

Regulation of Care Act 2013

Domiciliary Care Agency

Able Homecare

Announced Inspection

24 August 2021

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Part 1 - Service Information for Registered Service

Name of Service:

Able Homecare Limited

Telephone No:

(01624) 897813

Care Service Number:

ROCA/P/0203A

Conditions of Registration:

None

Registered company name:

Able Homecare Limited

Name of Responsible Person:

Teresa Boardman

Name of Registered Manager:

Teresa Boardman

Manager Registration number:

ROCA/M/0134

Date of latest registration certificate:

1 July 2019

Date of any additional regulatory action in the last inspection year (ie improvement measures or additional monitoring):

None

Date of previous inspection:

18 August 2020

Person in charge at the time of the inspection:

Michelle Mitchell/Nicole Low

Name of Inspector(s):

Sharon Kaighin

Part 2 - Descriptors of Performance against Standards

Inspection reports will describe how a service has performed in each of the standards inspected. Compliance statements by inspectors will follow the framework as set out below.

Compliant

Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. In most situations this will result in an area of good practice being identified and comment being made.

Substantially compliant

Arrangements for compliance were demonstrated during the inspection yet some criteria were not yet in place. In most situations this will result in a requirement being made.

Partially compliant

Compliance could not be demonstrated by the date of the inspection. Appropriate systems for regular monitoring, review and revision were not yet in place. However, the service could demonstrate acknowledgement of this and a convincing plan for full compliance. In most situations this will result in requirements being made.

Non-compliant

Compliance could not be demonstrated by the date of the inspection. This will result in a requirement being made.

Not assessed

Assessment could not be carried out during the inspection due to certain factors not being available.

Recommendations based on best practice, relevant research or recognised sources may be made by the inspector. They promote current good practice and when adopted by the registered person will serve to enhance quality and service delivery.

Part 3 - Inspection information

The Inspection report is based on the information provided as part of the pre inspection desk top analysis and the findings of the inspection visit.

The purpose of this inspection is to check the service against the service specific minimum standards – Section 37 of The Regulation of Care Act 2013 and The Regulation of Care (Care Services) Regulations 2013 part 3, regulation 9.

Inspections concentrate on specific areas on a rotational basis and for most services are unannounced.

The inspector is looking to ensure that the service is well led, effective and safe.

Summary from the last inspection

Number of requirements from last inspection:

Three (3)

Number met:

Three (3)

Number not met:

None

All requirements not met will be addressed within this inspection report

Please note that any requirement carried forward for three consecutive inspections will lead to the service being served an improvement notice.

Overview of this inspection

Due to COVID 19 the inspection process has altered slightly. More information and evidence has been sought from providers electronically. The inspection team have desktop assessed this information and a service visit has then been undertaken to verify the evidence provided.

Able Homecare was inspected on 24 August 2021. This was the annual statutory inspection.

As part of the inspection process, the following were scrutinised:

- Statement of Purpose
- Four service user files
- Staff files

- Staff pre-employment checks
- Policies and procedures

Staff and service user feedback was also gained. The service users and their family members spoken with all expressed satisfaction with the service.

Part 4 - Inspection Outcomes, Evidence and Requirements

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 1 – Information about the service
Service users and their relatives have access to comprehensive information about the agency, so that they can make informed decisions.
1.1

Our Decision:
Compliant

Reasons for our decision:
A Statement of Purpose/Service User Guide was in place and contained all required information.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	
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Requirements:
None

Recommendations:
None

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 2 – Assessment
The care needs of service users are individually assessed before they are offered a domiciliary care service, or within 2 days in exceptional circumstances.

Our Decision:
Substantially compliant

Reasons for our decision:
A care needs assessment was in place for the service user files examined. Assessments had been undertaken by either the registered manager or the care co-ordinator. All required information was in place in the care assessments. Staff feedback confirmed that they were made aware of the needs of clients, and the care to be given. No services were generally provided at short notice, but an assessment by competent staff would be undertaken as required.

Procedures were in place to report changes to the needs of service users through handovers, daily care logs and by electronic means. This was also covered in the staff handbook. Staff feedback confirmed that they were kept informed of changes to service users' circumstances. Family feedback confirmed that the service had been able to accommodate changing need, and adjust care packages accordingly. Care needs assessments were not reviewed at the same time as care plans, and a requirement has been made concerning this.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
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Requirements:

One

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 6 – Care / Support Plan**

A care/support plan must be in place for each service user.

Our Decision:

Compliant

Reasons for our decision:

Care plans were in place for all service user files examined. Evidence was seen on all files of agreement of service users or their representative.

Care plans detailed the care necessary to meet the assessed needs, with areas of autonomy clearly identified to promote independence and encourage participation. Information in care plans was examined, and plans varied in detail according to the complexity of service offered. Care plans examined were reviewed annually, with changes identified in reviews and clear evidence of updating. Care plans seen on inspection were all appropriately signed.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	
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Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 7 – Medication**

The agency's policy and procedures on medication protect service users.

Our Decision:

Substantially compliant

Reasons for our decision:

A medication policy was in place at the service. This did not contain information regarding the obtaining, returning and disposal of medication. A requirement has been made concerning this. The policy stated that only staff trained to administer medication would be permitted to do so. Assistance with medication was identified in care plans, but did not form part of the risk assessment. A requirement has been made concerning this.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements:

Two

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 8 – Health & Safety**
The health, safety and welfare of service users and care and support staff is promoted and protected.
8.3

Our Decision:

Compliant

Reasons for our decision:

Risk assessments were in place in service user files. These documented areas of independence and risks to be managed in daily activities. Clear plans allowed for as independent lives as possible. A range of risk assessments had been undertaken at least every six months.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 9 – Safeguarding**
Service users are protected from abuse, exploitation, neglect and self-harm.
9.5

Our Decision:

Substantially compliant

Reasons for our decision:

Safeguarding refresher training had been identified by the agency as being carried out yearly. Some training was out of date, and a requirement has been made concerning this.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	
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Requirements:

One

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 10 – Security of the Service User’s Home**

Service users are protected and are safe and secure in their home.

10.3

Our Decision:

Compliant

Reasons for our decision:

Staff identity cards were examined on inspection and contained all required information. Service user feedback confirmed that staff wore identity cards on each visit.

Evidence Source:

Observation	✓	Records		Feedback		Discussion	
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Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 12 – Recruitment and selection of staff**

The well-being, health and security of service users is protected by the agency’s policies and procedures on recruitment and selection of staff.

12.2, 12.3

Our Decision:

Substantially compliant

Reasons for our decision:

Staff files were examined on inspection. There were a number of omissions, particularly in relation to references and interview notes. A requirement has been made concerning this.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	
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Requirements:

One

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 13 – Development and training**

Service users know that staff are appropriately trained to meet their personal care needs, except for employment agencies solely introducing workers.

13.1, 13.2

Our Decision:

Compliant

Reasons for our decision:

A staff training programme was in place which included all mandatory and refresher training. A formal and recorded induction process was seen on all staff files, with evidence of a three day orientation programme, including shadowing by new staff, in place. Feedback confirmed that the induction was thorough and detailed.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 19 – Complaints and compliments**

Service users and their relatives or representatives are confident that their complaints will be listened to, taken seriously and acted upon.

19.4

Our Decision:

Substantially compliant

Reasons for our decision:

A complaints policy was in place, which outlined the timescales for response to a complaint by the agency. However, one complaint was received and no clear response was logged by the service. A requirement has been made concerning this.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements:

One

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 20 – Quality Assurance**

The service is run in the best interests of its service users.
20.2

Our Decision:

Compliant

Reasons for our decision:

A quality assurance process was in place. Evidence was seen of annual visits to service users, together with surveys of both service users and staff. Staff feedback was seen to be actioned in relation to working practice.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	
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Requirements:

None

Recommendations:

None

Other areas identified during this inspection /or previous requirements which have not been met.

The contract relating to one service user contained incorrect information as to certain aspects of care.

Regulation 10

All incidents required to be notified to the Registration and Inspection Team had not been satisfactorily notified.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	
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Requirements:

Two

Recommendations:

None

The inspector would like to thank the management, staff and service users for their co-operation with this inspection.

If you would like to discuss any of the issues mentioned in this report or have identified any inaccuracies, please do not hesitate to contact the Registration and Inspection Team.

Inspector: Sharon Kaighin

Date: 9 September 2021

Provider's Response

From: Able Homecare Limited

I / we have read the inspection report for the inspection carried out on 24 August 2021 at the establishment known as Able Homecare Limited, and confirm that there are no factual inaccuracies in this report.

I/we agree to comply with the requirements/recommendations within the timescales as stated in this report.

Or

I/we am/are unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s)

**Signed
Responsible Person
Date**


Teresa Boardman
14/10/2021

**Signed
Registered Manager
Date**


Teresa Boardman
14/10/2021