

In Abi's Hands Ltd

In Abi's hands

Inspection report

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Date of inspection visit:
09 March 2022

Date of publication:
08 April 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service

In Abis hands is a domiciliary care agency providing personal care to people in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were seven people receiving a regulated activity.

People's experience of using this service and what we found

The service was not always well-led. The provider's quality assurance systems were not effective in identifying and addressing issues.

We have made a recommendation about the safe management of medicines. There had been no medicines errors or harm caused to people, however staff did not always follow best practice.

The provider had safeguarding policies in place, but staff required further training in this area to develop their approach.

People using the service and their relatives told us they felt safe and well treated. Relatives told us they felt fortunate to have found the service and we were consistently told that staff were kind and caring. People were supported with dignity and respect.

Care plans for people were personalised and detailed. They gave staff clear instructions on how best to support people. Staff told us they felt supported.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 16 September 2020 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not been inspected since registering.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering

what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We identified a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

In Abi's hands

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Notice of inspection

We gave a short period notice of the inspection because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 March 2022 and ended on 11 March 2022. We visited the location's office on 9 March 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of a monitoring activity that took place on 3 August 2021 to help plan the inspection and inform our judgements.

We used this information to plan our inspection.

During the inspection

We spoke with three relatives and one person who used the service about their experience of care provided. We spoke with the registered manager and three support workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service including policies were reviewed.

After the inspection

We sought further assurances from the registered manager and sought assurance on the management of medicines.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- We could not always be assured medicines were managed safely. Documentation to support safe management of medicines did not follow best practice.
- We were not assured people had received their medicines as prescribed. Staff did not have the information required to safely administer medicines. Medication Administration Records did not contain full details of prescriber's instructions.
- There was a lack of information to guide staff on when to administer 'as required' medicines (PRN) such as pain relief.

We recommend the provider reviews their systems and processes for the safe management of medicines and updates their practices accordingly.

The provider responded immediately during and after the inspection. PRN protocols were put in place and the provider told us they would review their management of medicines.

Systems and processes to safeguard people from the risk of abuse

- Staff were not always aware of how and when to make a safeguarding referral. Due to this, we could not be assured all incidents had been identified and reported.
- People using the service, and their relatives, told us they felt safe.
- The provider had policies and procedures for safeguarding adults and whistleblowing.

Learning lessons when things go wrong

- Quality assurance systems to monitor quality were not consistently completed.
- The registered manager told us there had been no incidents relating to people who receive a regulated activity from the service. They confirmed that any accident or incident would be reviewed and monitored for lessons learnt to be considered.

Assessing risk, safety monitoring and management

- Risks relating to people's safety and wellbeing had been identified and mitigated. This had been recorded within care plans and regularly reviewed.
- Environmental risks had been assessed to ensure people were protected from risks within their environment.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. Staff told us they had adequate time to get between calls and did not feel rushed.
- People told us that the staff were punctual. One person told us, "They haven't ever missed a call. They are always on time."
- There were appropriate and safe systems in place for recruiting staff which ensured they had relevant skills, knowledge and experience.

Preventing and controlling infection

- The provider had effective systems in place to prevent and control the spread of infection.
- People had individual care plans in relation to COVID-19 and how this risk could be mitigated.
- Staff had received training in infection control and the use of Personal Protective Equipment (PPE). Staff knew the correct order to use PPE and when it was to be used. The manager completed checks to ensure PPE was being used correctly.
- People and relatives told us staff wore PPE and followed good hygiene practices.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- We spoke with staff who confirmed they promoted choice when supporting people with their care and treatment.
- People's care plans did record if they had consented to their care as detailed in their care plans.
- Staff had limited knowledge regarding the MCA and how this was relevant to their work.

Staff support: induction, training, skills and experience

- There were processes in place to ensure that staff had sufficient training to carry out their role effectively.
- Staff were supported to complete The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors
- The registered manager regularly assessed staff competency to ensure people were receiving safe care.
- Staff told us they felt supported and had daily communication with the manager to discuss any issues.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider assessed people's needs before they started receiving care. Assessments were used to develop detailed care plans which supported staff to provide care in line with people's preferences and personal routines.
- During the assessment, the manager was transparent with people about what the service could offer so that people could make an informed choice about their care.
- People were given an opportunity to meet staff before receiving care and entering into a contract with the

service.

Supporting people to eat and drink enough to maintain a balanced diet

- People's preferences about what they liked to eat and drink were recorded in their individual care plans.
- Staff were knowledgeable about people's dietary requirements.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access health care services when required.
- Daily records were clear and detailed.
- One staff member told us they had supported one person to attend health sessions regarding their specific health condition and to create a "healthy eating plan".

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people well and people told us staff were "kind and caring".
- The support staff provided made a positive impact on people's lives. One relative told us staff often noticed when the washing machine cycle had finished and had hung clothes out to dry. Another relative said "I think [The registered manager] is in the business for the right reasons, [I] strongly get the sense she likes looking after people and is a truly caring person. I feel very fortunate to have found them."

Supporting people to express their views and be involved in making decisions about their care

- Relatives felt involved in their family member's care and had been involved in care planning.
- A quality assurance questionnaire had been sent to all people receiving a service and the feedback was consistently positive.
- One staff member told us the electronic care system prompted staff to ask people how they had found their care and to record feedback.

Respecting and promoting people's privacy, dignity and independence

- Staff were provided with sufficient time to develop trusting relationships with people and their relatives. One staff member told us any new people receiving a service would be introduced to the carer by the registered manager who completed the pre-assessment.
- Staff were discreet and respectful with their practice. Staff told us dignity was promoted by ensuring all doors, windows and blinds were closed and always asked for consent before completing a task. One relative told us they felt the staff were "respectful and thoughtful."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care from a regular staff member who knew their needs and preferences well. Relatives told us staff know people "really well" and commented on the benefits of having the same staff member each time.
- Relatives told us care was adapted when people's needs changed. For example, one relative told us, "[Name]'s needs can be quite fluid and change daily and the carer responds to that...they don't just come and do the same thing."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans outlined their communication preferences and any specific needs. These were detailed and gave the staff clear instruction on how to best support people.
- The provider had 'easy read' policies and care plan templates available should these be needed.
- The registered manager had identified previous quality assurance surveys were not be accessible to all and had considered how these could be adapted.

Improving care quality in response to complaints or concerns

- The provider had a complaint's policy in place and relatives told us they had been provided with a copy of the policy.

End of life care and support

- Staff had received specific training in relation to end of life care. Staff told us they felt they would be supported by the registered manager whilst caring for anyone at the end of their life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the leadership and governance did not always support the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes were not consistently followed to ensure regulatory requirements were met.
- Records to demonstrate a safe and effective service were not always accurate and complete. For example, not all staff supervisions were documented and medicines records were not sufficiently completed.
- Medication and care plan audits were in place but were not robust enough to identify concerns. For example, medication audits failed to identify the concerns raised under the 'safe' key question.
- The provider had not always taken action to resolve issues they had identified. For example, an audit of a staff file highlighted a staff appraisal was overdue, but this had still not been actioned three months later.

Systems designed to monitor the safety and quality of the service, were not robust. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager recognised that in supporting staff to deliver care, they had not maintained oversight of the service. They had begun recruiting additional staff to address this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider did not consistently engage with people using the service, the public and staff. Quality Assurance questionnaires had been sent to people using the service and an analysis of the answers received had been completed. However, this information had not been used to create an action plan or improve the service further.
- The provider had not offered staff opportunities to attend meetings to learn from one another.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had a clear, person-centred vision of good quality care. The registered manager modelled open, cooperative relationships.
- Relatives consistently told us that they felt the registered manager was approachable and accessible.
- Staff felt respected, valued and supported. One staff member told us that she was constantly surprised by the "dedication of the manager - they work so hard."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open and honest throughout the inspection and were keen to address any issues raised.
- The provider understood their responsibility to be open and honest when things went wrong.

Working in partnership with others

- The registered manager had an effective relationship with local micro-providers as part of their business continuity plan. There were strategies in place for information sharing.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider lacked oversight and good governance of the service and failed to identify potential risks.