Abicare Services Limited

# Abicare Services Limited - Salisbury

## Inspection report

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Date of inspection visit:
11 October 2018
12 October 2018

Date of publication:
12 December 2018

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| 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? | Good |

# Summary of findings

## Overall summary

Abicare Services Limited – Salisbury is a domiciliary care agency. It provides personal care to people living in their own homes, in Wiltshire, Dorset and West Berkshire. People either received the service through home care visits or had a live-in carer service. At the time of the inspection a total of 104 people were receiving a service from the Salisbury branch of Abicare Services Limited.

The inspection took place on 11 and 12 October 2018 and was announced. We gave the registered manager 24 hours' notice of our inspection. We did this to ensure that we would be able to meet with the registered manager during the inspection.

This inspection was brought forward from the intended inspection date, due to the nature of statutory notifications received from the service. These notifications related to concerns regarding medicines management for people receiving live-in care in the Dorset region.

At this inspection we found the service remained good overall, with requires improvement for safe. Because the overall rating remains good, the report has been written in a shorter format.

Two members of staff that were responsible for administering medicines were not up to date with their medicines training. However, there were procedures in place to monitor staff competencies. Staff received supervision meetings with their line manager, where they refreshed their knowledge on policies and could discuss any concerns.

Records of administration for topical prescriptions, such as creams and lotions were inconsistent, with gaps in records. We also saw that gaps in the medicines administration records had improved, but continued to be present. There were systems in place to monitor these, which could be further developed.

Where people lacked mental capacity regarding certain decisions, there was evidence to show that health and social care professionals had been consulted with.

People told us staff were kind, considerate and caring. If people wanted to have a different carer, this choice was accounted for. Most people told us staff were on time for each visit. Staff enjoyed working for the company, they felt happy in their role and supported by their manager.

The service had received positive feedback during surveys. Complaints were followed up and technology was used to reduce the likelihood of complaints recurring.

There were plans to expand the live-in care service in the future, however it was understood that staff recruitment would need to grow first.

Further information is in the detailed in the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains at requires improvement. | **Requires Improvement** |
| **Is the service effective?**<br>The service remains good. | **Good** |
| **Is the service caring?**<br>The service remains good. | **Good** |
| **Is the service responsive?**<br>The service remains good. | **Good** |
| **Is the service well-led?**<br>The service remains good. | **Good** |

# Abicare Services Limited - Salisbury

**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 comprehensive inspection took place on 11 and 12 October 2018 and was announced. We gave the service 24 hours' notice of the inspection. This was because the registered manager is registered for two different locations and we wanted to make sure they would be available for us to meet them during the inspection. We also needed to obtain contact details for people and relatives who would had consented to us contacting them for their feedback.

Before the inspection we spoke with three social care professionals and reviewed information we held about the service and the service provider. This included statutory notifications sent to us about incidents and events that had occurred at the service. A notification is information about important events relating to the care they provide, which the service is required to send us by law. Some of the notifications received indicated that there may be concerns relating to safeguarding of vulnerable adults. Because of this, we brought the inspection forward in order to identify if there were wider areas of concern within the service.

The inspection team consisted of one inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. To gather feedback, the expert-by-experience made telephone calls to people and relatives. They spoke with 11 people and three relatives.

At the inspection we spoke with six members of staff who were present during the inspection. These included the registered manager, compliance officer, locality manager, two community care managers and one senior carer. We reviewed documents and records relating to the care for seven people. We also looked

at records relating to the management of the service, such as accident and incident records, complaint records, policies, survey results, staff recruitment and training. After the inspection we received feedback from four health and social care professionals

Requires Improvement

# Is the service safe?

## Our findings

At the previous inspection in August 2017, we rated safe as requires improvement. This was because medicines were not always being managed safely. Systems were in place but needed more time to become embedded to ensure that all staff were following good practice with regards to medicines administration records.

One statutory notification that prompted our inspection related to the records of administration for medicines, as well as poor medicines practice by the same staff member. We checked and saw that the staff member responsible had received their induction training, as well as supervision meetings.

Two staff members were not up to date with their medicines training. The registered manager explained that the style of training was being reviewed, because the medicines refresher training was one-day long and this presented operational issues. We saw that competencies were checked through observations for staff who were out of date with their training.

There was inconsistent record keeping practice for the administration of topical prescriptions, such as creams and lotions. The records of administration for these topical prescriptions (TMAR) showed gaps for July and August 2018. It was not possible to identify in retrospect if the gaps were due to missed administration or poor recording.

Checks were taking place each month when completed medicine administration records were returned to the office. The checks showed that staff were being communicated with when gaps in records were identified. Records showed a reduction in the number of gaps in administration. However, there was no overview to show if the continued gaps were being caused by the same member or members of staff and if there was a training need that was not being identified. We raised this with the registered manager. On the second day of the inspection they told us that the supervisor was looking at ways they could gain a more detailed overview of the shortfalls in record keeping.

Agency staff were used to support the live-in care service. The registered manager explained that they receive profiles from the agency about the staff members. They also said that checks are completed by the administration team to confirm that the agency staff member had received mandatory training, had been recruited safely and had the right to work in the UK. This meant that the service was not directly responsible for the recruitment and training of the majority of their live-in care staff team.

The domiciliary care service was fully staffed with a permanent staff team in place that had been recruited safely. We checked staff recruitment files for the domiciliary and live-in care services. These contained application forms, interview questions and answers, as well as employment reference checks. Staff were subject to a Disclosure and Barring Service (DBS) check prior to their employment commencing. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable people.

In the office copy of one person's care plan, the plan referred to following professionals' guidance in supporting the person with their swallowing reflex. There wasn't a copy of this guidance held at the office, and we were advised that it was at the person's home. This was discussed with the registered manager during the inspection and we were advised that this would be rectified.

Staff understood their responsibility to identify and report concerns. Staff told us they would feel confident and comfortable raising concerns with their supervisor or the registered manager. We saw that indicators to suggest that a person may be at risk of financial abuse from a family member had been identified. The service then liaised with social care professionals and the police to investigate concerns accordingly. There were records detailing what had been identified, who had been contacted, and the action that had been taken to investigate the concerns.

Where risks were identified, there were assessments and care plans in place to minimise the likelihood of their occurrence. These included risks such as falls, manual handling, bathing, and the environment. Where people had been assessed as requiring the support of two carers for repositioning and personal care, there was recorded evidence to show that this support had been received.

People told us they felt safe when carers were in their homes. One person told us, "They are respectful of our home, although the home is a bit cluttered, they will tell us if this is an issue. For example, the carer will help me move things around to ensure safety. I do feel safe and comfortable with them in the house."

There were policies and procedures in place to help keep people safe. These included policies for safeguarding, health and safety, infection control and prevention. We saw that observations monitored if staff understood the policies and procedures. For example, the observations identified if staff were using appropriate personal protective equipment while providing care, to reduce the risk of cross contamination and spread of infections.

Good

# Is the service effective?

## Our findings

The service continued to be effective.

The delivery of mandatory training was in the process of being reviewed. We saw that areas of mandatory training were of date for some staff, including moving and handling, dementia awareness, and safeguarding. The registered manager told us, "It is difficult to get carers out for full days of training, so we are looking at ways this can be improved. It is something Abicare are aware of and we know that the training system needs to be reviewed. We assure ourselves of their competencies by doing observations in the community."

We saw that competencies were checked through staff supervisions and observations. Staff also received supervision conversations through telephone calls. These took place on a regular basis. Records showed that staff could discuss any concerns, their hours, and any areas where they felt they needed more training. Staff also discussed a policy of their choice for a refresher with their supervisor. One staff member requested more medicines training, and this was provided within one month after the supervision.

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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection. We saw that mental capacity assessments were carried out when required, by social workers from the local authority.

Health and social care professionals told us that they received timely communication and referrals from the service. One professional explained that staff will contact them with queries and for information. They said that staff are quick to identify and assess if a person's health care needs change and would seek input and guidance from professionals to ensure the care needs were met.

People's nutritional intake was documented where the service was responsible for this. Where people were at risk of malnutrition or dehydration, their records showed that staff monitored their nutritional intake. Staff recorded the food and drink they prepared for people and how much was consumed. Records showed the choices people had made with regards to their meal. Where people were unable to make a choice, the records showed that people were offered meals in accordance with their preferences.

Good

# Is the service caring?

## Our findings

The service continued to be caring.

People spoke positively about the care they received. One person told us, "They always treat me and my home respectfully and they come in all weathers. I feel absolutely comfortable with the staff and I really like lots of them. They do know what I like and I tell them if they aren't sure." Another person explained, "My carer is lovely." A different person said, "They are all very polite and helpful." One staff member explained, "I treat people how we all deserve to be treated and that goes a long way."

Quality assurance survey results showed that everyone who responded felt that staff were polite and respectful of their privacy and dignity. The survey completed in April 2018, and 26 people or their relatives responded. Of those that responded, 13 said that in relation to politeness, privacy and dignity, they felt the staff were 'Excellent'. The survey was broken down into five questions, all of which received mostly positive responses.

Some people, or their relatives, had written to the service to compliment the care staff and the support they provide. One relative wrote, 'I just want to say how happy I am with the care your lovely carers give to my [relative]. We seem to have gotten into a nice pattern, which suits us just fine.' Another person had written to the service and said, 'this carer, we can't do without her, she is amazing, and my family now feel they can go on holiday.' The management team had bought the staff member a bunch of flowers in recognition of the positive feedback received.

Professionals told us that staff had a caring approach. One professional said, "It is my understanding that staff respond with kindness, dignity and respect towards the person." Another professional told us, "Yes, they treat people well."

People's care plans included details of those that were close to them and in their social circle. For example, one person's care plan showed that in their 'relationship circle', there were their children and grandchildren, also their gardener and hairdresser. For some people, their main Abicare care worker was listed as an important relationship. This showed how close people felt with the care staff.

Care plans explained how people preferred staff to enter their home and each step that the staff member should take in providing care in accordance with the person's wishes. For example, one person's care plan stated, "Carers to knock on the front door and let themselves in, front door will be unlocked by [person's name]. [Person's name] will usually be sat in the lounge." The plan continued, explaining what the person usually likes to wear, and how they take their morning cup of tea. Having a record of these steps meant that staff who may not be familiar with the person had a guide to refer to.

People's wishes regarding their privacy were detailed in their care plans. For example, one person's care plan stated, "Once upstairs, I will then walk into the bathroom, carers to leave me in private for a few minutes, whilst I use the toilet." Staff could read the care plan and understand how to provide the person

with dignified and person-centred care, respectful of their privacy.

Good

# Is the service responsive?

## Our findings

The service continued to be responsive.

People had their care needs assessed prior to their care package commencing with the service. We saw that assessments documented an overview of their needs, including their mobility, and their medical history. The assessments were used to ensure that the service could meet people's care needs appropriately.

Most people told us they had chosen the times of their care visits. One person said, "I choose the time, with no problems." Other people explained that they didn't mind what time the carers arrived, however gave positive feedback about the visit times being suitable. One person told us, "I don't get a rota, but they do let me know if there is any change to the normal routine."

It was respected and accounted for when arranging staffing, that on occasion, some people may request to have a different carer. The registered manager told us, "If someone says they don't want a particular carer, we offer them an alternative and say it might be someone a bit different for a while, but we will get it sorted."

People had person-centred care plans in place. These documented their usual routines, as well as their preferences and steps staff should take when providing their care. Care plans and records were reviewed by the supervisors and care leaders on a monthly basis.

Most records relating to people's day to day care and support included details about the choices people had been supported to make, as well as observations their wellbeing. We saw records for one person showed that the staff member had become concerned by slight changes in their health on that day. The staff member recognised some of the subtle signs that showed the person was experiencing mini-strokes. The records showed that they sought prompt medical attention and were correct in their understanding of what was happening to the person.

Technology was used to promote communication with family members and staff, the system was referred to as 'hang-out'. The hang-out's system allows the service to create instant messaging groups via an application on smart phones. The registered manager explained that some family members were in a hang-out group with the supervisor for that area and care staff who provided support to their relative.

Telephone monitoring took place, where supervisors contacted people or their relatives, to gain their feedback. The questions asked in the monitoring included whether people are happy with the service and if they have any concerns. We saw that this process took place on a regular basis and that most people were happy with the service they received.

Complaints were recorded, investigated, and responded to appropriately. Prior to the inspection, we had received complaints regarding the service and liaised with the registered manager or supervisor each time regarding these. At the inspection we saw that the complaints we had been made aware of were responded to accordingly. Where required, the service had also contacted social care professionals for their input.

Good

# Is the service well-led?

## Our findings

The service continued to be well-led.

There was a registered manager in post. 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. The registered manager was registered at two locations and explained that they spent two or three days per week at the Salisbury branch.

We discussed with the registered manager the logistics of managing two branch locations, where care was provided across different counties. We asked how they maintain their knowledge of the care provision and any challenges faced in the different regions. They explained that they felt confident in the abilities of their office-based staff.

Although some areas for improvement have been identified in safe, action was already in the process of being taken after feedback had been provided. We felt assured that the service would make the required improvements.

There were plans to grow the live-in care division of the service, however it was understood that there would need to be changes in the recruitment of staff before this could safely happen. We discussed with the registered manager about the high dependency on agency staff for the live-in care provision being disproportionate to the numbers of their own staff. They told us, "There are targets for growth in those areas. We are looking at changing our structure, so there is someone growing and networking in that area and there is also somebody else working on the compliance." They continued and said, "There are good relationships with the agencies we use. We would like to use our own carers ideally." One live-in care coordinator explained, "The packages are being taken on safely. It has to be manageable and safe."

Staff told us that they felt supported by the registered manager and said that they felt confident in the registered manager's knowledge. One member of the staff team told us, "[The registered manager] is very knowledgeable, I'm really happy to contact her if needed." Another member of the team said, "If I am not sure what to do, I phone [the registered manager] and say. She will let me know what I need to do. I feel supported and know who I can go to." A different staff member explained, "The managers are helpful and approachable."

There were good working relationships between the management team and their staff. Staff told us that they felt the team worked well together and supported one another. Their comments included, "I think we are a good team, we support each other and always help one another. We have a laugh together."

The management team took turns to provide an on-call support system. The registered manager told us, "There is always someone on call." They explained that in the different regions where live in care is provided, there is also an on-call contact for staff at all times of the day." Staff confirmed that they knew they could

always contact someone if needed, for advice or guidance.