

Abantu Healthcare Agency Ltd

Abantu Care Services

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

About the service

Abantu Care Services is a domiciliary care agency located within the Borough of Bexley. It provides personal care and support to people living within their own homes. Not everyone using Abantu Care Services may receive a regulated activity. CQC only inspects the service being received by people provided with personal care; that 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 the service was providing support to 30 people.

People's experience of using this service

People and their relatives spoke positively about the registered manager, staff and the service they received. Up to date safeguarding and whistle blowing policies and procedures were in place and staff had a clear understanding of them. Recruitment checks took place before staff started work and there were enough staff to meet people's needs appropriately. Risks to people were assessed and documented to ensure their needs were safely met. Systems were in place that ensured medicines were managed and administered safely. Procedures were in place to reduce the risk of infections.

Robust assessments of people's needs and wishes were completed before they started using the service. People received support to maintain good health and access services where required. People were supported to maintain a healthy diet where this was part of their plan of care. 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 were supported by staff who were kind and respectful. Staff understood people's diverse needs and supported them appropriately. People's communication needs were assessed and met. People knew how to make a complaint if they were unhappy with the service.

There were systems in place that enabled good oversight of the management of the service and to monitor the quality of care that people received. The service worked in partnership with health and social care professionals. The provider took people's views into account and used their feedback to help drive service improvements.

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

Rating at last inspection

The last rating for this service was requires improvement (published 20 June 2019) and there were breaches of our regulations. The provider completed an action plan after the last inspection to show what they would do to improve and by when. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned follow up inspection to assess if the provider was complying with our regulations.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Abantu Care Services

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Abantu Care Services is a domiciliary care agency. It provides personal care and support to people with varying needs living within their own homes. At the time of our inspection there was a registered manager in place. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection to ensure the registered manager and staff would be present and available to speak with. Inspection activity started on 25 July 2022 and ended on 10 August 2022. We visited the office location on 25 July 2022.

What we did before the inspection

We checked the information we had about the service including notifications they had sent us. A notification is information about incidents or events that providers are required to inform us about. We asked the local authority who commission the service and the local authority safeguarding team for information they had about the service. 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 all this information to help plan our inspection.

During the inspection

We met and spoke with the registered manager, the quality assurance manager and the provider's trainer. Following the office visit we spoke with three care staff by telephone and four people using the service and

or their relatives to seek feedback on the service provided. We reviewed a range of records including five care plans and care records, four staff recruitment records and staff training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring tools and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records related to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has improved and changed to Good. This meant people were safe and protected from avoidable harm.

At our last inspection 12 March 2019, we found risks to people's health and well-being were not always appropriately identified, assessed or reviewed to ensure their safety. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- People were kept safe from the risk of avoidable harm.
- People and or their relatives told us they felt safe with the care provided. One person said, "The carers are wonderful, I feel very safe with them and have no problems at all. They [staff] are very kind." A relative commented, "The carers are great. They support [loved one] very well and that's all that matters. [Loved one] feels very safe with them, I have no concerns."
- The provider offered a local authority commissioned service to people upon discharge from hospital. This service was provided for short periods of time to help people regain their independence and safety within their homes. Risks associated with this care provision were safely and appropriately assessed by the service.
- Risks associated with the care people received and their needs were assessed holistically and robustly. Staff were provided with detailed information and guidance on identified risks to people and these were documented within their care plans to help mitigate risks when supporting them.
- Risks to people were regularly reviewed to ensure any changes to their needs were safely managed and met.
- Staff knew people well and understood their needs and risks. One member of staff told us, "We have regular people we see so we really get to know them well and how to help keep them safe. Care plans are detailed and we are kept up to date with any changes."

At our last inspection 12 March 2019, we found medicines were not always managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made and the provider was no longer in breach of regulation 12.

Using medicines safely

- People received support from staff to take their medicines safely.
- Where people required support to manage their medicines, this was recorded in their care plans. Care plans detailed the support people required to safely manage their medicines.

- Care plans contained medicine risk assessments, Medicines Administration Records (MAR) which were appropriately completed by staff, PRN (as required) protocols where required and detailed information relating to people's medicines and medical conditions. This provided staff with good guidance on how best to support people with their medicine and medical needs.
- Medicines were administered safely by staff who were trained and had been assessed as competent to do so.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse or harm.
- People and their relatives spoke positively about staff and the support they received. Comments included, "Carers are so kind, I feel very safe", "Really happy with the care, I know [loved one] is safe", and, "We feel very safe and have no issues or concerns."
- Up to date safeguarding policies and procedures were in place to help keep people safe. Staff had received safeguarding training and were aware of their responsibilities to report and respond to concerns. Staff were aware of the providers whistleblowing policy and how to report issues of poor practice.
- There were systems in place to oversee any learning from safeguarding and accidents and incidents.

Learning lessons when things go wrong

- There were systems in place to manage, monitor and support learning from accidents, incidents and safeguarding.
- Staff understood the importance of reporting and recording accidents and incidents and how best to respond.
- Accidents and incidents were monitored on a regular basis to identify themes and trends as a way of preventing recurrence. Any lessons learnt was shared with staff to ensure any improvements required could be implemented.

Staffing and recruitment

- There were enough staff employed and effectively deployed to meet people's needs in a timely manner.
- Staff told us they had enough time to travel and enough time to support people how they wished and needed.
- There were systems in place to manage staff attendance and punctuality effectively. These systems included an Electronic Call Monitoring system (ECM) which required staff to check in at each care visit, staff observations and spot checks and telephone monitoring and reviews. An ECM system enables office staff to monitor care staff working within the community ensuring people received their care safely and when required.
- Staff were safely recruited and pre-employment checks were completed before new staff started work. Checks included employment history, identification, references, right to work in the United Kingdom and criminal records checks through the Disclosure and Barring Service (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Preventing and controlling infection

- People were protected from the risk of infection.
- Personal protective equipment (PPE) such as facemasks, aprons and gloves were made available to staff.
- Staff had completed training on infection control and COVID-19.
- Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal hygiene and their home environment where required.

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.

At our last inspection we rated this key question Good. At this inspection the rating has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they began to use the service. The registered manager told us this ensured the service could meet their needs appropriately and as requested.
- People told us their needs and wishes were assessed and respected. One relative commented, "An assessment was completed with us and this is reviewed to make sure we are happy with the care. The manager is very responsive to our needs, I couldn't ask for more."
- People's diverse needs were assessed and supported where required. Assessments included people's needs relating to any protected characteristics in line with the Equality Act. This included age, gender, disability, sexuality and race.

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

- People's nutrition and hydration needs and preferences were met and supported by staff where this was part of their plan of care.
- Care plans documented people's nutritional needs, any meal preparation requirements, known allergies, any risks when eating such as choking and any special dietary and or cultural requirements.
- Staff had received training on food safety and diet and nutrition and were aware of people's dietary needs, risks and preferences.

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

- People received support to access services if required, to maintain good health and well-being.
- The service worked in partnership with health and social care professionals to ensure people's physical and mental well-being. For example, care plans showed that staff worked with people's GP's, community nurses and local authorities when needed to ensure people received the support they required.
- Staff monitored people's well-being and documented any issues or concerns taking appropriate actions where required to meet their needs.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to meet people's needs. People and their relatives told us they felt staff were experienced and well trained. Comments included, "Our regular carer is brilliant and we cannot find fault, they know exactly how to care for [loved one]", and, "The carer is fantastic, they know just how to help me."
- Staff were trained and supported through an induction programme, frequent supervisions, annual appraisals and an on-going programme of training. We saw that staff completed training on a regular basis

and training was provided in an array of topics. For example, dementia awareness, diabetes care, autism awareness, epilepsy awareness, moving and handling and the mental capacity act.

- Staff were knowledgeable about the people they supported. They told us they received training to meet their needs and the needs of the people they supported and received good support from the manager. One member of staff said, "I had a very good induction and shadowed staff when I first started so I got to know people well. Training is very good and is classed room based. I have regular supervision with the manager, she is amazing and really cares."

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

People 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.

- People were consulted and supported to make choices and decisions for themselves. Staff promoted people's rights and worked within the principles of the MCA to ensure these were upheld. Staff received training on the MCA and understood the principles and application of these in practice.
- Care plans documented people's choices and decisions made about their care.

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.

At our last inspection we rated this key question Good. At this inspection the rating has remained the same. 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

- People were supported by staff who were kind and compassionate. People and their relatives told us staff treated them with kindness and respect. One relative said, "The carers are just great. The care they provide is brilliant and the relationship they have with us is caring and respectful."
- People and their relatives told us they had continuity with staff which had allowed them to build kind and respectful relationships with them. One person commented, "My regular carer is wonderful, she knows me so well." Staff told us they had regular people who they visited and they had built good relationships with them and their relatives. Staff understood people's individual diverse needs and wishes and were aware of the importance of working within the principles of the Equality Act. This means supporting people to meet their needs in relation to age, race, disability, sexuality and religion. One member of staff told us, "All the people I visit are all very different with very different needs. It's important to know what people's needs and wishes are and that no one is discriminated against."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff that promoted and supported their independence and treated them with dignity. One person told us, "My carer knows what I need help with and what I can do for myself. They [staff] are always on hand if I need them."
- Staff we spoke with knew how to support and promote people's privacy and dignity and the importance of maintaining confidentiality.

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

- People and their relatives where appropriate, were consulted and involved in making decisions and choices about their care and support. People and their relatives told us, they were provided with information about the service and decisions they had made were respected by staff. One relative commented, "Communication is very good and the manager is very responsive to anything we might need. We have a care plan at home and lots of information they [staff] gave to us."
- People's views and choices were sought and documented within their plan of care. Care plans were reviewed on a regular basis to ensure individual needs and wishes were met and respected.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has improved and changed to Good. This meant people's needs were met through good organisation and delivery.

At our last inspection 12 March 2019, we found people did not always receive person centred care that reflected their needs and preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made and the provider was no longer in breach of regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; end of life care and support

- People's individual care needs were holistically planned, documented and delivered to meet their wishes.
- Care plans showed that people, their relatives and health and social care professionals where required had been involved in the process and development. Care plans were kept under review and changed as people's needs and wishes changed. Care plans were up to date and reflective of people's needs.
- Care plans were clearly laid out, robust and person centred, documenting individual physical, emotional and mental health needs. People's social, cultural and spiritual preferences were documented, respected and supported by staff where required.
- Staff were knowledgeable about people's diverse needs and how best to support them. Staff reviewed and maintained care records on a regular basis to ensure people received responsive care and support as planned.
- At the time of our inspection no one required end of life care and support. However, care plans documented individual end of life care wishes if people chose. The registered manager told us that if required, they would work in partnership with health and social care professionals to ensure people's end of life care needs and wishes were met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication and sensory needs were assessed and documented in their plan of care to ensure staff had relevant information on how best to communicate and support them.
- Staff understood the importance of effective communication and differing communication methods, for example Makaton. Makaton is a language programme that uses symbols, signs and speech to enable people

to communicate.

- The service produced information and care plans in different formats that met people's needs. For example, easy to read and the use of pictures or large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to meet their social interests and needs where this formed part of their plan of care.
- Care plans documented individual social needs, interests, hobbies, social networks and any support required from staff to enable them to support people to meet those needs. For example, support in attending social clubs and activities.

Improving care quality in response to complaints or concerns.

- There were systems in place to manage and respond to complaints appropriately in line with the providers policy.
- People and their relatives told us they were aware of the complaints procedure and how to contact the manager if required. One relative commented, "We have used the service for a long time and have never had any complaints. The care is very good and the manager is very responsive, we couldn't ask for better."
- There were systems in place to monitor and investigate any formal complaints received. This ensured the service responded to them appropriately and timely. At the time of our inspection no complaints about the service had been made.

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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has improved and changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection 12 March 2019, we found the provider did not always have robust audits and checks in place to monitor and oversee the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made and the provider was no longer in breach of regulation 17.

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

- There were robust systems in place to monitor the quality and safety of the service on a regular basis. Checks and audits conducted by the registered manager and the quality assurance manager monitored areas such as, care plans and care records including risk assessments, medicines management, accidents and incidents, the providers ECM system, staff records and training and safeguarding amongst others.
- The registered manager carried out unannounced 'spot checks' within the community to observe staff care practice. We saw that when issues of practice were identified, action was taken promptly to address them and if required appropriate training was provided.
- The service had a registered manager in post. They were aware of their registration requirements with CQC and the legal requirement to display their CQC rating. The registered manager understood the importance of quality monitoring and continuous learning and improvement within the service.

Planning and promoting person-centred, high-quality care and support with openness; how the provider understands and acts on the duty of candour responsibility

- People received personalised care from staff who had the knowledge and skills to carry out their roles and responsibilities. The registered manager was aware of their responsibilities under the Duty of Candour and acted with openness and transparency throughout our inspection. The Duty of Candour is a regulation that all providers must adhere to.
- We saw the registered manager was actively involved in the day to day running of the service working with people to meet their needs and leading by example. This enhanced team working and promoted a well-led person centred service.
- Staff told us the manager and provider were very supportive which enabled them to enjoy their job and do their job well. One member of staff said, "The manager is amazing, she is really supportive and kind. The company is very good and really cares about their staff and the people they care for. The manager goes above and beyond to make sure people get the best care; she even bought an appliance for one person who

needed it but just couldn't afford it."

- People and their relatives spoke positively about the manager, staff and how the service was run. One person commented, "The carers are very good, very kind." A relative said, "We are very happy with the service and the excellent care provided. It's very well managed."

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

- There were systems in place to seek the views of people, their relatives where appropriate and staff through accessible means. These include reviews of care, telephone monitoring, staff spot checks, satisfaction surveys and staff meetings and supervisions.
- Staff told us they had opportunities to feedback about the service and felt able to share issues and ideas at staff meetings that were regularly held.
- The provider had staff incentive schemes in place designed to promote a positive working culture within the staff team. This included the recognition of staff achievements for example, providing good care and support. Staff told us the registered manager also took staff out for meals in appreciation of their work and commitment.

Working in partnership with others

- The service worked effectively with health and social care professionals to ensure people received good holistic care. Records showed that staff worked alongside and communicated with professionals such as, GP's, community nurses and local authority social workers when required to meet people's needs appropriately. One health and social care professional told us that the service worked well with them to ensure people received the service they needed.