

Able Carers Limited

Able Carers (York & Harrogate)

Inspection report

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Date of inspection visit:

01 November 2018

14 November 2018

Date of publication:

21 December 2018

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?

Requires Improvement ●

Summary of findings

Overall summary

Able Carers (York & Harrogate) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Not everyone who uses the service 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. The service supports older people, people living with dementia, mental health needs, physical disabilities, sensory impairments and younger adults. At the time of our inspection, the service was supporting 69 people with a regulated activity.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and 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 is now rated Requires Improvement in one key question: 'Is the service well-led?'. This is because the quality assurance checks and audits in place were not being used effectively, to identify record keeping issues and drive improvement. However, people expressed satisfaction with the care they received. There was a registered manager in post. People and staff spoke positively about the management of the service.

Risks to people were assessed and action taken to reduce them. The provider took prompt action to address anomalies we identified in some risk assessments. There was a system to record any accidents and incidents, and the provider took appropriate responsive action to learn from any incidents that occurred. Staff were aware of different types of abuse and knew what action they should take if they had any concerns. Where people required it, they were supported to receive their medicines in line with their prescription.

There was a system in place to organise care visits and people told us staff usually arrived on time. There was an electronic call monitoring system, which meant that the provider could identify if care staff had arrived to care visits on schedule. Appropriate recruitment checks were undertaken before staff started their employment, to ensure they were suitable to work with vulnerable people. Staff received an induction, training and on-going supervision to give them the skills and knowledge they needed to care for people effectively.

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

People received support with preparing meals where required. There was information for staff about people's nutritional and healthcare needs in care plans. Relatives gave us examples to show that staff had been proactive in identifying and responding to health concerns and changes in people's needs.

Staff treated people with dignity and respect. People told us care staff were kind and caring, and we

observed positive interactions between staff and people who used the service. People told us they usually had consistent care staff, which enabled them to build relationships.

Care plans were in place to give staff the information they needed to support people in line with their preferences. This included information about people's communication needs. The provider had a policy for responding to any concerns and complaints. We found issues raised had been responded to appropriately and people told us they would feel confident in reporting any concerns.

Our discussions with staff indicated there was a positive, person-centred culture within the service.

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 Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service has reduced to Requires Improvement.	Requires Improvement ●

Able Carers (York & Harrogate)

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 comprehensive inspection took place between 1 and 14 November 2018. We gave the service two days' notice of our first visit to the office on 1 November 2018 because we needed to be sure someone would be available to assist us with the inspection and organise for us to visit people who used the service. We visited two people in their own homes on 14 November 2018. We made telephone calls to other people who used the service between the 6 and 13 November 2018.

The inspection was carried out by two inspectors on the first day of inspection and one inspector for the remainder of the inspection.

Before our inspection, we looked at information we held about the service. The provider sent us a 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 reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority contract monitoring team prior to our visit.

During the inspection we spoke with six people who used the service and four relatives. We spoke with the registered manager, operations manager, two 'step up' senior care workers and two care workers. We looked at a range of documents and records related to people's care and the management of the service. We viewed four people's care records, medication records, three staff recruitment, induction and training files and a selection of records used to monitor the quality of the service. We visited two people in their own

homes and observed care staff providing support and interacting with them.

Is the service safe?

Our findings

People we spoke with confirmed they felt safe with the care staff that visited them and we observed people appeared relaxed and comfortable in the presence of staff. People told us, "They are reliable" and "We don't have any worries at all."

The provider had a system to ensure there were sufficient staff to meet people's needs. Care visits were organised at scheduled times. Where there was any staff sickness or staffing vacancies other care staff covered the visits. The provider had an electronic call monitoring system, and staff used this system to register their arrival at, and departure from, people's homes. This allowed the provider to monitor that care was delivered at the time required. People and relatives told us staff usually arrived on time, and said that if staff were ever running late they would be kept informed. One person confirmed, "They are always here within thirty minutes of my call time. They always stay the right length of time and do all the tasks they are supposed to."

Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people. This included seeking references from previous employers and a Disclosure and Barring Service (DBS) check to identify if applicants had any prior criminal convictions.

The provider conducted assessments to evaluate risks to people's safety and wellbeing and record any action required to minimise these risks. This included environmental risks and risks in relation to people's personal care and health needs. One risk assessment lacked detail about the person's risk of falls and another contained some inconsistent information about the person's manual handling needs. The provider took action to address these recording issues straightaway.

The provider learned from issues or incidents that occurred. We found staff completed detailed accident and incident records. The registered manager reviewed these to check that appropriate action had been taken in response to any incidents.

Staff received safeguarding training and were able to describe indicators of abuse and how they would report any concerns. The provider's safeguarding log showed they had appropriately reported any concerns to the local safeguarding team to be considered for investigation.

Staff received training about infection prevention and control. Staff confirmed they had access to a good supply of personal protective equipment, such as disposable gloves. We observed them using this equipment when supporting people. Staff also washed their hands between tasks and used hand sanitiser.

Staff received medication training and their competence to support people with medicines was checked. The provider conducted a medication assessment for each person, to establish what support they required. The registered manager was reviewing these assessments at the time of our inspection to make it clearer about people's requirements in relation to prescribed creams. Staff completed medication administration records (MARs) and these were routinely returned to the office so that the registered manager could check

that medicines had been given in line with people's prescription. We noted gaps on some MAR charts and have reported further on these recording issues in the 'Is the service well-led?' section of this report.

Is the service effective?

Our findings

People we spoke with confirmed staff had the right skills and knowledge to support them well. Their comments about staff included, "They seem to know what they are doing and are reliable" and "They have the right skills." A relative told us, "They are all very good and do everything [Name] asks."

Staff received an induction and training to prepare them for their role. Some of the core training was refreshed three yearly and other courses were completed annually. Staff we spoke with were satisfied with the training available and told us it gave them the information they needed. The provider conducted periodic observations of staff delivering care, in order to check their competence. There were also specific assessments of staff competence in relation to practical tasks like manual handling and support with medicines.

Staff told us they felt supported and we saw records which confirmed staff received supervision and an annual appraisal. This gave staff the opportunity to discuss with their supervisor any training needs, ideas for performance improvement and personal objectives.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We were advised that nobody who used the service at the time of our inspection was deprived of their liberty. Staff received MCA training, but knowledge of the MCA could be developed further for some staff. However, all staff we spoke with had a clear understanding about the importance of getting people's consent to the care they were offering, and knew to seek further advice if they had any concerns about people's ability to understand particular decisions. People confirmed they were always consulted and listened to. One person told us, "They always listen to me and do what I ask them to. I'm the boss! That's important because it's my house."

People's consent to their care was recorded in their care plan. The registered manager was aware that where some people had advised them they had a Lasting Power of Attorney (LPA) for health and welfare decisions, the provider did not yet have evidence of this. The registered manager told us that once they had received this evidence, they would retain it in people's care files. This would ensure that only those with the correct legal authority are able to consent to people's care, should this ever be needed.

Systems were in place to assess people's needs and choices in line with legislation and best practice. The provider conducted an assessment of people's needs, to ensure they could provide an appropriate service for them.

People received support with their healthcare needs and had access to healthcare professionals where required. One relative told us how attentive staff were in picking up changes in people. They gave us an example where care staff had recommended requesting a GP appointment, due to a change they had noted to someone's skin. The relative was grateful for this, as further investigations had shown that the person required treatment, and this was arranged.

Where it was part of someone's care package, staff provided support with meals and drinks. Information about nutritional needs was recorded in people's care files and people we spoke with were satisfied with the support they received in this area.

Is the service caring?

Our findings

We received consistently positive feedback about how caring staff were. People's comments included, "They (staff) are kind. They all seem to be okay," "I have about six carers I have regularly, so you get chance to build relationships. They are all kind" and "They are really nice." People told us about favourite care staff they got on particularly well with. One person said, "[Name of staff], well, she's the queen of carers!" Relatives we spoke with also agreed that care staff were patient and kind.

It was evident from our observations that people had built warm, caring relationships with staff, and they knew each other well. We saw people laughing and joking with staff. People appeared comfortable and in control of the care they received. Staff involved people in decisions and checked if there was anything extra they needed before leaving. Staff were also attentive to people's holistic needs and general wellbeing. For instance, a staff member noticed when someone had a parcel missed delivery card on their doormat and checked if the person needed any help with retrieving the parcel.

We noted compliments received by the service included comments from relatives such as, 'Without exception the carers were all extremely supportive, professional and kind, not only with [person] but with me and [other relatives] too.' A thank you card we viewed expressed gratitude that a staff member had stayed on after their shift had finished to remain with their relative at hospital.

People's privacy and dignity was respected and promoted. Care files included instructions to staff about how to promote people's dignity and independence. Staff gave us examples to demonstrate how they maintained people's dignity when providing them with personal care. This was confirmed by people we spoke with. A relative told us, "When they wash the top half of [Name]'s body they always keep the rest covered. They also wait until [Name] has finished in the bathroom for example, and give them privacy."

Staff promoted people's independence by tailoring their support according to people's abilities. We observed staff did not intervene, or try and take over, when people were able to do things for themselves. This helped maintain people's skills.

Staff completed equality and diversity training. Care files contained information about support needs in relation to protected characteristics in the Equality Act. The registered manager provided an example of how staff supported one person to attend church when they wished.

Care files and information related to people who used the service were stored securely in the office and electronically. The provider had updated their data protection policy to reflect the latest data protection laws. This helped to ensure the integrity of confidential information.

Is the service responsive?

Our findings

People who used the service indicated the service was responsive to their needs and that care staff supported them in the way they wanted.

The provider developed a care plan for each person, based on their assessment of needs and the local authority assessment, where applicable. This included information about people's support requirements and interests. There was also information about the outcomes people wanted to achieve from their care and things that were important to them. This helped care staff provide support in line with people's preferences. People's care was regularly reviewed and updates were made to people's care plans when their needs changed. We noted some minor recording anomalies in care files, but the registered manager addressed these promptly.

Care files contained a section of information about people's communication needs. This helped to meet the requirements of the Accessible Information Standard (AIS), which is a legal requirement for all providers who receive any public or NHS funding. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand.

Staff recorded the support they provided at each care visit. We reviewed records of the care we saw being delivered, and found these were consistent with our observations. We also looked at a sample of other care visit records and found these were detailed and regularly completed. Records of care visits were routinely returned to the office, so the provider could check that the care provided was in line with people's care plans.

Since our last inspection the provider had introduced a new 'step up senior carer' role. These 'step up seniors' provided an additional contact point for people. The registered manager told us the role was also to encourage more regular and informal contact with people; ensuring the service was responsive to people's needs, understood what people wanted from their care and so that any requested changes could be made.

At the time of our inspection, the service was not providing end of life care to anyone. Where the service had previously supported people at the end stage of their lives, staff had worked alongside district nurses and MacMillan nurses to ensure people received appropriate care. Most staff had completed basic end of life care e-learning training, but the registered manager told us this would be supplemented by additional guidance and support for staff where required, to meet people's individual needs.

The provider had a complaints policy and procedure and this was available to people in an accessible format. We viewed records of complaints and concerns received, and these showed that concerns or comments received had been acted on. People we spoke with confirmed they knew how to raise a complaint and would feel comfortable doing so. One person told us they would ring the office if they had any concerns. They added, "I've never had any concerns though, but I'd know what to do if I did." Another person told us, "If there was anything wrong I'd say...they always listen to me." A relative told us, "The staff in the office are very approachable. We'd be able to say if we had any concerns. When I complained that the

time of our visits were too late they changed it for us." People and relatives felt confident any complaints would be addressed.

Is the service well-led?

Our findings

The service had a registered manager who had been registered with CQC since July 2018. They had worked for the organisation prior to becoming the manager, so knew the service, staff and people well. The registered manager was supported by five 'step up senior carers', who assisted with some administrative tasks, observations of other care staff and also delivered care directly.

People we spoke with knew the registered manager, and had either met or spoken with them on the telephone. We received positive feedback about the registered manager and were told that they, and other staff at the office, were approachable. One person commented, "The two main people in the office, [Name of registered manager] and [Name of step up senior carer] are excellent." Staff also spoke positively about the registered manager and told us they were well supported. One told us, "I think the management is really good. They are very kind, caring and trustworthy."

Our discussions with staff indicated there was a positive culture. One told us, "They are a really good company." They said the values of the organisation were about, "Doing the best we can in everything we do. We want to make the client's happy and provide a quality service."

The provider had a quality assurance procedure and the registered manager completed audits to monitor the quality of the service. This included checks of care logs and medication records. It also included a monthly audit and analysis of medication errors, pressure sores, safeguarding issues, complaints, accident and incidents, client reviews completed and staff supervisions. We found that the monthly audit was not being completed correctly. For instance, the audits for the three months prior to our inspection did not include all the accidents and incidents that had taken place. The audit for September 2018 recorded that all MARs had been checked and there were no issues, yet we found that not all MARs had been reviewed and there were some gaps and recording errors in the medication records. The checks in place had also not been effective in picking up some of the anomalies we found in risk assessment documentation. The registered manager acknowledged they had misunderstood aspects of the audit documentation, and assured us they would ensure they were properly completed moving forward. We did not find any evidence that the recording errors and shortfalls in the quality assurance process had negatively impacted on the care provided to people, however, the systems in place at the time of our inspection required improvement to ensure they were consistently effective in being able to identify issues and drive improvement.

The provider conducted satisfaction surveys and sought feedback from people when visiting people to conduct observations of care practice. Surveys and feedback received indicated good levels of satisfaction with the care staff and service provided.

The registered manager demonstrated a commitment to providing high quality care and continual improvement of the service. They were aware of their role and responsibilities as a registered manager, including what events they needed to notify CQC about. The provider worked in partnership with other organisations and built links in the community for the benefit of people. For instance, they had worked with a community development worker from the local authority to source appropriate community based

activities for one person, in order to help reduce their social isolation and loneliness.