

Above & Beyond Care Ltd

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Above & Beyond Care Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to adults. At the time of this announced inspection of 8 June 2018 there were 40 people who used the service. We gave the service 48 hours' notice of our inspection to make sure that someone was available.

At our last inspection of 12 April 2016, the service was rated good overall. The key questions for safe, effective, responsive and well-led were rated good and the key question caring was rated outstanding. At this inspection we found the evidence continued to support the rating of good overall and the rating of outstanding in caring. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service continued to provide an extremely caring service. Without exception, people had very positive relationships with their care workers. People's dignity, privacy and independence were respected and promoted. People's views were listened to and valued and as a result they were provided with a very personalised service which met their needs and preferences.

The service continued to provide people with a safe service. Risks to people continued to be managed well, including risks from abuse and in their daily lives. The service learned from incidents to improve the service. There were enough care workers to cover people's planned care visits. Recruitment of care workers was done safely. Where people required support with their medicines, this was done safely. There were infection control procedures in place to guide care workers in how to minimise the risks of cross infection.

The service continued to provide people with an effective service. People were supported by care workers who were trained and supported to meet their needs. People were supported to have maximum choice and control of their lives and care workers cared for them in the least restrictive way possible; the policies and systems in the service supported this practice. Systems were in place to support people with their dietary needs, if required. People were supported to have access to health professionals where needed. The service worked with other organisations involved in people's care to provide a consistent service.

The service continued to provide people with a responsive service. People received care and support which was assessed, planned and delivered to meet their individual needs. There were systems in place to support and care for people at the end of their lives, where required. A complaints procedure was in place.

The service continued to provide a well-led service. The service used comments from people and care workers to drive improvement. The service had a quality assurance system and shortfalls were identified and addressed. As a result the quality of the service continued to improve.

Further information is in the detailed findings below.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains outstanding.	Outstanding ☆
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Above & Beyond Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 announced comprehensive inspection was carried out by one inspector and an assistant inspector on 8 June 2018. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone would be available.

The inspection site visit activity started on 8 June 2018 and ended 12 June 2018. On the first day we visited the office location to see the registered manager. We spoke with the registered manager, the deputy manager and the administrator. We reviewed six people's care records, records relating to the management of the service, training records, and the recruitment records of three care workers. We spoke with 10 people who used the service and four relatives on the telephone. On the second day we spoke with two care workers on the telephone.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

Is the service safe?

Our findings

At our last inspection of 12 April 2016 the key question Safe was rated good. At this inspection we found Safe remained good.

People told us that they felt safe with their care workers. One person said, "They lock up when they leave and always make sure I feel safe before they go." Another person commented, "They leave my home secure when they go, I know I am safe." We reviewed the service's annual quality assurance surveys completed by people using the service and relatives. One person had written, "I feel safe when [relative] goes out because [care worker] is here with me." Their relative had written, "[Family member] is happy and safe with [care worker] so I can go out and not worry about [family member]."

The service continued to have systems in place designed to protect people from avoidable harm and abuse. People received support from care workers who were trained in safeguarding. Care workers and staff we spoke with understood their roles and responsibilities relating to safeguarding.

Risks to people's safety continued to be managed well. People's care records included risk assessments which identified how risks were minimised, this included risks associated with mobility, and in their homes. In addition, there were risk assessments relating to people's specific conditions to guide care workers how to reduce the risks to people. The registered manager told us that the care workers were good at identifying risks to people and reported these to the management team to allow them to take action. This was confirmed in a telephone call received by the registered manager during our visit to the office. A care worker was unable to access a person's home and was worried about their wellbeing. The registered manager advised the care worker of what they should do and they would make telephone calls. When they had done this they found that the person was safe and the care worker was able to continue with their care visit. This action identified that if similar incidents happened where a person was at risk, there were systems in place to respond quickly.

People told us that their care visits were always completed. One person told us, "They [care workers] always turn up, they let me know if they are running late. I don't worry because I know they will be here." Another person commented that their care workers, "Always come right on time." One person's relative told us, "[Care worker] is always punctual, will ring us if any problems. Always stays for the right time, sometimes if [family member] does not need anything else we say go but [care worker] stays until they should go and has a chat with [family member], which is nice."

The staffing level continued to be appropriate to ensure that there were enough care workers to meet people's needs safely. The registered manager told us how they would not accept new people to use the service until they could be assured that there were enough care workers to cover their planned visits. The registered manager and deputy manager told us about the systems they had in place to undertake recruitment of care workers on an ongoing basis. The service continued to maintain recruitment procedures to check that prospective care workers were of good character and suitable to work in the service.

People told us that they were satisfied with how their care workers supported them with their medicines. One person said, "I've got one of those boxes where all my tablets are kept together [monitored dosage system]. The carers remind me to take them, it's a great help." Another person commented, "I get my legs creamed, always gentle and do it how I like it done."

Records included the support that people required with their medicines and that medicines were given to people when they needed them. Care workers had received training in medicines administration and their competency in this subject was assessed by the management team. There were checks and audits undertaken to identify shortfalls with medicines administration and management. This supported the service to address them quickly. For example, the registered manager told us about a recent incident, they provided documentation to evidence what they had told us. Actions taken included further training and competency checks for care workers. This demonstrated that the service had systems in place to identify when things had gone wrong and had taken actions to drive improvement in the service and reduce the risks of recurrence.

Care workers were provided with training in infection control and food hygiene. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment (PPE), such as disposable gloves and aprons. One person told us, "They [care workers] all have gloves and aprons on them and they wear them when they are helping me." One person's relative said, "They wear gloves and aprons and change them in between jobs." The minutes of a care worker meeting we reviewed, showed that they were advised of their responsibilities of good infection control procedures, including changing gloves and washing hands. The registered manager told us that they had purchased equipment for use in life support and training, which reduced the risks of cross contamination.

Is the service effective?

Our findings

At our last inspection of 12 April 2016, the key question effective was rated good. At this inspection we found effective remained good.

People's care needs continued to be assessed holistically. This included their physical, mental and social needs. The registered manager and the care workers worked with other professionals, such as health professionals and occupational therapists, involved in people's care to ensure that their needs were met in a consistent and effective way.

People continued to be supported to maintain good health and had access to health professionals where required. One person told us, "If I ask them, the carers will arrange for a doctor or nurse to come out to me." Another person said, "[Care worker] comes to my GP appointments with me, which is what I want." People's records identified that where care workers were concerned about people's wellbeing, health professionals were contacted for guidance. The records included information about treatment received from health professionals and any recommendations made to improve their health were incorporated into care plans.

The service continued to support people to maintain a healthy diet, where required. Records demonstrated that people were provided with the support they needed in this area. Where concerns about people's nutrition were noted, such as weight loss or the risk of choking, referrals were made to the appropriate professionals.

There were systems in place to support people in transitions to and from other care services. There was information in people's records to provide to other services, for example if a person was admitted to hospital.

The service continued to have systems in place to provide care workers with the training they needed to meet people's needs effectively and to achieve qualifications in care. The deputy manager and administrator told us about the qualifications they were undertaking which were relevant to their role. One person said, "Sometimes they come when they are new with another carer, they have got to learn. From what I see they are all skilled." Another person commented, "I know they are trained, they never smell of cigs [cigarettes] or perfume, always wear their uniform and are well turned out. [Registered manager] does proper training, the hoist and everything, they do their own training. They all know about the MCA [Mental Capacity Act] too." Another person commented, "[Care worker] knows me and how I am, knows if I am having a bad day. This comes from good training." We saw cards and letters of compliments received by the service from people and their relatives. One of these stated, "It is through your training and care that your staff are able to provide such a high standard of loving care, which I believe to be second to none in this area."

Records showed that training provided included safeguarding, moving and handling, health and safety, and medicines. The registered manager was trained to provide training in moving and handling and basic life support. They explained how the training was provided to care workers. This included the provision of

equipment to give practical support to care workers, including moving and handling and life support training. Care workers were also provided with training in people's diverse needs and conditions to meet the needs of the people they supported. This included training in dementia, diabetes, pressure care and end of life. Before they started working in the service care workers were provided with an induction which provided them with the training they needed to meet people's needs and shadowed more experienced care workers. Care workers were assessed on the Care Certificate, which is a set of induction standards that care workers should be working to.

Records and discussions with care workers showed that they continued to receive one to one supervision and appraisal meetings. These provided care workers with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. In addition, care workers attended team meetings to keep them updated with any changes in the requirements of their role.

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 told us that the care workers asked for their consent before providing any care. One person said, "They always ask me what I need, they do anything I ask of them. It is important to know they offer help, never just do it." Another person commented, "They ask if I want this, that and the other, if I don't, I don't. My decision is listened to." People had signed their care records to show that they consented to the care they were being provided with. Care workers had been trained in the MCA and continued to demonstrate they understood this and how it applied to the people they supported.

Is the service caring?

Our findings

At our last inspection of 12 April 2016, the key question caring was rated outstanding. At this inspection we found caring remained outstanding. This was because there was a strong person centred culture in the service and the management team were committed to providing a very caring service to people.

Without exception, people told us that their care workers always treated them with kindness and respect. One person said, "They are very excellent, I am very satisfied. Very kind." Another person commented, "They are very respectful. We have a laugh and a joke, that is so important, it makes it much easier if we have fun." Another person said, "They always arrive with a smile, all of them I have seen are kind and courteous." One person's relative told us. "They are a smaller company so they know us, the carers are always so kind, we are very happy with them. I would recommend them to anybody."

We saw cards and letters received by the service from people and their relatives which thanked the service for the exceptionally caring and compassionate care received. One of these stated, "We just wanted to thank you and your carers for all the kindness and care you have shown [family member]." Another relative had written, "Your carers have provided an exemplary level of care for [family member]. [Care worker's] attitude, approach and humanity in what was a difficult job was and is a credit to your company." We reviewed the service's annual quality assurance surveys completed by people using the service and relatives. One person had written, "I always look forward to [care worker] coming as [they have] always got a smile and hello, very kind and caring." Another person wrote about their care worker, "A very kind and caring [gender of care worker]. I am so grateful." Another two people commented, "[Care worker] goes above and beyond to care for me," and, "Generally the care I receive is excellent and at this point I have no complaints."

The registered manager, staff and care workers spoke about people in a very compassionate manner. The registered manager and deputy manager told us that they provided people with the same team of care workers. This showed that the people using the service were provided with a consistent service by care workers who knew them and how their needs were met. One person said, "I get the same carer more or less all of the time, if they go on holiday I get another, but I always know who it is. They know me and what I like. We [person and care worker] know each other, we have had our families grow up together, which is quite nice." One person's relative told us that their family member was living with dementia, "[Family member] is so happy with the regular carer, the same face, which is fantastic and important for [them]. [Family member] looks forward to seeing [care worker] they get on so well."

We saw an example of a caring and compassionate service where the registered manager went over and above their role to support a person. This included making a telephone call to the person to talk about a previous discussion they had with the person about receiving care from a residential service. The registered manager telephoned several care homes to make enquiries on the person's behalf and kept the person updated. The registered manager gave us an example of how they had provided support to a person, outside of their planned visits, in an emergency. We saw a newsletter which showed a person smiling wearing a paper hat with a Christmas meal, the registered manager told us that, if people were alone at the festive period, they visited them with a Christmas meal. This demonstrated to people that they mattered.

Staff were provided with guidance on how people's rights to dignity and respect were promoted in their care plans. One person told us, "I never feel embarrassed, they cover me up, we know each other so well, they know what I don't like."

People's care plans identified the areas of their care that they could attend to independently and how this should be promoted and respected. One person told us, "They [care workers] always ask me what I need help with. I know them all and they know me and what I can do." Another person said, "They ask what I need, help me to wash my back and feet, only the areas I can't reach." Another person commented, "I am independent with my medication, this is important to me. But in the mornings, I like them [care workers] to remind me to take them, which they do. They are very good like that." Another person said, "When I need help, they do it with me not for me, we do stuff together."

People told us that the care workers listened to them and acted on what they said and they were consulted relating to their care provision. One person said, "They asked me what I need help with and this is what is in my book [care plan]." People's care records identified that they had been involved throughout their care planning. This included their choices about how they wanted to be cared for and supported, such as their choices of the gender of care workers, how they preferred to be addressed and their usual routines. The deputy manager told us how a member of the management team undertook needs assessments with people and their relatives to ensure that their needs and preferences were included in their care plans. This demonstrated that people were provided with very personalised care which met their needs and preferences.

Is the service responsive?

Our findings

At our last inspection of 12 April 2016, the key question responsive was rated good. At this inspection we found responsive remained good.

People and relatives said that they were happy with the care and support provided. One person said, "I am perfectly happy with the care." Another person commented, "The care is very good, if anything changes I just tell them and they will come out to do a review."

The service continued to ensure that people's care was personalised and care records identified how the service assessed, planned and delivered person centred care. The records demonstrated that people received care and support which was tailor made to their needs and preferences. Care reviews were undertaken regularly with people and relatives, where appropriate, to ensure that the service was meeting their needs and preferences. People's daily records included information about the care and support provided to people each day and their wellbeing.

People told us they knew how to make a complaint and felt that they were addressed to their satisfaction. There was a complaints procedure in place, each person was provided a copy with their care plan documents. There had been no complaints received by the service in the last 12 months. The registered manager and deputy manager told us that any concerns were addressed promptly to improve people's experiences and reduce the risks of formal complaints.

Where people were at the end of their life the service provided the care and support that they wanted. The registered manager and deputy manager shared examples of where they had supported people who were at the end of their life. They understood the limitations of their role, and had worked alongside other professionals to ensure that people's needs and choices were met. People's wishes, such as if they wanted to be resuscitated, were included in their care records. The registered manager told us how they placed a butterfly on people's care records when they had expressed a wish that they did not want to be resuscitated, as well as the appropriate documentation. This meant that care worker and professionals were alerted to the person's choices. We saw the minutes from care worker meetings which showed that they were reminded that these were in place and for them to be aware of them in case a person required emergency treatment. Care workers were provided with the opportunity to undertake a distance learning course on end of life training.

Is the service well-led?

Our findings

At our last inspection of 12 April 2016, the key question well-led was rated good. At this inspection we found well-led remained good.

There was a registered manager in post, who also owned the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was supported by the deputy manager and administrator. The service was family run. The registered manager and deputy manager told us that because the service was small they knew the people using the service and could provide a, "Personal touch." This was because they and the care workers knew people well and how their needs were met. They said that they also undertook care visits when needed which assisted them in their monitoring of the service and to maintain good standards.

People commented about how they felt the service was well led. One person told us, "They do a wonderful job. They [members of the management team] keep in touch checking if everything is okay." Another person commented, "It is very well organised, everything is sorted." Another person told us, "I know [registered manager] and all of them in the office, they are beautiful people, will do anything you ask. We have a good rapport."

The registered manager continued to promote an open culture where people and care workers were asked for their views of the service provided. People completed satisfaction questionnaires to express their views of the service. Where comments from people were received the service continued to address them. For example, improving the systems in place to advise people if their care workers were running late for their care visits. In addition, people and relatives were pointed to a website where they could put their comments about the service. The service had achieved, for the past three years, top 10 and 20, services in Suffolk receiving positive comments.

Care workers told us that they felt supported by the service's management team. They were committed to providing people with good quality care at all times. They said that the service was well-led, there was a positive culture and the team worked well together. Minutes of care worker meetings confirmed that care workers were asked for their views about the service and these were acted upon. For example, care workers were asked if there was anything they could improve on with the support provided to a person who was at risk of falls. Care workers had made suggestions about how the ways they recorded the care provided to people could be improved. We saw from the minutes of meetings that the care workers suggestions had been valued and a new system had been introduced.

There was a carer of the month scheme which showed that the work that care workers did was recognised. The system included receiving nominations from colleagues and people using the service where care workers had 'gone the extra mile.' The care workers who received the carer of the month award received a

voucher and their photograph was put in the service's monthly newsletter. The service also held an annual Christmas meal for care workers to attend. The management team kept care workers updated on any changes in the service by e mail and text.

The registered manager continued to carry out a programme of audits to assess the quality of the service and identify issues. These included audits on medicines management and the care provided to people. Care workers were observed, by the management team, in their usual work practice to check that they were working to the required standards. We saw that these audits and checks supported the registered manager in identifying shortfalls and take action to address them. The Provider Information Return (PIR) identified what the service did well and their plans for ongoing improvement. This meant that the service continued to improve.

The registered manager continued to work with other organisations to ensure people received a consistent service. This included those who commissioned the service and other professionals involved in people's care. The service's management team kept up to date with changes in the care industry by signing up to alerts and electronic feedback from organisations, including the CQC. The registered manager told us that if people called to enquire about using the service and they could not accommodate them, they were pointed to the CQC website to read inspection reports and a care service's website where people put their comments about other services in the area. In addition, members of the management team attended the training that was provided to care workers to ensure they were aware of the most up to date information given to care workers. The registered manager told us how they were updated to changes in the law about how they managed records, they had attended a seminar and care workers were required to attend training in the subject. We saw the minutes from a care worker meeting which identified that they had been updated on the changes and how it affected the work they did. People had also been updated on the subject and were asked to sign consent documents relating to the records management in the service which related to them.