

Abundant Life Care Ltd

# Abundant Life Care Limited

## Inspection report

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Date of inspection visit:  
13 March 2017

Date of publication:  
21 April 2017

## 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 was an announced inspection that took place on 13 March 2017.

Abundant Life Care Limited provides personal care and treatment for adults living in their own homes. At the time of our inspection the service supported 5 people who lived within the city of Leicester.

The service has a registered manager. This 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.

We received positive comments about the service people received. People told us they were pleased with the service and the registered manager and staff listened to them, wanted to hear their views, and kept them informed about the service. Relatives said the registered manager and staff were approachable and they were kept up-to-date with their family member's progress and any changes or developments at the service.

The service provided safe care. Staff were trained in safeguarding (protecting people from abuse) and knew how to keep people safe. Some information about safeguarding and whistleblowing was updated in the staff handbook following our inspection.

Staff took a flexible approach to the people they worked with regularly assisting with additional household tasks. Staff provided people with the care and support they wanted and encouraged them and their relatives to be an active part of the care planning process.

Staff ensured people were having enough to eat and drink. Staff had been trained to assist people to take their medicines safely and in the way they wanted them. People were treated with dignity and respect.

The provider and registered manager carried out audits of all aspects of the service to ensure it was well-led. People's and relative's views were encouraged to add value to this process.

## 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 using the service felt safe and staff knew what to do if they had concerns about their welfare. Staff supported people to manage risks, and provided care at the times that had been agreed. Medicines were safely managed and people were prompted and supported to take them in a way, and at a time they were required.

Staff recruitment checks were in place to protect people from receiving personal care from unsuitable staff.

### Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills they needed to support people safely and effectively. Staff had completed training essential to providing safe care, and supported people to have sufficient to eat and drink.

People were encouraged to make choices and decisions about their lifestyles, and staff sought consent before providing personal care.

### Is the service caring?

Good ●

The service was caring.

People thought the staff from Abundant Life Care were caring. People received care and support from a consistent group of staff, which encouraged caring relationships to be established.

People received information about Abundant Life Care, which included information about the development and a copy of their care plan. People's views about their care and support had been sought and had been used in the development their care plans.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs. People knew how to make a complaint if they needed to and support was available for them to do this.

### **Is the service well-led?**

The service was well led.

The service had an open and friendly culture and the registered manager and staff were approachable and helpful.

The registered manager and staff welcomed feedback from people and their relatives on the service provided. The provider used audits to check and improve the quality of the service.

**Good** ●

# Abundant Life Care Limited

## 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 13 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector.

We reviewed the 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 looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We reviewed the provider's statement of purpose. A statement of purpose is a document which includes a standard required set of information about a service. We reviewed the notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about.

We were able to speak with two people who used the service and two of their relatives. We also spoke with the registered manager and two support workers.

We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked at three people's care records which included care plans and daily records.

## Is the service safe?

### Our findings

People and their relatives told us personal care was delivered safely. One relative said, "I feel [named relation] is safe, I am not there all the time, but they tell me they feel safe." Another relative said, "[Named relation] is safe, and looks forward to them going."

Risks within people's homes had been assessed and risk assessments completed to inform staff and reduce the impact of the risk. The registered manager explained how they visited people within their home to complete an initial assessment of the person and their home environment prior to care commencing. The registered manager said that a copy of the service user guide (SUG) was left following the meeting. The SUG is a document that contains contact and other information about the care agency. People confirmed receipt of this document.

We saw risk assessments informed staff how to protect people from identified issues in the environment such as kitchen equipment, hazardous substances and tripping risks. Staff gave us examples of how they ensured people's safety, for example making sure that doors and windows were kept locked and key safes were operated safely. A key safe is a secure box in which a house key can be stored. Only staff and people with a code can enter the box. That enables the security of the premises, yet allowing people to enter in case of an emergency.

Staff informed us they were aware of how to check and ensure people's safety, and did so, on each visit. For example, they checked for tripping hazards, and that nothing in people's homes would cause them any harm.

There was information in place with regards to checking risks in the environment to maintain people's safety. For example indicating how people should access the person's home and leave it secure, ensuring lighting and heating were adequate. This information assisted staff to ensure the environment in people's homes was safe to work in.

Care records for people showed risk assessments were completed to protect their safety. These included how to move people safely. People had information in their care plans about who to contact in the event of an emergency. We found people's safety had not been fully supported by the provider's policies, procedures and action by staff.

We saw that staff recruitment practices were secure and in place. Staff records showed that before new members of staff were allowed to start, employment reference checks had been made with previous employers or persons known to the staff member. Checks had also been made with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed were of good character. All staff records we viewed had a DBS in place.

Staff we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to other relevant outside agencies if necessary. Staff were also aware of whistleblowing,

which is when staff may need to report concerns to relevant agencies if they had not been acted on by the management of the service.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were in place. These informed staff what to do if they had concerns about the safety or welfare of any of the people using the service. However, only part of the whistleblowing procedure was contained in the 'Employee Handbook.' We spoke with the provider said this would be added to the handbook, and received an updated copy shortly after completing the inspection.

We saw evidence that staff had been trained to administer medicines safely and support people to take their medicines. There was a medicines administration policy in place for staff to refer to and assist them to provide medicines safely to people. Currently staff were prompting people to take their medicines, as most people either managed their own medicines or received support from family members.

We saw evidence that staff attended regular staff meetings, where issues around the safety of the people who received a service and the staff's own personal safety was discussed. We saw in the minutes of a recent meeting where staff were reminded about the wearing of their uniform, wearing their name badge and the proper use of their personal protective equipment, which was supplied by the provider. That ensured people's safety as they could be assured that staff were from the Abundant Life Care agency.

We found that staff were employed in sufficient numbers to meet people's needs, as people and their relatives told us that visits had been completed by staff.

## Is the service effective?

### Our findings

People and their relatives told us they felt staff were trained and able to meet their, or their relations' care needs. One relative said, "They do the job, and look well trained."

Staff we spoke with were happy with the training they had undertaken and said this gave them the ability to care for the people they visited. Records showed staff had completed an induction as well as standard training courses in health and safety, fire safety, food hygiene, medicines management, and safeguarding people. This demonstrated an effective staff team. All staff would be undertaking the 'care certificate' which covered a range of topics that some of the staff had yet to cover.

We saw that staff were regularly supervised by 'spot checks' by the registered manager. These consisted of staff being observed for the correct uniform, their punctuality and that care was offered in an effective manner. Staff confirmed they had spot checks from the registered manager, which ensured staff were supplying care properly. We saw evidence of these checks. The registered manager said she would continue these on an unannounced basis.

Staff told us they had not yet received formal office based supervision. We spoke with the registered manager who said these were planned to start later in the month we inspected (March 2017) and these were recorded in staff records. This provided staff with support to provide effective personal care to people using the service.

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.

The provider had a MCA policy in place which set out how staff were to meet legal requirements with regards to the MCA. Staff were trained in the MCA and understood their responsibilities to protect people and alert other agencies if they felt a person's rights were being compromised.

Staff understood that all the people they supported had capacity unless it was proven otherwise. This is in keeping with the MCA. If it appeared that someone might lack capacity the registered manager ensured a mental capacity assessment was carried out. Dependant on the person who was receiving the care, a relative could also be involved but only when the person gave their approval or did not have capacity to provide detailed information.

Care records demonstrated that an assessment of capacity was undertaken at the point of the first visit if required. We saw these documents were included with other information on people's agreement to being cared for. Staff confirmed that people were routinely asked for their consent when care was being provided and their choices and decisions recorded. Staff understood people's right of choice to agree or decline care.

If people declined personal care and were at risk, staff knew to inform their relatives and report their concerns to the registered manager. This ensured that staff provided care and support when allowed and in a person's best interests.

Care plans explained the assistance people required to ensure their nutrition and hydration needs were met. Staff ensured people were provided with enough to eat and drink. Most of the people who received a service, had a live in relative or spouse. Meals were usually prepared by their relative, and heated by the staff. Drinks were left for people who were unable to obtain these without assistance between the visits. That ensured people's nutrition and hydration were monitored by staff and family members, which provided an effective way for people to remain healthy.

Staff we spoke with knew what to do if they found a person who was unwell or unconscious. One staff member told us, "If they [a person using the service] were ill, I would call and let a family member know or contact their GP to arrange a visit." The staff member added, "If it were an emergency I would call an ambulance."

## Is the service caring?

### Our findings

People told us the staff were caring and treated them with respect. Peoples' relatives were also complimentary about the staff's caring abilities. One relative said, "The times that I've been there, they have always spoken with [named the person] nicely." Another relative said, "The staff are very nice, they have never rushed her when I have been there." A third relative said, "They [staff] are really friendly."

People were introduced before their care commenced, and new staff were introduced before working alone with the person. People had time to develop positive and caring relationships with staff since they commenced receiving a service from Abundant Life Care. One person told us, "I regularly have the same staff since they started visiting." That demonstrated the person who received the service, could build a relationship with staff.

One relative told us, "I am not present all the time but the staff are helpful. If they have time left they ask if there is anything else they can do before they leave."

People were provided with an introductory pack of information when their service commenced. This included information about confidentiality and safeguarding, key policies and procedures, which included equality and diversity and how to identify staff by their uniform and name badge. People or a family member confirmed they had received this information, which was provided at the initial meeting to discuss their care plan. This showed a commitment by the provider to provide an open and transparent service. This enabled people who used the service and their relatives' access to information about the agency and what they should expect.

Records showed staff took a flexible and responsive approach to the people they worked with. People told us that staff were flexible, and if time allowed they would assist with any additional tasks, such as tidying their room, or putting out the rubbish.

People and their relatives were positive about the attitude and approach of staff, and confirmed staff recognised their privacy and dignity. People told us that staff closed windows, curtains and doors to ensure their dignity was recognised. Staff told us it was important to cover people up when offering personal care, which helped protect them from embarrassment.

Staff told us it was important to encourage people's independence. One staff member said, "We have to respect the person's abilities even though they are finding it difficult, as long as they are safe."

## Is the service responsive?

### Our findings

People's relatives we spoke with told us, "I have not had a problem with the care, so I have not looked in the [care plan] folder." Another relative said, "The care [named relation] receives reflects the care plan."

People's relatives told us staff usually arrived on time and they received a call from staff within the office if staff were running late. One relative said, "I am pleased how punctual they are."

People's relative's felt the care provided by the staff was responsive. One relative said, "When they have done the care they need to, they always ask me if they can do anything else."

We discussed with the registered manager how they ensured that visits were consistently on time. They explained the staff had use of a company vehicle to get to some of the visits, while others relied on staff that lived locally in the area where the person who received the service lived. The registered manager monitored and recorded any late visits. Records showed care staff were rarely late, and when they were there was a valid reason, for example traffic delays. Most of the people we spoke with confirmed that office staff phoned to let the person know. One person said they hadn't always had a call to say the carers were going to be late, but this did not cause them any concern. The registered manager said all staff understood the importance of being on time and providing responsive care.

People's relatives told us they had participated in reviewing care plans with staff. These were detailed and set out how staff should offer choice and control in people's lives. Records showed that for each call there was a routine for staff to follow so they knew what was expected of them. This had been agreed with people in advance and helped to ensure that care and support was personalised and responsive to people's needs. People told us staff knew their preferred routine, and this helped them accept the care offered.

People's relatives told us they were aware about the complaints process. One relative said to us, "It wasn't a complaint, but some of the wording used by staff upset [named relation]. That was sorted without a problem." The person explained it was the words used in the daily records that their relation did not like.

The service had not had any formal complaints in the last 12 months. Relatives said they would have raised concerns with the registered manager. People were aware of the contact details of the office and had access to a copy of the complaints procedure. The registered manager said all the people that used the service and their relatives or representatives were given a copy of the service user guide when their service commenced.

## Is the service well-led?

### Our findings

People's relatives told us they were pleased with the service their relation received. One relative said, "I think it [the agency] is well run, we are quite satisfied with it."

People said the registered manager and staff listened to them, wanted to hear their views, and kept them informed about the service. The registered manager said all the people using the service had the office contact and out of hours contact telephone numbers so they could contact them, at any time if needed.

People and their relatives said the registered manager and staff were approachable and they were kept up-to-date with their family member's progress and any changes or developments at the service. One relative said they had been sent a questionnaire which gave them the opportunity to comment on the service. People and their relatives confirmed they had been sent questionnaires.

The service sent out quality assurance questionnaires to people and their relatives which invited them to comment on the service. One person commented, "My family and I appreciate your services and would recommend you to anyone."

People confirmed they could also share their views during reviews and with staff or the registered manager. The registered manager regularly checked with people that they were satisfied with the support provided. This was part of the quality assurance system that was in place, which along with 'spot checks' and telephone interviews ensured the service was personalised and delivered in the way people wanted it. Staff spot checks included observations around staff uniform and name badge, time keeping, completion of the planned care and the notes made by the care staff.

Records showed that the registered manager carried out audits of the service provided to ensure the agency was running efficiently. Staff had regular spot checks, but had yet to have formal supervision meetings. The registered manager sent us a plan following the inspection which indicated supervisions were planned for all staff.

Staff told us they liked working for the service and felt supported by the registered manager and staff. One staff member told us, "We have meetings which allows us to share good practices and also raise any concerns or issues with the manager and seek a resolution." We saw an example of this in the minutes of a staff meeting.

We saw the registered manager arranged regular staff meetings, which were used to inform staff of changes to people's care. They also provided staff with support in carrying out quality personal care to people. This meant that staff were supported to analyse their competence and help the registered manager identify their training needs. Staff said that essential information about people's needs had always been communicated to them.

Staff we spoke with told us that they would recommend the agency if a relative of theirs needed this service,

as they rated the care provided as very good. One member of staff told us, "I would recommend Abundant Life Care for my relatives to use."

We saw that the registered manager had a business continuity plan in place. This would ensure the business would continue to operate if, for example, staff could not use the current office premises due to an accident or disaster.