

Able Care Agency Limited

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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?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 16 February 2016 and the inspection was announced.

Able Care is a care agency who provides a domiciliary care service and an introductory service for self-employed carers, who offer a live in care service. This inspection only relates to the domiciliary care element of the care agency. The Care Quality Commission (CQC) does not regulate self-employed care.

At the time of this inspection the service was supporting four people, three with a night sitting services and one with a day sitting service. During these periods support with personal care and meals maybe required.

There was a registered manager in place. 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 supported by staff who demonstrated the skills and knowledge required to perform in their role. They had been safely recruited.

Staff demonstrated they understood how to prevent and protect people from the risk of abuse. The service had procedures in place to report any safeguarding concerns that could arise and staff understood these. Staff had knowledge of how to report incidents of suspected abuse. People and staff were protected from harm as the service had identified and assessed any risks to them and reviewed these on a regular basis. Risk assessments were individual to the person and their environment.

Staff did not administer prescribed medication.

Staff had not attended recent training relevant to their role; the manager undertook to address this immediately.

People benefited from staff who felt valued by the service and were happy in their work. They had confidence in the management team.

Staff demonstrated that they understood the importance of promoting people's dignity, privacy and independence. They gave examples of a caring and empathetic approach to the people they supported.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 and report on what we find. Staff were aware of the MCA and demonstrated they understood the importance of gaining people's consent before assisting them.

People's needs had been assessed prior to them receiving a service. People received individualised one to

one care. The service regularly reviewed people's needs.

Staff assisted people, where necessary, to access healthcare services. Staff had a good understanding of people's healthcare needs and demonstrated they had the knowledge to manage emergency situations should they arise.

The management team demonstrated an inclusive approach to the management of the service and people had confidence in them. They were supportive and accessible to people's advocates and members of staff.

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.

Systems were in place to reduce the risks of people experiencing abuse. Staff knew what to do if they had any concerns, and were confident to do so.

People benefited from being supported by staff who had undergone recruitment checks to ensure they were safe to work in a care service.

The service had identified, assessed and regularly reviewed the risks to people.

Is the service effective?

Requires Improvement ●

The service was not always effective.

There was a lack of regular up to date training for staff.
Supervision and appraisals did not take place.

Staff were experienced and understood the needs of people they care for.

People received care and support in the way they wished as staff understood the importance of gaining people's consent.

People requiring support with meals and drinks had their needs met.

Is the service caring?

Good ●

The service was caring.

People benefited from having positive and caring relationships with the staff that supported them.

People received care and support in a way that allowed them to be in control and live in their own homes.

People had been involved in planning the care and support they received.

Staff understood the importance of maintaining people's dignity and privacy and worked in a way that promoted this.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was individual to their needs.

The service had identified and assessed people's needs and these had been reviewed on a regular basis.

Is the service well-led?

Good ●

The service was well-led.

There was an open culture where people felt comfortable in expressing their views.

The management team was accessible, and approachable.

There were auditing systems in place and people's care was reviewed.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 16 February 2016 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service. Notice was given to ensure that the manager was available to assist our inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed all of the information we had about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law.

During the inspection we visited the service's office. We couldn't speak directly with people using the service because they were living with health conditions which meant that they were unable to communicate with us. However we spoke to two solicitors employed by two people who use this service (as their advocate), one relative and three members of staff. We also spoke with the registered manager.

We looked at the care records for the four people who used the service. We also viewed records relating to the management of the service. These included risk assessments, and three staff recruitment files.

Is the service safe?

Our findings

We were unable to speak directly with people who used this service. However we spoke with the advocates (their solicitors) of two people and a relative of a third person, none of whom had concerns about people's safety. One advocate said, "Safe, more than safe." A relative said, "Safe, absolutely."

The staff we spoke with were aware of how to protect people from abuse. Staff said they would contact the manager or care co-ordinator to report any concerns they had. One member of staff spoke of how their role was to prevent a safeguarding event occurring in the first place. A staff member gave us examples of how they took appropriate action to support people when they became distressed or their behaviour became challenging to those around them.

The manager told us of a further situation when a staff member was concerned about a person's safety in relation to a visitor and the action they had taken which determined that there was no risk to the person's welfare.

There was a safeguarding policy in place which provided guidance for staff on how to protect people from abuse and avoidable harm. The manager told us they had regular phone contact with staff, and that they were confident the staff would raise any concerns with them. The manager had a good understanding of what constituted abuse and how to report this to the local authority's safeguarding team. We saw from our own records that the provider had made appropriate safeguarding referrals to us.

Staff provided care for people in their own homes. Assessments were in place to identify and reduce the risks of accidents to people in their own homes and to staff whilst providing people's care. The manager completed a falls and general accident assessment and, if appropriate, offered advice and suggestions in order to reduce risks. Records showed details of fire alarms, utility suppliers and who to contact if there was a domestic emergency, for example a loss of heating. The provider had a 24 hour emergency on call service for staff to use if they needed advice at any time. However, if people became unwell staff would call 999 or contact the GP as appropriate and then notify the manager or care co-ordinator. Staff we spoke with confirmed this is what happened.

The manager had an 'accident and incident' reporting book. The manager analysed the information to see whether steps could be taken prevent the situation happening again. We could see from looking at the report book this process was followed.

We saw that people's needs and the risks to people's safety were initially assessed by the manager when the service started, and that these were clearly recorded in people's care records. These included assessing the risks of taking medication, nutrition, dehydration, and moving and handling.

The manager told us that if there was an issue with the premises they worked from, their software enabled them to operate from another different location. This meant that the service provided to people would not be interrupted.

The service ensured appropriate cover during times of staff sickness or holiday by accessing staff from their 'self-employed' department.

We looked at staff recruitment records. All staff members had worked for the service for ten years or more. Recruitment checks had been followed, there were one or two references on each file, up to date criminal records checks, and copies of identification cards. This demonstrated that recruitment processes were robust.

Staff did not provide support or administer prescribed medication. This was performed by the self-employed carers during the day and before the night staff started their shift.

Is the service effective?

Our findings

The manager told us in order to work for the agency a prospective member of staff needed to have two years care experience. The interview process could take up to three hours to ensure the person had the right skills and they could match the right applicant to the right person. We could see from people's personnel records detailed notes were taken at the interview to try and match the right people together.

There was no current training system in place for staff employed by the provider. However, staff told us through a combination of their length of service with the provider and their experience in the caring profession they felt they had sufficient training, knowledge and skills to meet the needs of the people they currently support. Although most members of staff had not had training in safeguarding and dementia care for some time they said they felt able and confident to respond appropriately to a safeguarding event and felt able to fully support people living with dementia. They gave clear examples of what a safeguarding situation would look like, and how they would respond to this. We raised this lack of up to date training with the manager who later contacted us and confirmed the three members of staff had been placed on safeguarding and dementia care training.

The provider regularly performed unannounced reviews. They would visit the person receiving the care, speak with them gaining their views of the service, look at the day and night records completed by staff, and speak with the member of staff. They would ask the member of staff a series of questions to assess whether the member of staff was able to perform well in their role.

Staff supporting people at night did not receive formal supervision. However the manager and members of staff did say they often had weekly telephone contact to raise issues and review the needs of the person being cared for.

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

The manager had an understanding of this legislation. Staff we spoke with understood what mental capacity meant and said that they always ensured they had people's consent to perform a task, or support them. We saw instances on care records that consent to care was asked for and was confirmed by the person at the time. Staff told us that if they believed there were changes to someone's mental capacity or their behaviour which put them at risk they would contact the manager and care co-ordinator.

One member of staff told us that one person they supported was at risk of losing weight and of poor fluid intake. They said they encouraged food and fluids throughout their time with the person, offering food they knew the person liked. The staff member recorded fluid measurements and totalled this on a chart to be monitored by staff and the relevant health professionals involved. We saw on care records people were supported with specific dietary needs when necessary. One person needed a pureed diet following the advice of a specialist health professional. Another person was a diabetic and needed meals and snacks which were of low sugar. Staff confirmed that they were aware of these dietary needs and said that they followed the direction of health care professionals.

A relative told us that in their family member's notes the GP had said, "I wish everyone had someone like [staff member] in their lives." The relative explained that this member of staff always responded quickly when their relative started to develop a chest infection. They added, "Some people may not pick up on the subtle changes to [their family member's] breathing, but [staff member] does." Staff told us they advised the day staff if they had concerns about people's wellbeing if urgent action wasn't required, so that the day staff could take whatever action was appropriate.

Is the service caring?

Our findings

We were unable to speak directly with people using the service because they were living with health conditions which meant that they were unable to communicate with us. However, we spoke with one person's relative who spoke very highly of the staff who provided regular care to their relative. The relative said, "[Staff name] is the best carer we have ever had." The relative went onto say "... the best thing about Able Care is their staff, they are excellent." Staff spoke very positively about their work. One said, "I love my job, and they [people supported] are lovely people." Another staff member said, "I love caring for people and I love my job."

Staff told us that they knew people's preferences and spent time talking to the people they cared for. One member of staff said the person they care for used to ask them to read a certain religious group's literature to them. The member of staff said they would sit together and read the literature as requested. Another carer who supported with meals said they always checked how a certain meal or types of food were received by the person, and they made a mental note of this for next time. Staff were aware of people's personal histories, what people found interesting and activities they liked to do.

A staff member told us when possible they chatted with the people they cared for. A relative told us a particular staff member always responded well to their relative; in a way which defused any distress their relative was feeling. The relative said that the member of staff did this by talking to the person, listening to them, and sometimes distracting the person by "dancing." The member of staff told us that when they were with the person they supported, "We are always laughing together."

One staff member said the person they cared for needed a lot of supervision and support at night. They spoke very fondly and respectfully about this person and said, "That's why I'm there."

All staff members said they always gained people's views and involved them in making a decision. One member of staff said sometimes the person refused to have a wash or get dressed, so they had a conversation about something else and later talked about having a wash, the person would then agree to having support with personal care. Another member of staff said the person they cared for was independent with their evening personal care and told us, "This is what the person wants to do, so I keep in the background, in case support is needed, or they ask for my help."

Staff spoke about the importance of respecting people's privacy. One member of staff said when providing personal care they ensured that the person was covered during parts of this process. "I always stand at their side when supporting them with washing." Another member of staff said they respected someone's privacy when using the bathroom, but they would stay near to the bathroom, to then re-enter to offer assistance when necessary.

One advocate said they believed and had seen the staff, "...Treat people with real dignity...that's why we have used the agency for ten years."

A person's relative said they and their family often visited their relative when a staff member was present and felt very welcome by them. The manager told us, "These are people's own homes, we must respect this."

Is the service responsive?

Our findings

The manager told us each person had a full initial assessment of their needs. The records we looked at confirmed this. These records included the views and wishes of the people receiving the care. Where people were unable to fully express themselves their advocates were present and contributed to the assessment.

People were supported to be as independent as possible. Staff told us that people chose when they wanted to go to bed and when they wished to get up.

We could see from people's initial assessments and from speaking with members of staff that people's preferences had been identified and these were respected. In some circumstances when people's needs had changed, staff told us how they still encouraged and assisted the person (during the day and night) to do some of the things that were important to them. For example one member of staff assisted the person to complete word puzzles and another supported someone to follow their sporting interests by assisting them to find certain sporting channels on the television.

The manager told us that due to the nature of the service they provided, a live in care service, people chose the care staff they wanted. Staff were matched by the manager to the cared for person to ensure they would get on well together and be welcomed into the person's home. The manager told us if someone didn't want a particular carer, they didn't have them.

The care plans were detailed, giving guidance to staff about how to meet people's needs. For example how to communicate with people to ensure they understood. One person had a breakdown of how they are supported to mobilise and transfer from sitting to standing. Another person's care plan gave information about how they wanted to be positioned in bed. The care plans also covered people's wellbeing, which included sensitive issues that may cause distress or upset people. A breakdown of people's routine was recorded and how the carer is to offer support and assistance. The care plans also included people's likes and dislikes, potential risks and areas for staff to monitor.

Members of staff would review people's needs at hand over when the evening care ended and the morning care (which is the self-employed element of Able Care) began. The agency also provided 'on spot' checks/reviews when a member of the office staff who was a nurse, or the manager visited people's homes. They spoke with staff and the person receiving care to gain their views on what was working well and if there were any issues. There were records of this in people's care notes and a member of staff we spoke with confirmed this happened.

The manager told us that office staff were in regular communication by telephone with members of care staff. Staff told us they felt at ease in phoning the office to raise concerns. The relative and advocates we also spoke with said they would not hesitate to contact Able Care and raise any concerns they had. For example, concerns had been raised about one person who was not sleeping well and the manager addressed and resolved this issue.

Is the service well-led?

Our findings

The service had a registered manager in post. All the staff and advocates we spoke with had confidence in the manager and spoke very positively about the service. One advocate said about the office staff, "They are extremely helpful." All staff we spoke with said that they recommended Able Care to people they know.

All staff we spoke with said the manager was very approachable. The staff felt they could contact the office or manager about any issue. This told us there was an open culture within the service. The manager engaged with health professionals and people's advocates on a regular basis. One advocate said, "They respond very quickly."

The staff we spoke with said they hadn't needed to raise any concerns about their colleagues. If they needed to they had every confidence that the issue would be addressed and they would be supported.

The service had a clear vision and set of values set out in their 'statement of purpose' which was given to people using the service and staff. The statement of purpose talked about respecting people's individuality, their independence, dignity and safety. Staff members we spoke to talked about providing the best quality of life for people they cared for, ensuring people had choice and control in their daily lives. Staff also spoke respectfully about the people they supported; they gave examples of how they ensured people were safe and have dignity in their lives. This told us the staff were aware and shared these values.

The manager had a good understanding of the needs of the people the service supported. It was clear to us that the manager had remained involved and in communication with staff concerning people, since their initial assessments which the manager undertook. The manager also carried out 'spot' checks/reviews and was in communication with advocates.

There were clear processes in place to monitor the quality of care people received. From speaking with the manager and looking at people's records we could see these processes were followed. There was good communication between staff and the manager.

All the staff we spoke with understood their responsibilities in ensuring people received good quality person centred care and people were kept safe.

Able Care had reported notifiable events to us in the past as required. When we spoke with the manager about the types of events they needed to report, the manager knew what events to report and to whom. The manager said she felt very supported by the director of the company.

There were issues about the training of staff and a lack of formal supervision. However, the manager had started to look at training and has placed some staff members on courses, as a result of our visit. Staff confirmed they were in regular conversation with the manager and office. The manager said they would address the lack of supervision and formal appraisals.

The manager advised us they were a member of an organisation, which supported home care providers. The manager said they consult, seek advice and receive regular updates about changes in legislation and ways to improve their service.