

Abide Home Care Limited

Abide Home Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection took place on 22 and 23 November 2017. We visited the office on 22 November 2017 and carried out phone calls to people who used the service and their relatives on 23 November 2017. The service was registered in November 2016 and this was the first inspection.

Abide Home Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. Not everyone using Abide Home Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection 16 people were receiving personal care from the service. People who use the service live in Brixham and the surrounding areas.

The service had a registered manager. 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 were happy with the way staff supported them. Each person and relative we spoke with told us care staff were kind, caring and compassionate. Comments included, "I cannot fault my carers, they are marvellous", "Care is in their name and actions" and "It's always a pleasure to see them."

All staff told us they enjoyed their role and were passionate about achieving high quality care for each person. People told us staff were always respectful and polite. Staff said, "It could be me, I give the care that I would want" and "It's really rewarding." A healthcare professional told us, "The staff themselves are very patient and empathic."

People told us they felt safe and comfortable when staff were in their home and when they received care. People were provided with a copy of the staff rota so they knew who was due to visit them. Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service's safeguarding policy.

Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person who may be unsuitable to work in care. People told us staff knew how to meet their needs. People commented, "Everything I need they do for me"; "They do whatever I want" and "They're wonderful, every one of them." Staff told us they were happy with the training they received. Staff told us they felt well supported and had regular opportunities to discuss their work.

Staff knew people well and were able to tell us how they supported people. Care plans were developed with each person. They described the support the person needed to manage their day to day health needs. People's communication needs were met. The service was complying with the Accessible Information

Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. Staff explained how one person was able to use their tablet to communicate by typing what they wanted to say. This ensured the person was able to communicate with staff and their needs were met in the way they wanted. At the time of our inspection, each person had capacity to make decisions relating to their care. Staff told us they gained consent from people before carrying out personal care and respected people's choices.

Risks had been assessed for each person and were safely managed. Risk assessments had been carried out in relation to falls, nutrition, skin care, and mobility. Risk assessments relating to each person's home environment had been completed. Where concerns were identified, action had been taken to reduce the risks to people. People were supported safely with their medicines and told us they were happy with the support they received. Staff completed medication administration record (MAR) sheets after giving people their medicines. The MAR sheets were audited to ensure people had received their medicines as prescribed to promote good health.

The service sought regular feedback. People told us they were asked for feedback over the phone, during visits and care plan reviews. People and their relatives felt able to raise concerns or make a complaint. They were confident their concerns would be taken seriously. People told us they didn't have any complaints. Comments included, "I haven't got any worries" and "I can't fault them. [Name of registered manager] always insists I phone if there are any issues."

People told us the management were approachable and they were happy with the service. Comments included, "This is a first class care agency and I couldn't wish for better"; "I'm very pleased with the service and "[Manager's name] went above and beyond her role as director and was always available to answer any questions and concerns." Staff told us they found the management team approachable and supportive. They told us they received regular support and advice via phone calls and during face to face meetings. They said, "I'm loving it"; "I have a great boss and feel really supported" and "It's really well set up."

The provider and registered manager were keen to develop and improve the service. They kept up-to-date with best practice by accessing professional websites. They met up with other care providers at local network meetings to keep up-to-date with good practice and find out what was happening in the care profession. The registered manager had worked in partnership with healthcare professionals to ensure 'joined up' care was delivered to people. This meant people benefited from high quality care and improved outcomes. The registered manager told us they planned to make further improvements to care plans and training in the next 12 months. Records were well organised and up-to-date. An audit system was in place to monitor the quality of the service. Checks to observe staff's competency were carried out on a regular basis.

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 received safe care and support. They were protected from the risk of abuse through the provision of policies, procedures and staff training.

People were protected from risks to their health and wellbeing because staff took action when issues were identified.

There were enough competent staff to carry out people's visits and keep them safe.

Safe and robust staff recruitment procedures helped to ensure that people received their support from suitable staff.

Is the service effective?

Good ●

The service was effective.

People's care and support was planned and delivered effectively to ensure the best outcomes were achieved.

People were treated as individuals and were not discriminated against when making their care and support decisions.

People benefited from having staff who were skilled and supported in their job role.

People were supported by staff who were trained in the Mental Capacity Act and understood the need for consent.

People were supported by staff who sought advice from health care services to ensure their needs were met.

Is the service caring?

Good ●

The service was caring.

People benefited from staff who took time to listen to them and get to know them. Staff had formed caring relationships with

people.

People and their relatives were involved in their care and staff respected people's wishes.

People benefited from staff who promoted their independence and encouraged them to do as much for themselves as possible.

Is the service responsive?

The service was responsive.

Care plans were developed with the person. They described the support the person needed to manage their day to day health needs.

Staff responded to people's requests and met their needs appropriately. The service was flexible and responded to changes in people's needs.

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS).

People were encouraged to give their views and raise concerns and complaints if the need arose.

Good ●

Is the service well-led?

The service was well-led.

People benefited from a service that had a registered manager and a culture that was open, friendly and welcoming.

People received good quality care as the provider had created a positive staff culture.

Systems were effective in assessing and monitoring the quality of care provided to people.

People benefited from a service that worked in partnership with other professionals to ensure joined up care was delivered to people.

Good ●

Abide Home Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 22 and 23 November 2017 and was announced. We gave the service four days' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be in.

Inspection site visit activity started on 22 November 2017 and ended on 23 November 2017. It included phone calls to people who used the service and their relatives, obtaining feedback from healthcare professionals who were involved with the service and meeting with care staff. We visited the office location on 22 November 2017 to see the registered manager and deputy manager and to review care records and policies and procedures. One adult social care inspector carried out this inspection.

Before the inspection we reviewed the information we held about the service. This included previous contact about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sent questionnaires to 15 people receiving a service, 15 relatives and one health and social care professional to gain their views on the quality of the care and support provided by the service. Of these questionnaires we received 11 back from people using the service and two from relatives. We did not receive feedback from the health and social care professional.

We used a range of different methods to help us understand people's experience. We spoke with four people who used the service and one relative over the telephone. We spoke with three care staff, the deputy manager, and the registered manager. We received feedback from one healthcare professional.

We looked at care records for three people; three staff recruitment files; staff training, supervision and appraisal records and those related to the management of the service, including quality audits. We looked

at how the service supported people with their medicines.

Is the service safe?

Our findings

People were protected from avoidable harm and abuse that may breach their human rights because the provider had effective safeguarding systems in place. Each person told us they felt safe from abuse and or harm from the staff. Staff had completed training in safeguarding. They had a good awareness and understanding of abuse and knew how to recognise signs of potential abuse. They knew how to report any concerns in line with the service's safeguarding policy. Staff told us they felt confident the registered manager would respond and take appropriate action if they raised concerns.

Risks had been assessed for each person and were safely managed. The provider told us, "We make sure that people are supported to make their own choices, we ensure that they are explained the risks of these choices and protected." Risk assessments had been undertaken for each person. These were accurate, stored securely and available to staff. Staff had completed training in safe working practices such as moving and handling to ensure they could support people to stay safe. Risk assessments had been carried out in relation to falls, nutrition, skin care, and mobility. Risk assessments relating to each person's home environment had been completed. Where concerns were identified, action had been taken to reduce the risks to people. For example, the registered manager had discussed access to people's homes with people and family members. As a result, some people had a key safe installed outside of their homes. This meant staff were able to access people's homes when people were unable to open their doors or in case of emergency. A relative told us they were able to continue living at a distance as they felt their loved one would be safe.

There were enough competent staff to carry out people's visits and keep them safe. People received a rota each week so they knew who was visiting them and when the visit would take place. Staff told us they had enough time at each visit to ensure they delivered care safely.

There was an on call telephone number for people and staff to ring at any time. The registered manager told us, "Clients and members of staff have the service's contact number and are aware they can contact the service with any queries or issues." The registered manager and deputy manager managed the on call system.

Arrangements were in place to deal with foreseeable emergencies. The registered manager had a plan of the action to be taken in events such as severe weather conditions and staff shortages. Visits to people who may be at risk were prioritised.

Recruitment practices ensured the right staff were recruited to support people to stay safe. Staff files showed the relevant checks had been completed. The staff files included evidence that pre-employment checks had been made including written references, satisfactory police checks (Disclosure and Barring Service or DBS), health screening and confirmation of their identity. Staff told us references and a DBS check had been completed before they started to work in the community. This helped reduce the risk of the provider employing a person who may be unsuitable to work in care.

People were supported safely with their medicines and told us they were happy with the support they received. People also had the opportunity to manage their own medicines if they wanted to and if they had been assessed as safe to do so. Staff had completed medicines training and been assessed as competent to administer medicines. They completed medication administration record (MAR) sheets after giving people their medicines. The MAR sheets were audited every month to ensure people had received their medicines as prescribed to promote good health. There had been a medication error in the past 12 months. Staff identified that one person's medicines had been given by staff and the person's neighbour. Staff contacted the person's GP for advice and spoke with the family to ensure this did not happen again. Where people had specific healthcare needs that meant medicines needed to be stored securely, the registered manager spoke with people and their families. As a result, locked boxes had been put into some people's homes to keep their medicines safe.

Good infection control practices were followed. Each person told us staff did all they could to prevent and control infection. Staff told us and records showed staff were provided with infection control training to ensure they followed good infection control principles. Staff were provided with gloves and aprons and they told us these were freely available from the office. Staff had a good understanding of food hygiene and safety as they had completed training.

Is the service effective?

Our findings

People's care and support was planned and delivered effectively to ensure the best outcomes were achieved. Staff treated each person as an individual and ensured people were not discriminated against when making their care and support decisions. The registered manager told us, "We provide effective care by speaking to clients and family members on assessment to get as much detail as possible about their care requirements and personal likes and dislikes as well as any interests." People commented, "Everything I need they do for me", "They do whatever I want" and "They're wonderful, every one of them."

People's care and support was regularly reviewed and updated. Appropriate referrals were made to external services to ensure people's needs continued to be met. For example, one person's hoist was no longer suitable for them. The registered manager and staff had worked with an occupational therapist to obtain more suitable equipment. The occupational therapist told us staff worked well with them and had a good understanding of moving and handling.

People benefited from effective care because staff were trained and supported to meet their needs. Staff told us they were happy with their training. In-house training was provided for staff to ensure they had the knowledge and skills they needed. New staff completed training before going out to visit people. The induction programme for new staff included fire procedures, safer working practice, safeguarding, infection prevention and control, moving and handling, equality and diversity, practical skills, medicines and record keeping. Staff were also provided with a handbook which gave them clear guidance about meeting people's care needs in safe way.

New staff worked alongside experienced staff to observe how people had their care delivered. One staff member told us how they had been supported to visit one person with complex needs on a number of occasions until they felt confident. Staff were observed and assessed during these shifts. This ensured they were competent to work on their own.

Experienced staff had completed training which was up-to-date in areas relating to care practice, people's needs and health and safety. Staff were encouraged to develop their skills and knowledge by completing diplomas in health and social care. The registered manager had recently signed up to access additional training and resources through the local healthcare trust.

Staff told us they met regularly with the registered manager to talk about their job role and discuss any issues they may have. Staff told us they felt well supported and they could come into the office at any time and speak with the registered manager or deputy manager. The registered manager had started carrying out appraisals for staff who had been employed for over one year. These meetings gave staff an opportunity to review their progress and agree future training and development goals.

Staff supported some people with their meals. Staff told us they offered people a choice of their preferred foods. Staff knew to contact the office if people did not eat enough or they had any other concerns in relation to eating. Staff had concerns that one person was not eating as much as usual. They monitored the

person's weight, encouraged them to eat and left snacks for them. As a result the person's appetite returned. Another person had been assessed as being at risk due to swallowing problems. Staff followed healthcare professional's advice and provided them with pureed food.

Most people who used the service were able to contact healthcare services independently. Staff told us if they had concerns about people's health they would let the office know. They were confident action would be taken. We saw evidence of occasions when people were not well and staff had supported them to seek advice. For example, staff were concerned that one person had increased back pain. They contacted the GP and the person was prescribed medicines for pain relief.

Some people who used the service were living with dementia. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. The registered manager and staff had a good awareness of the MCA and consent to care and treatment.

At the time of our inspection, each person had capacity to make decisions relating to their care. The registered manager had carried out mental capacity assessments to check whether some people had capacity to make decisions and these were reviewed monthly. Staff told us they gained consent from people before carrying out personal care and respected people's choices.

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 confirmed no one was being deprived of their liberty.

Is the service caring?

Our findings

Without exception, people and their relatives told us care staff were kind and caring, and they were always treated with respect and dignity. Comments included, "I cannot fault my carers, they are marvellous", "Care is in their name and actions" and "It's always a pleasure to see them".

People benefited from small, regular staff teams who they had built relationships with over time. Staff spoke about the people they cared for with compassion and concern. They knew people well and were able to discuss people's care needs, preferences and interests in detail. Staff told us they had enough time at each visit to get to know people. One staff member told us how they chatted with one person about their past career as their parent had done the same work. Staff told us how they had time to do activities with people such as the crosswords, painting nails, applying make-up, watching television and having a hot drink together.

All staff told us they enjoyed their role and were passionate about achieving high quality care for each person. Staff said, "It could be me, I give the care that I would want" and "It's really rewarding." A healthcare professional told us, "The staff themselves are very patient and empathic." One person could become anxious at times and they often phoned the registered manager or deputy manager for support. We heard the registered manager take a phone call and provide reassurance to this person. This enabled the person to carry on with their day.

People and their relatives where appropriate, told us they had been involved in planning their care and support. We found people received a personalised service from staff who knew them well. People told us they were regularly asked whether they were happy about the way in which staff supported them. They said they were able to make decisions about their care and discuss any changes with the staff.

People told us staff were careful to protect their privacy and respected their wishes. The registered manager told us, "Staff are trained in dignity and respect so this can be promoted in the service they provide. On shadow shifts this is shown so staff can get into a natural habit of closing doors and placing towels on private parts of the body etc, and the reasoning behind this is explained." People told us they felt comfortable with staff and were never rushed. One person said, "I'm afraid to get in the shower by myself, I am very happy that they help me."

People's independence was promoted and care plans told staff to encourage people to do as much for themselves as possible. People told us they liked to be independent and staff respected this, offering help when needed. When staff identified issues which may cause distress, swift action was taken. For example, one person was unable to get upstairs to bed in their house due to pain. Staff told us they reported this and pain relief was soon obtained. This meant the person could continue with their routines independently.

Is the service responsive?

Our findings

People told us the service was responsive to their care needs and they received the care and support they required.

People's needs were assessed before they started to use the service. Initial information was taken over the phone. The registered manager met with the person and their family, where appropriate, to ensure the service would be able to meet the person's needs. The registered manager told us once they had agreed the service would benefit them, information was transferred into a care plan for staff to follow.

When a person was new to the service, the registered manager or deputy manager took staff out with them on a visit to introduce them to the person. A care plan was developed with the person and their relatives, where appropriate. Each person had a care plan that was tailored to meet their individual needs. These plans described the support people needed to manage their day to day needs. This included information such as their preferred routine, guidance about how to meet people's needs and other information such as their food and drink preferences.

Staff knew people well and were able to tell us how they supported people. Staff recorded the care they provided at each visit and we saw these records were detailed and clearly written. Staff told us they read the care plans and checked them at each visit for any changes. The registered manager told us care plans were reviewed once a month or as soon as any changes were identified. When people's needs changed, staff carried out further assessments to ensure their needs continued to be met appropriately.

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. One person was unable to communicate verbally with staff. Staff explained how the person was able to use their tablet to communicate by typing what they wanted to say. They told us how they always gave the person time to type their message at their own pace. Staff then responded by speaking. This ensured the person was able to communicate with staff and their needs were met in the way they wanted.

Staff encouraged people to access the community and gave people information about the local memory café and a voluntary organisation who arranged activities, outings, and social visits to people in their homes. There were also examples of staff going out with people for coffee or going to the hairdressers. Staff were aware that some people may be at risk of social isolation as they didn't go out. One person told us, "They're excellent, they make a coffee and have a chat. They keep me in touch with the outside world."

People told us staff always listened to them and did their best to change times to meet their needs. This meant people were able to attend events and appointments. One person had written to the provider to thank them for their flexibility which meant they could always attend their hospital appointments.

Each person told us the service would respond well to any complaints or concerns they might raise. They

were confident their concerns would be taken seriously. People were given information about how to complain. The service had not received any complaints and people told us they didn't have any complaints. Comments included, "I haven't got any worries" and "I can't fault them. (Name of registered manager) always insists I phone if there are any issues."

People were supported at the end of their life to have a comfortable, dignified and pain free death. Staff had completed end of life training. People's preferences and choices were discussed with them and their families, where appropriate. The registered manager told us how they had supported one person so they could come home from hospital. The service provided a small team of regular staff and worked with the district nurse, local hospice and family to help support the person who wished to remain at home. A relative had written to the service and said "[the service] cared for my mum for the last six months of her life and I could not recommend them highly enough."

Is the service well-led?

Our findings

This was the first inspection of this service. The registered manager had a degree in health care practice and the deputy manager had completed the Level 5 Diploma in Leadership and Management. This showed the management team had the skills and knowledge to manage and improve the service.

People and their relatives consistently told us the service was well-led. Comments included, "This is a first class care agency and I couldn't wish for better", "I'm very pleased with the service and "[Manager's name] went above and beyond her role as director and was always available to answer any questions and concerns."

The culture of the service was caring and focused on ensuring people received high quality person-centred care. It was evident staff knew people well and put these values into practice. There was an emphasis on getting to know the person and tailoring the service to meet their individual needs and preferences. A relative commented, "The staff are a reflection of [manager's name] vision to provide an excellent standard of care."

The service sought regular feedback. People told us they were asked for feedback over the phone, during visits and care plan reviews. The service had received 10 completed questionnaires in September 2017. The results were all positive and comments included, "Could not improve", "Totally satisfied" and "Everyone is very good and knows what they are doing."

Staff knew their roles and responsibilities. The team included the registered manager, deputy manager and care staff. The registered manager and deputy manager worked alongside staff to deliver care and led by example. Staff told us they felt valued by the management and people benefited by receiving care from a stable staff team. Staff said, "I'm loving it", "I have a great boss and feel really supported" and "It's really well set up." Staff told us they found the management team approachable and supportive. They told us they received regular support and advice via phone calls and during face to face meetings. They said, "I can approach them anytime", "If you leave a message they call back instantly" and "I can pop in any time."

Staff told us the registered manager listened to them. Staff meetings were held regularly at the town hall. This gave the registered manager the opportunity to effectively embed good practice and ensure staff promoted the service's values. Staff told us they enjoyed the meetings as they got to meet other care staff, shared information, kept up-to-date with best practice, and contributed to the development of the service.

The provider and registered manager were keen to develop and improve the service. They kept up-to-date with best practice by accessing professional websites. They met up with other care providers at local network meetings to keep up-to-date with good practice and find out what was happening in the care profession. The registered manager told us they planned to make further improvements to care plans and training in the next 12 months.

In the past 12 months, the registered manager had worked in partnership with GPs, district nurses,

occupational therapists and the local hospice to ensure joined up care was delivered to people. This meant people benefited from high quality care and improved outcomes. A healthcare professional told us, "I have found the management very thorough in their approach, engaging and proactive in communicating changes and concerns."

Records were well organised, up-to-date and stored securely. An audit system was in place to monitor the quality of the service. Records were checked when they were brought back from people's homes on a regular basis. The registered manager carried out checks during care visits to observe staff's competency.

The provider had notified the Care Quality Commission of events which had occurred in line with their legal responsibilities.