

ABL Care Ltd

# ABL Care

## 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

The inspection took place on 23 and 24 February 2016 and was unannounced. This is the first inspection since the service was registered.

The agency provides personal care and support to approximately 27 people in their own homes. People who used the service were over 18 and living with dementia or physical disabilities.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's needs were met by sufficient numbers of staff who were seen as reliable and competent. Staff were allocated to work in a particular area and most people lived within five minutes of each other. Staff felt involved in the planning of staffing levels. The registered manager or the care coordinator visited people to complete an assessment of people's needs so they could ensure the staff had the skills to meet their needs.

There were safe medication administration systems in place and people received their medicines when required. Staff received training, both face to face and on the computer, about how to support people with medicines. The risks to people's personal safety was risk assessed and plans were put in place to minimise the impact of these risks, such as the use of mobility aids.

Staff had completed training with regard to safeguarding adults and children and gave us examples of the different types of abuse and what they would do if they suspected or witnessed abuse. The registered manager knew how to use safeguarding procedures and had reported concerns appropriately.

The provider had safe recruitment procedures in place, which included seeking references and completing checks through the Disclosure and Barring Service (DBS) before employing new staff. Staff were supported in their work through an induction programme, a range of training, supervision, spot checks and annual appraisal.

Some people needed support with eating and drinking. Staff knew people well and responded in a variety of ways if they were not eating and drinking enough, such as sitting down and drinking a cup of tea with them. Staff also monitored people's health and healthcare professionals were contacted as necessary.

People were supported by caring staff and were involved in making decisions about their care and support. Staff were mindful of people's privacy and dignity when supporting them with personal care.

People received personalised care that was responsive to their needs and told us about their individual experiences of how staff supported them in ways which met their needs. People and their relatives felt able to complain if they were unhappy about an aspect of the care provided.

The registered manager promoted a positive culture that was open, inclusive and empowering. Staff felt supported by the registered manager and felt able to raise any concerns. Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service.

## 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.

Robust recruitment procedures were in place to ensure staff were safe to work with people. People's needs were met by sufficient numbers of staff who were seen as reliable.

Staff had received training in safeguarding adults and were aware of how to use safeguarding procedures.

There were safe medication administration systems in place and people received their medicines when required. Risks to people's welfare were identified and plans put in place to minimise the risks.

### Is the service effective?

Good ●

The service was effective.

Staff were supported in their role through the use of induction, training, supervision, spot checks and annual appraisal.

People were supported with eating and drinking and accessing health care professionals when necessary.

### Is the service caring?

Good ●

The service was caring.

People felt the staff cared about them and were kind.

Staff respected people's privacy and dignity as well as their right to make decisions and choices.

### Is the service responsive?

Good ●

The service was responsive.

People were pleased with the care and support provided by staff

as it met their individual needs.

There was a complaints procedure in place and complaints were recorded and investigated.

**Is the service well-led?**

**Good** ●

The service was well-led.

People using the service were at the centre of the service's ethos. The registered manager was keen to apologise for any mistakes as well as learn from them. The service promoted a positive culture that was open, inclusive and empowering.

There was a quality assurance programme to ensure standards were maintained.

# ABL Care

## **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 inspection took place on 23 and 24 February 2016 and was unannounced.

The inspection was undertaken by one inspector. Before the inspection, we reviewed the information we held about the service. We received nine completed questionnaires from people who used the service, three from relatives or friends and three from staff. During the inspection we spoke with one person using the service and a relative of another person, four staff, the care coordinator and the registered manager. We looked at a range of records including three care plans, three staff recruitment files and quality assurance audits.

This was the first inspection of ABL Care.

# Is the service safe?

## Our findings

People's needs were met by sufficient numbers of staff who people saw as being reliable. One person said "Four or five carers support me, they are all different ages and demeanours, but they are all caring. They arrive on time; I don't have to nag about them being late. The [registered manager] tells me if a carer is going to be late. I get a rota every week, there are odd changes, but only if someone is sick." Another person noted on their questionnaire, "I like [ABL Care] very much. The office always let me know if my carer is going to be late or if there is any change than is on my visit sheet."

Staff were allocated to work in a particular area and most people lived within five minutes of each other. The registered manager tried to allow ten minutes between visits so staff were not rushed or late. If necessary, the registered manager or the care co-ordinator covered the care calls to ensure people received the care and support they needed. Calls were prioritised where people were in bed or needed urgent medicines.

Staff felt involved in the planning of staffing levels. One said "Yes, there are enough staff, [the registered manager] balances staff to the number of people. We were asked if we felt we could take on a new person from a different area and we felt we could." The registered manager or the care coordinator visited people to complete an assessment of people's needs so they could ensure the staff had the skills to meet their needs.

There were safe medication administration systems in place and people received their medicines when required. Staff received training, both face to face and on the computer, about how to support people with medicines. After the training, the registered manager assessed their competence and offered further training if necessary. Staff said their training had included how to complete the Medication Administration Records and how to check the medicines they were giving were the correct ones. If they had any doubt they were clear they would telephone the office. One said "We are offered extra [training] if we need it." Staff were clear about the importance of recording what support they had given people with their medicines.

Every person and relatives who completed our questionnaire said they "strongly agreed" that they felt safe with the staff who supported them. The provider had policies and procedures in place designed to protect people from abuse. Staff had completed training with regard to safeguarding adults and children and gave us examples of the different types of abuse and what they would do if they suspected or witnessed abuse. The registered manager knew how to use safeguarding procedures and had reported concerns appropriately.

The registered manager and the care co-ordinator had undertaken training in assessing risks. They had assessed risks to people's personal safety and plans were in place to minimise the impact of these risks, such as the use of mobility aids. There were risk assessments for hoists, bed rails, shower and bath, environment and electrics and these were updated at every review of a person's care. Staff were clear that if there were any changes in people's circumstances, they would call the office or the emergency on call line if the office was closed. The manager would then complete an emergency assessment. One staff member confirmed this by saying "They are on it with the paperwork".

The provider had safe recruitment procedures in place, which included seeking references and completing checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We found the checks had been completed before new staff started working with people.

The registered manager explained what they did to recruit suitable staff. Advertising was targeted to the geographical areas where they needed staff as well as targeting particular groups of people, for example, parents who may like to work after 9am. Interviews were conducted over one and a half to two hours so the registered manager and care co-ordinator had time to get to know potential staff. The registered manager said "We don't employ them if we are not sure they will fit."



# Is the service effective?

## Our findings

People and their relatives responded positively to the questions we asked in the questionnaire regarding whether the service was effective. Everybody said they would recommend the service to another person who needed support. Comments included, "I have already introduced a friend to ABL Care as I am very happy with the service I receive", "In every way ABL care gives me excellent service and support" and one person told us staff would respond to any requests or problems by "saying 'Yes, we can do that, we'll sort that.' They find solutions, it may take a couple of weeks, but you know they will resolve it."

One relative wrote that "So far I find ABL to be the best out of all the care agencies we have had. Although they don't always arrive on time they generally stay for the required length of time to get all tasks completed. Generally speaking their carers seem to be quicker in picking up new routines, be more willing to take the initiative and do things of their own accord rather than having to be asked as is the case with other agencies. All in all the most professional care agency so far." Another relative had a similar view, writing "I have been very impressed with the level of care, always by warm and caring staff, they seem to fit all necessary tasks in, all the time chatting cheerfully, my [relative] really enjoys her visits. Well done to ABL!"

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. The training programme started with a three day induction followed by up to three days shadowing experienced staff. One staff member said they had completed three days shadowing and had been offered more if they felt they needed it. Another staff member confirmed the importance of shadowing, saying "they won't let anyone out without shadowing. You have to be signed off as competent on the shadow checklist and you can record if you want extra training." The registered manager said staff could come to the office to discuss anything they were not sure of, or would like to see again, following their induction.

Staff said the training was "good" and "in depth". One said the training included group discussion, completion of workbooks and was practical, for example, they "had to look at a catheter bag and say what was wrong with it, rather than just be told what to do with it." Another talked about their training in cardiopulmonary resuscitation, which they had to perform three times before they were "signed off". Induction training included infection control, supporting people living with dementia and moving and handling. Staff explained they had experienced being moved in the hoist and hoisting their colleagues which they found beneficial to understand how people may feel when being supported in the hoist.

New staff started studying for the care certificate online and "backed up" in house. The registered manager and care co-ordinator were trained to assess and mark the care certificate learning. The registered manager said "this gives us an understanding of their knowledge".

Initially, the registered manager had sourced training externally but was now able to provide in house training. The registered manager and the care coordinator were qualified to train staff in the subjects needed to support people with their needs. Staff were encouraged to access further training, for example, one was undertaking a City and Guilds apprenticeship in "Team Leading." The registered manager explained

how they identified different learning styles in training sessions and adapted the training methods to suit individual staff, such as being more visual.

People were supported by staff who had supervisions (one to one meetings) with their line manager. One staff member said as well as supervisions, there were spot checks and that if there were "any issues, they call you in and talk face to face."

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. The registered manager was aware of the MCA and the impact this had on the way they supported people. Consent to care and support was sought both verbally and in writing where possible. The registered manager and the care coordinator had been trained in how to fill out the capacity tool kit provided by the local authority. New staff covered the MCA during induction.

Staff knew how this affected the way they supported people in practice. If people declined care and support staff said they would discuss this further, ask if they would like an alternative and if people were at high risk through declining, phone the office. Staff understood that people's capacity could fluctuate depending on a range of factors.

Some people had support with eating and drinking, such as heating a meal up or encouraging people to drink more. A staff member said "We always leave fluids, meals and snacks as necessary. If their urine is dark we encourage more fluid. We record their meals and drinks and check for out of date food."

The registered manager gave an example of how staff would sit and drink a cup of tea with one person, as that was the only way they would drink enough. If it was apparent that people were losing weight, the registered manager would speak to the GP and family to ensure staff were offering food the person liked, or that the cooked meal was at the right time for the person. Staff could monitor the situation and other professionals could be called upon to assess and support, such as the Speech and Language Therapist.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals, such as the ambulance service, as appropriate. The registered manager said that people had strong bonds with care staff, which meant staff noticed if people were not looking well. A staff member gave an example of this, saying the person they were supporting became unwell and they called the office staff who had contacted the doctor and family. They went on to say, "We always report [problems], where we are regular we know their behaviour". Staff were aware that confusion can be a sign of a urine infection and understood the importance of taking action and this was a consideration when encouraging people to drink more fluids.

## Is the service caring?

### Our findings

Everybody who completed our questionnaire "strongly agreed" that their care workers were kind and that they were happy with the staff who supported them. Staff formed positive caring relationships with people they supported. One person said that staff were "willing to listen and take my point of view on board, [they] try to resolve issues without making a mountain out of a mole hill. Service users are not well oiled machines, that is why we need care, but [staff] can go in and know someone is not feeling great. They support you to make things better, they work with us as people." This view was echoed by a relative who said the staff were "very good, the girls are really nice, very caring. Further comments included, "Staff are patient with [his] slow walking", "There was a new [staff member] yesterday, who seemed very good and thanked me for showing her where everything was" and "[My relative] is very happy, they have a good rapport with staff." The registered manager encouraged the development of positive relationships through matching care staff with people and ensuring the continuity of staff undertaking the visits. One staff member said "We know about their lives, we ask about photos and memorabilia around the house, some don't get much company."

People were involved in making decisions about their care and support. During the assessment, their needs and wishes were discussed and they could express their preferences. A relative told us they heard how staff supported the person with personal care, giving them choices. They said "If [my relative] says no to a hair wash, that's ok, they come back to do it later in the week." Staff gave us examples of how they involved people in making every day decisions. One staff member said "I ask them what clothes they would like to wear, whether they would like a shave, a bed wash or a shower".

The registered manager was mindful that some people may have gender preferences regarding who supported them with personal care. All the staff were female and the registered manager said if someone expressed a preference for a male staff member, they would not be able to meet that need at present. The registered manager ensured people were involved in making decisions about elements of the care package, such as the timing of the call. For example, if a person requested the call at 8am, but only 8.30 was available, they would offer the person this time with a commitment to change to 8am as soon as was possible. Staff would also let people know if they were going to be late.

Induction training gave staff information about how they should support people whilst respecting their dignity. Staff understood the concept and explained how they respected people's dignity when they supported them with personal care. This included ensuring doors and curtains were closed, covering them with a towel and encouraging people to undertake some aspects of their own care where they were able to. One staff member said "We are all very chatty, [people] feel more comfortable when you're chatty."

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. One person said, "I have had many carers, this is probably the best care agency I've found for quality, staffing, co-ordination and management. It all gets done. I don't have to nag, if I do, it's minimal, like something to do with the dishwasher." Another wrote "I am very happy with the service, I only have personal care but the carers always ask if there is anything else they can do." A relative said on their questionnaire, "Over more than a ten year period we have personal experience of many care agencies and can honestly say that ABL Care is by far the best."

Staff said they always worked "the same round" which meant they supported the same people consistently and had a good rapport with people. Records confirmed the same staff visited people and the time of the calls was also consistent.

Care plans were detailed and personalised to people's needs and preferences, for example, how they liked their hair to be washed or which flannel they preferred to use. People were involved in the care planning and signed to say they agreed with the plan. Staff responded to people's needs on the day, for example, one person's health meant they were not able to shower as they usually did and staff supported them with their request for a bed wash. People's care plans were reviewed regularly or when people's needs changed. Records of reviews showed people were happy with the care and support they received. One review noted "I am very happy with all the carers, I am always informed if someone is running late."

People and their relatives felt able to complain if they were unhappy about an aspect of the care provided. One relative said they "couldn't find fault at all." The provider had a complaints procedure which was integral to the service user guide. The procedure contained details of the timeframes for the registered manager to investigate a complaint and stated that the provider welcomed feedback. The process included the offer of a home visit if people wished to accept. The provider had received one complaint and records showed it had been investigated the day after it was received and a letter of apology was sent the following day. The registered manager asked the person if they were happy with the outcome of their complaint and they confirmed they were.

People were provided with a Service User Guide which gave details of the agency, what people's rights were, what the agency promised to deliver, information about safeguarding and contact details for an advocacy service. This ensured people had the information they needed about the agency.

## Is the service well-led?

### Our findings

The registered manager placed people at the heart of the service which was evident throughout our inspection. People and staff were all complimentary about the registered manager. One person said "[the registered manager] has been a carer, she knows what qualities are needed for her team." A relative said "The [registered manager] gives me the impression if she can make things easier she will." We also saw a care review where the person had stated the [registered] manager was "easy to talk to." Staff comments included, "The [registered manager] is absolutely fantastic, she pushes us for our qualifications and is happy to see us. I had a problem at 9pm and she came out to help" and "[the management] are brilliant. [The registered manager] is phenomenal, a credit to any care team, the way she talks to you, you can approach her, voice anything, any opinions. She'll phone you to make sure you're ok. I was ten minutes late to visit someone and she phoned to make sure I was ok." Another staff member had phoned the registered manager one evening to ask if they "could call her after my last visit at 10pm to have a talk. When I came out of [the person's home] after the call, [the registered manager] was there, she is so supportive and very helpful."

Staff spoke highly of the agency and were pleased to work there. One wrote on their questionnaire, "ABL Care is the best care agency that I have ever worked for. I feel able to discuss anything with the registered care manager and the care manager. All the staff are trained to a very high level and I feel that they are all hand-picked so that we are all fairly alike and work the same way, consistency is a must and I feel that this agency has achieved this goal. I would thoroughly recommend them to both carers and service users alike."

The registered manager said "We have an open door policy. A service user came in and had a cup of tea and we are always happy to visit people." Staff felt the service was open, honest and transparent. One said "I would feel able to own up to any mistakes, such as a medicines error. The whole business is client centred, what is best for the clients. [The registered] manager is really nice, if you're on a break, you can pop in for tea, they stick the kettle on, it's like a work family. They don't hire just anybody."

The registered manager encouraged staff to be honest about their practice. They said "We have a no blame culture, if mistakes have been made, let's apologise, let's get better." They also said that if staff were continuously making the same mistakes, their training needs would be looked at and consideration given to whether the training methods were working for that staff member.

Team meetings were held every few months. One staff member said these were used to "discuss issues and how we can work thought them, we can give ideas which are taken on board." The registered manager said team meetings enabled staff to "come in and talk, and if there is a better way of doing something, bring it to the group. We ask service users and staff if there is something we could do better."

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service. One person wrote "The operational standards and day to day running is of a very high standard. It is a very well run team, communication channels seem to be open between everyone." Another person told us staff "all pull together, work together, and communicate."

People were contacted after a new staff member had visited them to see how the visit went. There was a system of spot checks which took place at any time during the day or evening so that staff did not know when their practice was going to be observed.

As well as spot checks and regular reviews, the registered manager had sent eighteen surveys to people and eleven had been returned. The results were positive with most people "strongly" agreeing with the statements. One person indicated that they were not satisfied with the timing of the visit so the registered manager spoke with them and changed the staffing arrangements so the person's chosen time could be accommodated.

The registered manager completed a number of audits and took action to address any issues highlighted through this process. For example, an audit of care call records showed one staff member had not been staying the full half hour. This was discussed with the staff member and the situation rectified. In another record, the audit found a gap where there was no recording for the time of the visit. The registered manager was able to confirm with the person that staff had visited and staff were reminded of the importance of signing records.

One person summed this up the quality of the service by telling us "We know the carers will be there."