their independence.

People's care and support met their needs and reflected their preferences.

Management processes were in place to monitor and improve the quality of the service. There was a positive and open culture. The management team sought feedback from people, relatives and staff. Feedback was positive across all areas.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 7 December 2018 and this is the first inspection.

Why we inspected

This was a planned inspection to give the service its first rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

ABClivein Care Hampshire

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 inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we held about the service, for example, notifications. A notification is information about important events which the provider is required to tell us about by law. We used all of this information to plan our inspection. We received feedback about the service from two professionals.

During the inspection:

We spoke with two people who used the service and two family members. We spoke with the registered manager, and four staff members. We looked at the care records of five people. We looked at four staff records, including training and recruitment records. We looked at other records to do with the management of the service.

After the inspection

We continued to gather information to validate evidence found. We contacted professionals for feedback on the service.

Is the service safe?

Our findings

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

At this inspection we rated this key question as good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of the risks of abuse, the signs to look out for, and how to report any concerns should they have any. Staff told us they felt confident any safeguarding concerns would be dealt with effectively.
- People, relatives and professionals we spoke with told us people were well cared for and safe. One professional told us, "This provider has always worked in collaboration with us and will always go the extra mile to take on complex and urgent placements whilst remaining safe."

Assessing risk, safety monitoring and management

- People had comprehensive risk assessments in place to manage risks such as the risk of falls. Risk assessments had detailed information for staff to follow to minimise risks.
- Environmental risks were considered to ensure people and staff were safe in people's homes.
- We noted in people's files that where necessary people had records to monitor pressure areas, bruises or redness on their skin.

Staffing and recruitment

- There were sufficient numbers of suitable staff to support people safely according to their needs. People, relatives and staff confirmed this.
- The provider's recruitment process was robust, and included the necessary recorded checks that showed candidates were suitable to work in the care sector.
- Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- Where staff supported people with their medicines they followed procedures that were in place to make sure people received them on time, safely, according to their needs and choices, and as prescribed.
- People received their medicines from trained staff who had their medicines competency checked.
- The provider had a system to audit medicines records and follow up any gaps or mistakes in records. We noted there were no gaps in records.

Preventing and controlling infection

- The provider had processes in place to reduce the risk of the spread of infection.

- Staff had access to hand gel, disposable gloves and aprons. Staff told us they had access to ample infection prevention equipment.
- Staff received training in infection control and food hygiene.
- There were reasonable steps in place to protect people from the risk of acquiring an infection.

Learning lessons when things go wrong

- The registered manager reviewed any accidents, incidents or concerns to drive improvements to people's care. The provider had identified improvements were needed in their pre-admission assessments following an incident occurring with a new person who was receiving care.
- Where accidents and incidents happened, the registered manager reviewed them to identify any trends or if there were any changes needed.

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.

At this inspection we rated this key question as good.

This meant 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

- People's care needs were assessed and comprehensive care plans were created which were individual to the person.
- Staff told us care plans contained the information they needed to support people according to their needs and preferences, and that they contained clear instructions for staff to follow.

Staff support: induction, training, skills and experience

- Staff completed an induction based on the Care Certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff completed training the provider considered mandatory, such as moving and handling and safeguarding, as well as training specific to people's individual needs, such as catheter care and mental health. One staff member told us, "The training is to a very good standard." One relative told us, "If a new worker starts, [registered manager's name] shadows for some time to make sure they are good and that the standing hoist is used correctly."
- The management team had an effective system to monitor that training and competency checks were carried out and evidenced to ensure staff skills remained at a good standard.

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

- People were supported to eat and drink where this was identified as a need. People's risks and preferences around food and drink were assessed, such as whether they were at risk of malnutrition or dehydration.
- If staff were supporting people with eating they gave them choices of what they would like.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with other agencies to maximise the support people received.
- The registered manager told us they worked in partnership with district nurses, pharmacies, GPs and social workers to meet people's needs and we saw evidence of this in people's care files.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff who knew them and their healthcare needs.
- People were supported to arrange healthcare appointments where required.
- Staff were provided with information about people's medical conditions and how they impacted on them so they could support them effectively.
- The registered manager sought and acted on guidance from other professionals such as specialist nurses.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff understood mental capacity and the principles of the MCA. People's capacity to consent to specific decisions was considered and reflected throughout their support plans. People were supported to express their views and make choices about their care to give them maximum choice and control.
- People who lacked capacity had a power of attorney. A power of attorney is a legal document that lets a person appoint one or more people to help them make decisions.

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

At this inspection we rated this key question as good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People, relatives and staff we spoke with told us that the staff who cared for people were kind and caring.
- One person told us, "The staff are lovely. They know what to do to look after me." One relative told us, "Without [Loved one] being cared for 24/7 I couldn't ask for more."
- People had developed caring and meaningful relationships with staff. Staff and the management team spoke about people with great fondness often referring to caring for them 'like a relative'.
- We reviewed written compliments about the quality of care provided. One read, 'I wish to thank you and your carers for the wonderful care you gave both my parents, nothing was too much trouble for you and your team, staff were always polite and professional, you gave extra support when they were in hospital. I would recommend ABC to anyone looking for care at home.'

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

- People were actively involved in their care and support decisions and their relatives were included, where this was appropriate. One relative told us, "[Loved one] is very involved in the care. The care plans are very detailed and I always know what's going on."
- The provider ensured people and their families could give feedback regarding the service in a number of ways. This included face to face, with an open-door policy, and through surveys. Comments included, 'Carers go above and beyond' and 'They [staff] even do the hoovering which is amazing' and 'First class standard'.

Respecting and promoting people's privacy, dignity and independence:

- People, relatives and staff confirmed that people were treated with dignity, respect and that their independence was promoted as much as possible. One staff member told us, "I always close the curtains, and door, ask family to leave unless the person wants them there. If someone wants to try and clean their teeth, I encourage them to do it for themselves and it makes them happy, I then offer to 'finish off' if they want me to."

Is the service responsive?

Our findings

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

At this inspection we rated this key question as good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences and give them choice and control

- Staff planned care and support in partnership with people.
- People's needs were captured in comprehensive care plans which contained detailed information about how they wished to receive their care and support.
- The service assessed people's diverse needs in respect of the seven protected characteristics of the Equality Act 2010 which are age, disability, gender, marital status, race, religion and sexual orientation. All people supported by the service were respected and there was no evidence of any discrimination in the service. The registered manager told us how they would support any specific diverse needs such as supporting people to go to their chosen church or to eat a specific food should they require and want this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider complied with the Accessible Information Standard. The provider gave information in a format that people could understand, such as documents and information in a larger font, or giving information verbally if that is what people preferred.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider supported some people to access the community if they wished to. People went shopping, for coffee, to parks, out for a meal and to the gym. This helped to avoid social isolation.

Improving care quality in response to complaints or concerns

- The provider had systems in place to log, respond to, follow up and close complaints. We noted that there had been no complaints since the service opened.
- People and relatives told us they were aware they could complain but had not needed to. One relative told us, "I know if I needed to complain it would be dealt with straight away. If I have had any concerns at all, so far they have responded straight away."

End of life care and support

- Where the provider had supported people at the end of their life, they worked closely with the person's GP and specialist end of life care services as well as supporting families to make sure people were kept

comfortable, dignified and pain-free.

- The provider was not currently supporting anyone 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.

At this inspection we rated this key question good.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff consistently told us the service was well-led. There was a warm, friendly, family culture within the service with a clear drive to provide high quality care. One staff member told us, "Support from management is very good. I can go to management with any problem. Very fast response, there when you need help."
- Spot checks and competency checks were carried out on staff to monitor the quality of the care being given.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities in relation to the duty of candour and had acted with openness, transparency and candour when things had gone wrong.
- The registered manager told us that they only provided care for people whose needs they could meet. This helped to reduce incidents as staff were skilled to provide the support people required.

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

- There was a governance system in place to ensure there was appropriate oversight of the service to identify improvements needed.
- The provider had systems and processes in place to monitor effectively the quality of the service.
- There were regular quality checks on care files, care logs, medicines records, staff files and other records. These were effective in identifying improvements needed, such as if staff training was due.

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

- In addition to day-to-day contact with people who used the service, quality assurance surveys were given to people and relatives to gain feedback to improve the service. We noted feedback had been positive with no improvements identified since the service started. The registered manager told us how open communication with people meant things were responded to quickly and people were happy with the service. The service also did telephone feedback sessions to check people were happy with the service and check if any improvements were needed. Again, feedback was positive.

- Staff had the opportunity to share their opinions on the service in team meetings, and with the managers 'open door' policy. We observed an open culture within the staff team and the management team.
- The registered manager spoke with staff daily at the end of their shifts to 'check in' and ensure they were ok and to see if they wished to discuss anything. Staff fed back they felt well supported.

Continuous learning and improving care

- The management team had a service improvement plan.
- Actions in the plan came from audits and quality assurance processes.
- Open actions had a target completion date and identified the staff member responsible for them. We noted this system had been effective in driving improvements, such as; the new electronic care planning system being implemented.

Working in partnership with others

- The provider worked in partnership with the local authority and other agencies such as social workers and commissioners.
- One professional told us, "The overall quality appears to be good and they are always on time with the reviews that they need to send back to us as part of the contract."