

Annual Inspection Report 2022-2023

Able Homecare

Domiciliary Care

14 September 2022



DHSC

We carried out this announced inspection on 14 September 2022. The inspection was led by an inspector from the Registration and Inspection team.

Service and service type

Able Homecare is a domiciliary care agency. It arranges for others to be provided with personal care or personal support, with or without personal assistance in their own dwelling.

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

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our key findings

One area of improvement was identified in relation to the service.

Staff told us that they felt well supported by management. They had had sufficient training and felt confident in the care they were asked to provide.

Service users and families felt safe with carers. They said that carers were kind and they were treated with respect.

Documentation seen on inspection was clear and comprehensive. Care packages set out clearly the level of care required.

We found the following areas where the service needs to make improvements:

- The service needs to produce a report which includes the outcomes from the quality assurance audits and identifies any required improvements to the service.

About the service

The service provides support to people living in their own homes.

Registered manager status

The service has a registered manager. 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 announced inspection was part of our annual inspection programme which took place between April 2022 and March 2023.

Inspection activity started on 7 September 2022. We visited the service on 14 September 2022.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR), notifications, complaints/compliments and any safeguarding issues.

During the inspection

The inspector reviewed a variety of documentation during the inspection. Care records, staff recruitment records and a variety of documentation relating to the service were viewed. We also spent time with the registered manager discussing the running of the service.

After the inspection

We talked with four service users and two family members about their experience of the service.

We received written feedback from one member of staff, and talked with two members of staff who told us about their experiences of providing care.

Our findings:

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service does not require any improvements in this area.

We found that this service was found to be safe in accordance with the inspection framework.

Systems and processes to safeguard people from the risk of abuse

The service had a variety of measures to keep people safe. Safeguarding policies and procedures were in place, which were incorporated into the induction process. Staff were clear that they had received sufficient training to provide good care. They had shadowed more experienced staff until they felt confident to work alone, and staff told us that the induction was “very good.”

Service users told us that “they felt safe” with staff, and family feedback spoke of “trusting staff implicitly” to care for their family member.

Assessing risk, safety monitoring and management

Initial assessments relating to a number of clients were seen on inspection. Risk assessments, including environmental risk assessment, together with care plans, were all in place and seen to be regularly reviewed. A variety of risk assessments were seen. These were clear and detailed. We also saw evidence of positive risk taking being encouraged, with client agreement fully stated in the risk assessments.

All records were securely stored.

Staff were clear that “management would take concerns seriously.”

Staff rotas were in place. Clients confirmed that staff knew what care was required, and families told us that care packages were able to be adjusted as required according to client need.

Staffing and recruitment

Staff were recruited safely. Files relating to staff recruited since the last inspection were seen, and all required paperwork was in place.

Training records were also seen. Specific training had been provided for individual need, and staff told us that they had been provided with sufficient knowledge to support people well.

Using medication safely

A medication policy was in place. Medication risk assessments were seen on client files. Competency assessments had been completed for all staff. Medication administration observation was included in staff observation checks. Discussion was had with the manager regarding including a “what if” scenario in the medication competency assessment.

Preventing and controlling infection

An infection control policy was in place. Environmental risk assessments had been completed, with Personal Protective Equipment (PPE) used in line with recognised guidance. Evidence was seen of partnership with other health professionals.

Learning lessons when things go wrong

Staff confirmed to the inspector that they were aware of the importance of raising any concerns with management and they “feel that management would take it seriously.” Clear evidence was seen of discussion of incidents, issues identified by management and actions taken.

Inspection Findings

C2 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. The service does not require any improvements in this area.

This service was found to be effective in accordance with the inspection framework.

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

Comprehensive initial assessments had been undertaken. Care plans were detailed according to the care needed and easy to understand. Professional feedback confirmed that the service had worked well with statutory bodies in identifying support needs.

Staff support: induction, training, skills and experience

Staff had undertaken a clear induction programme when they joined the service, with staff describing the induction as “very good.” Ongoing supervisions and appraisals had taken place, with staff stating that they felt “confident to express my views and make suggestions.” Training records were seen and staff confirmed they had received sufficient training to carry out their role effectively. The inspector saw evidence that staff had discussed issues with the manager regarding suggestions to improve care for clients.

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

Care plans identified people’s specific dietary needs. Instructions as to increased fluids required and dietary preferences, together with enabling people to prepare their meals, were all in place.

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

The service was working with other organisations to deliver care. Records demonstrated that multi agency working was in place, with referrals to other agencies as appropriate.

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

Capacity assessments were carried out by professionals, and were in place on client files. The service had been involved in best interest meetings. Clients were supported to be involved in their own decision making as far as possible.

Inspection Findings

C3 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. The service does not require any improvements in this area.

This service was found to be caring in accordance with the inspection framework.

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

The inspector spoke to several service users and family members. They all said that they had full confidence in the staff; a family member told us that the staff were “absolutely utterly brilliant.” Staff were “lovely” and they received “excellent” care and support. We saw evidence of staff being kind by enabling a client to visit close family and maintaining relationships.

Religious and cultural needs were identified in care plans.

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

Clients told us that they knew the carers well and they felt able to express their wishes. They confirmed that they had been involved in reviews of their care.

Staff told us that it was important to “respect their rights and wishes, giving choices.” Family said they were “kept very informed” with regard to their relative’s care.

Respecting and promoting people’s privacy, dignity and independence

Staff emphasised that they tried to encourage clients to be as independent as possible. Care plans were seen in which independence was emphasised; “to do as much as possible by themselves;” “encourage (name) to get involved with preparing meals.”

Staff told us that they always tried to “treat clients with dignity and respect.”

Inspection Findings

C4 Is the service responsive?

Our findings:

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

We found that this service was responsive in line with the inspection framework.

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

Initial care needs assessments were in place, with specific needs identified and care required to meet those needs. Staff told us that it was important to get to know clients and "have an understanding of a person's history" as "it helps to create person centred care."

Meeting people's communication needs

Communication needs formed part of support plans. Staff told us that they "always communicate in a way which is best suited for each client." Clients we spoke with said they would feel happy in raising any concerns, and they were confident that these concerns would be dealt with appropriately.

Improving care quality in response to complaints or concerns

A complaints policy was in place. Information on how to make a complaint was given to people when they started receiving the service.

No complaints had been received by the service. Families and service users confirmed that they knew how to make a complaint and were confident it would be dealt with efficiently.

End of life care and support

The service was not providing any end of life care and support at the time of the inspection. However the manager had had previous experience of working together with other agencies in such situations.

Inspection Findings

C5 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. The service does not require any improvements in this area.

This service was found to be well-led.

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

Staff told us that “management are always helpful.” Family members told us that they were kept very well informed regarding their relative’s care, saying that the manager was “brilliant.”

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

The manager had a “hands on” approach, and knew clients well. We were told by staff that spot checks were regularly done by management.

Any incidents were submitted to the Registration and Inspection Team in line with regulatory requirements.

Appropriate insurance cover was in place.

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

Staff told us that they “felt confident to express my views and make suggestions.”

How does the service continuously learn, improve, innovate and ensure sustainability?

The service had carried out a quality assurance audit. Staff supervisions and appraisals had been carried out. There was evidence of staff learning and changing practice following Incidents. An annual report was not in place. Evidence was seen that the service had sought professional advice when a client needed further support.

Working in partnership with others

Staff had worked in partnership with other agencies in providing care. Information was shared with other care providers as appropriate.

Action we require the provider to take

Key areas for improvement

- A report must be in place which includes the results of the quality assurance exercise, and identifies any required improvements to the service.