

Abicare Services Limited

# Abicare Services Ltd

## 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

We inspected Abicare Services Ltd on 24 October 2016. It was a full comprehensive inspection which was also carried out as a follow-up to our previous visit in October 2015. Abicare Services Ltd is a domiciliary care agency providing care to people in their own homes. At the time of our inspection 42 people were receiving care and support from the service.

We had found four breaches of the regulations at our previous inspection in October 2015. At this inspection we aimed to see what measures had been taken to ensure the quality of the service had improved and check if these measures had been effective. The provider had told us that all the corrective actions specified in their action plans would have been implemented by the end of January 2016. During our inspection on 24 October 2016 we found that all the recommended actions had been completed.

There was a registered manager in post 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.

Most aspects of safe recruitment practices, such as police identity and character checks, were in place. However, the provider had failed to gather full employment history of all of their prospective staff members. We brought it to the attention of the registered manager who addressed the issue immediately by updating staff files during the course of our inspection. Following our inspection, the provider sent us scans of updated staff files.

At this inspection we found that arrangements were in place to monitor staff attendance at work and to minimise the number of missed calls. Most of the people told us that staff had been available to attend a call and to provide care to people at the agreed time. A person told us, "Staff come more or less on time".

People we spoke with told us that they felt safe when staff supported them in their homes and that staff knew how to support them. Staff were able to tell us about the needs of the people they provided care for and their roles and responsibilities in keeping people safe. People had risk assessments in place to keep them safe whilst enabling them to be as independent as possible.

People's prescribed medicines were safely managed by staff. Relevant systems and protocols in place ensured people received their medicines as prescribed. Staff's competence was reviewed regularly to ensure that the medicines were administered safely.

Staff received an induction to their work, close supervision, on-going training and ongoing support from senior staff and agency management.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005. They were

knowledgeable about protecting legal rights of people who did not have the mental capacity to make decisions for themselves. The service acted in accordance with legal requirements to support people who may lack capacity to make their own decisions.

People were provided with sufficient amounts of food and drink, with all recommendations from health care professionals being followed. People were supported by staff to access a range of health care services which ensured their health was monitored and maintained.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. We found that care plans were detailed, which enabled staff to provide the individualised care people needed. People told us they were involved in developing their care plans. They were also consulted about the way their care was delivered to ensure their wishes and preferences were met. Staff were knowledgeable about people's backgrounds, life histories, preferences and routines.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, spot checks and internal audits. We found that most of people were satisfied with the care and support they received.

The staff were pleased to work for the provider and felt supported in their role. The provider promoted an open culture where both staff and people using the service could raise concerns without fear of being frowned upon. People knew how to complain and felt their complaints would be investigated and responded to.

## 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.

People were protected against potential harm as staff and management were aware of their responsibilities in regards to safeguarding.

Suitable systems were in place to manage risks. Staff were appropriately briefed about the identified risks prior to working with people.

There were procedures in place to manage and administer medicines. Staff had received training in how to administer medications safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who were well trained and supported.

The registered manager and staff were aware of their responsibilities regarding the Mental Capacity Act.

People's health and welfare were promoted because the agency worked closely with community health care professionals.

### Is the service caring?

Good ●

The service was caring.

Staff knew people well and treated them with kindness and compassion.

People told us they were involved in the planning of their care.

Staff knew the people they were supporting and were confident people received good care.

### Is the service responsive?

Good ●

The service was responsive.

People's needs and preferences had been assessed and care plans had been developed to support these.

Staff understood people's needs well and were very quick to respond to any changes.

The agency had a clear policy of complaints. People said they would feel confident to raise issues if such a need arose.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Staff told us they felt well supported and valued, and that they could express their views freely. They said the registered manager was supportive and approachable.

There were systems in place to monitor the quality of the service provided and evidence of actions taken where there were issues.

There was a positive culture within the staff team in which providing a good quality service to people was emphasised.

# Abicare Services Ltd

## 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 24 October 2014 and was announced. The provider was given a 48 hours' notice because the location provides a domiciliary care service and we needed to be sure somebody would be available at the agency office.

The inspection was carried out by one inspector and an Expert-by-Experience (ExE). An Expert-by-Experience is a person who has personal experience of using or caring for someone who needs to be provided with this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information in the PIR along with the information we held about the agency, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law.

During our inspection we spoke with ten people who use the service, one relative, four care staff members and the registered manager. We looked at records including care records for five people, recruitment and training records for five members of staff. We checked the staff-related documentation to see if recruitment, training and support for staff were sufficient for them to provide good quality care. We also looked at other records relating to the monitoring of the quality of the service including complaints and audits completed by the provider.

# Is the service safe?

## Our findings

At our previous comprehensive inspection in October 2015 we identified a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not always been deployed in a way that had met people's needs and assured their well-being.

At this inspection in October 2016 we found the provider had taken actions to implement the required improvements. We saw that there were enough well-trained staff who met people's needs. People told us and records confirmed that staff turnover had been reduced which had a positive impact on people. A person told us, "I mainly have one carer which is nice". Another person remarked, "I see the same group of carers". All the people we spoke with told us, except one person, that staff arrived on time and always informed people in advance if they were going to be late. The person said, "Staff don't come at the same time, and I hardly ever know who is coming". We checked the electronic attendance monitoring printouts and spoke with the registered manager. We did not find any evidence of irregular visits of staff being a repeated occurrence.

At our previous comprehensive inspection in October 2015 we identified a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's support plans identifying potential risks associated with people's needs had been in place. However, the documented risks assessments had not always detailed people's up-to-date needs.

At this inspection in October 2016 we found the provider had made the required improvements. Records were in place to monitor any specific areas where people were might be prone to risk. Assessments were undertaken to assess various risks to people who use the service. These included moving and handling, administering medicines and environmental risk assessments. The risk assessments included information about what action needed to be taken to minimise the risk of harm occurring. Staff were able to tell us how they would support a person who may be at a particular risk. They knew their duty to report their concerns if they observed a person was in danger, for example, at risk of a fall, malnutrition or insufficient intake of fluids.

Safe recruitment practices were not fully followed. Staff told us they had undergone a thorough recruitment and selection process before they had started working for the service. Staff files included a checklist detailing all the pre-employment checks of new staff obtained by the provider. This included up-to-date criminal records checks, two references from previous employers, a photographic proof of identity, a job application form, a health declaration, interview questions and answers, and proof of eligibility to work in the UK (where applicable). However, this has not always been followed and some members of staff had gaps in their employment history which had not been explored in the course of the process of their recruitment. The regulations require that providers obtain a full employment history, together with a satisfactory written explanation of any gaps in employment. We brought it to the attention of the registered manager who addressed the issue immediately by updating staff files during the course of our inspection. Following our inspection, the provider sent us scans of updated staff files. They also reassured us that in the future they are going to ask prospective members of staff to provide full employment history and explain any gaps.

People who use the service told us they felt safe in their homes whenever staff visited them. One person told us, "I feel safe here. The Abicare staff make me feel safe". Another person also said they feel safe and added that they "couldn't ask for better staff".

Staff we spoke with confirmed that they had received training in safeguarding people and demonstrated a good understanding of the types of abuse people could be at risk from. Staff were clear about the steps they would take if they had any concerns. They told us they were confident to report any concerns about people's safety or welfare to the manager and that action would be taken. A member of staff told us, "I would report any concerns to my line manager. If they didn't act on this I would report it further to area manager, local authorities or to the Care Quality Commission (CQC)".

Medicines were managed safely within the service. Where people needed support with their medicines, appropriate and clear risk assessments were in place which clearly stated how people were to be supported. All staff had received training on the safe administration of medicines, including how to fill in a medication administration record (MAR) correctly. Completed MAR charts were returned to the office where they were audited to ensure people had received their medicines safely. We looked at the medicine administration records (MAR) for four people, and found that these had been completed correctly, with no unexplained gaps.

There were systems in place for recording and monitoring incidents and accidents occurring in the service. As a result the risk of a recurrence of an incident was reduced for people using the service.

People and staff benefited from environmental risk assessments that identified environmental hazards and documented actions to take to mitigate these risks. For example, staff were advised to use torches due to poor lighting at some people's driveways. There was also a business continuity plan which helped to ensure continued service in the event of a variety of emergency situations. These included flood, severe weather conditions, flu pandemic and power failure.

The provider had a robust disciplinary policy. Records showed the service had dealt appropriately with matters following the provider's policies and using a wide range of disciplinary actions.



# Is the service effective?

## Our findings

At our previous comprehensive inspection in October 2015 we had identified a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not always received supervision to support their development and ensure they had the ability to carry out their role more effectively.

At this inspection in October 2016 we found the provider had responded to our concerns and made the required improvements. Staff told us they received quarterly supervisions (one to one meeting with their line manager) and annual appraisals, and records confirmed this. Supervision and appraisal documents defined and described staff's goals, such as completing nationally recognised qualifications. Staff's training needs were discussed at supervision meetings and the registered manager booked staff for training when requested by staff. For example, a member of staff had requested refresher training in first aid and the registered manager had booked them for that training. A member of staff told us, "I feel that I receive enough support to care for people effectively".

People who use the service praised the effectiveness of their staff team. One person said, "The staff know what they are doing. I'm very happy with them". Another person told us, "The service works well because they work hard to match people to my needs".

The staff training covered the following areas: moving and handling, administration of medicines, food hygiene, fire awareness, infection control, and the Mental Capacity Act 2005. Staff also attended other specialist training, for example, dementia awareness and pressure ulcer awareness. The personnel files contained the records of the training staff had completed. This confirmed that a detailed programme of training was in place to ensure that all members of staff were kept up to date with current practice. A member of staff told us, "I feel I have enough training and support to care for people effectively".

New members of staff completed induction which covered the provider's policies and procedures as well as the mandatory training. The process also required new staff to shadow experienced colleagues to gain knowledge and understanding of their role. Staff told us that they were allocated to work independently only after the manager had assessed them as competent and they themselves felt confident to do the job. Staff informed us that they were provided with full information about people they would support prior to meeting them. They said that this enabled them to get a good overview of people's individual needs. It gave them the opportunity to learn what methods of communication an individual needed or what medical condition made them require some specialised support. The staff induction incorporated the new Care Certificate. The Care Certificate sets the standard for new health care support workers. It develops and demonstrates key skills, knowledge, values and behaviours to enable staff to provide high quality care.

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. We checked whether the service was working within the principles of the MCA. At the time of our inspection we found that the provider was working within the principles of the MCA where necessary and appropriate to the needs of the people they supported. The manager and staff were knowledgeable about the MCA and understood the need to assess people's capacity to make decisions. Members of staff we spoke with were able to give examples of how they asked for permission before doing anything for or with a person while providing care. Consent to care and treatment was considered by the service while planning individuals' care and support.

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. At the time of our inspection there were no applications in place to deprive people of their liberty. Staff members described why and how people could be deprived of their liberty and what could be considered as a lawful and unlawful restraint. A member of staff told us, "People have the right to decide for themselves as everybody has got their right to do so but I cannot let a person drink bleach as they could harm themselves. In this case, I'm acting in the best interest of the person".

When people started to use the service, they were asked about their nutritional preferences and dietary needs, where appropriate. As a result, staff knew exactly what people liked to eat and drink. They assisted people who were able to cook for themselves in preparing meals. In other cases, they prepared meals which suited people's individual needs and preferences. A person told us, "I'm always asked what I would like to eat or drink".

The service worked well with other health professionals to ensure people's health needs were met. Where required, the registered manager and co-ordinator liaised with health professionals such as social workers, doctors and district nurses to ensure where people required medical input this was done in a collaborative and caring way. A person told us, "If I need to see a doctor they will call for me".

# Is the service caring?

## Our findings

People and their relatives we talked to told us that staff were kind, caring and polite. One person said, "Staff are lovely and respect all my needs". Another person pointed out, "Staff and office staff always listen to me and try and help me".

Staff had a good knowledge and understanding of people, their needs and expectations. The service matched staff to people they supported by allocating staff who had similar interests to the person. One person told us, "I feel my carers are matched well to me".

People who use the service described staff as kind, caring, considerate and eager to help. A person told us, "Staff always ask me if I need anything". People told us staff understood the importance of maintaining their privacy and dignity. For example, staff members always remembered to close the doors and draw the curtains in people's homes, and tried to give them as much privacy as possible. People told us they were treated with respect and politeness. A person said, "All staff respect me and talk to me in a lovely friendly manner".

People told us they were involved in making decisions about the care they received and their views were taken into account. We saw from the care records that when people had started using the service, they had been involved in the initial assessment of the care they required. A person told us, "Care plan was very good, I was involved in all the planning".

People were supported to maintain their independence. They were encouraged and supported to do as much as possible for themselves. Staff paid attention not to be intrusive and assisted people whenever help was actually required. A member of staff told us, "I'm not doing anything that people can do themselves, letting them feel that they are still capable to do their work".

People were given choices and supported to make decisions as they were comfortable with. One person told us, "The staff encourage me to make choices". Another person said, "The staff encourage me to make decisions". Options offered to people included choosing meals, clothing and where they wanted to spend their time. Before staff undertook any actions, they explained to people what they were going to do and why they asked for their permission.

Care plans were outcome-focused and showed that the care and support were oriented towards recognising people's choices and promoting their independence. Examples we were given included such aspects as personal care, meal preparation and activity planning. The care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. For example, some people were pleased to be called by their first name while others chose to be addressed by their title and surname.

Staff respected people's wishes and provided care and support in line with those wishes. People told us staff always checked if they needed more help before they left. Before leaving the homes of people with limited

mobility, staff ensured they had everything they needed within their reach. For example, people could easily access drinks and snacks, telephones and alarms to call for assistance in an emergency.

People told us they preferred receiving care from the same staff although they understood this was not always possible due to annual leaves and sickness. One person told us, "I see the same group of carers".

Care workers had a good knowledge of the people whom they provided with care. They said they gained such knowledge through visiting the same people on a regular basis and building relationships with them. A member of staff told us, "I have quite a good relationship with the person I support. We talk about their memories on an occasional basis".

People were supported to maintain their personal, cultural and religious needs. The training in equality and diversity as well as a relevant policy helped to ensure that people's diversity was respected as part of the strong culture of individualised care.

Staff were aware of their responsibilities in confidentiality and preserving information securely. They knew they were bound by a legal duty of confidence to protect personal information they may come across during the course of their work. The manager said they were always trying to ensure staff knew how to access and how to share any personal information safely. A member of staff told us, "All the information about the people is just for internal use so their information is kept confidential".

## Is the service responsive?

### Our findings

At our previous comprehensive inspection in October 2015 we identified a breach in Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not always receive care that met their needs and reflected their preferences.

At this inspection in October 2016 we found the provider had responded to our concerns and made the required improvements. Most people and relatives spoke positively about the service and the care people were receiving. A person using the service expressed their satisfaction with the service and said, "Staff and office staff listen to my needs". Another person told us, "Staff are very caring, can't do enough for me".

Care plans were person-centred and read as if the person had written it themselves. The care plans contained comprehensive and clear details on how people wished to be supported. The care plans also focused on social aspects of people's care and included information on: 'Things that are important to me, My relationship circle and Desired outcomes.' These plans were kept under review.

People received care and support that was responsive to their needs because staff had a good knowledge of people who use the service. Staff told us the care plans gave them guidance and direction about how to meet the people's specific care needs. Staff we spoke with were able to demonstrate their thorough knowledge of the people they supported, their likes and dislikes included. A member of staff told us, "I have received the training manual 'Person Centred Support' and I have completed successfully qualifications in Awareness of Dementia. This makes very heavy use of the Person Centred Approach where people are encouraged as individuals with history and culture, background, education, work history as well as a medical condition, e.g. dementia".

Daily records were completed by staff at the end of each care visit. Every record was signed by a staff member and specified the time of their arrival and departure. In addition, these records included details of the care and support provided and reflected any observed changes to the person's care needs. They also contained brief notes about the food and drinks the person had consumed. The records were removed to the office files every month for auditing purposes.

The provider responded to the changing needs of people and conditions of delivering care. People told us they were able to change their support visit times. People told us they were able to request assistance of a different member of staff if the one supporting that person could not meet their needs. One person admitted, "I asked for a different carer and they changed it". Another person said, "I complained about a carer and they dealt with it".

People told us that all staff were cautious, considerate and responsive if they expressed their dissatisfaction or made a suggestion regarding some aspect of their care. Any problems people had were always resolved quickly and to their satisfaction. One person told us, "I have had no complaints but if I did I am confident the office would help me". Among the provider's documentation, we saw records made by staff concerning the issues people had raised. People praised the registered manager and staff for the way they listened and

responded to any concerns raised. A person told us, "I call the office and they will listen and always try and help". Another person said, "If I complain, action will take place".

# Is the service well-led?

## Our findings

At our previous comprehensive inspection in October 2015 we identified a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have an effective system in place to monitor the quality and safety within the service.

At this inspection in October 2016 we found the provider had responded to our recommendations and made the required improvements. Quality assurance checks such as regular auditing were in place. The registered manager was responsible for undertaking quality checks when daily books were returned to the office. These were checked monthly to ensure the information written in people's daily books corresponded with their care plans and the planned visit times. Medication audits were also undertaken to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans. Audits were conducted to address any shortfalls and plan improvements to the service. For example, staff were reminded about time keeping and accurate record keeping. Following the audits, the registered manager called team meetings at which staff was issued with good practice sheets. If needed, staff were offered refresher trainings. The resulting actions meant that the audits carried out by the provider were effective.

People's views were sought through an annual survey and regular telephone calls. People were asked about their opinion on the quality of care provided by the service. Most of the responses were positive. Where comments needed addressing, this had been done. For example, people's care plans had been amended to include their new requests like bed changing or personal care.

People and their relatives were mostly complimentary about the management of the service. Communication with the management and office staff was good and enabled people to develop positive relationships with them. One person told us, "Office staff are very helpful". Another person told us, "Abicare is very open to listening to you".

The registered manager was aware of their responsibilities as a registered manager and had provided us with notifications about important events and incidents that occurred at the home. They also notified other relevant parties, such as the local authority, where appropriate. The manager had completed the Provider Information Return (PIR) which is required by law. We found the information in the PIR to be an accurate assessment of how the service operated.

Staff told us they enjoyed working at the service and that they felt valued. One member of staff said, "I like working in Abicare as communication, support and cooperation in this company is extremely good comparing to other care agencies".

The members of staff we spoke with had a clear and consistent understanding of the provider's vision, values and view about the quality of the service provided. Their common goal was to delivering a service that was safe and providing care by trained staff who understood and knew how to look after people. A member of staff told us, "Some roles and responsibilities of my care duty are: helping people with personal care, helping people to stay independent in their homes, to promote safety and well-being of people and to

provide support according to their needs and care planning".

There was a clear company structure with well-defined areas of responsibility. In addition to the assistance of staff, people were also offered support by a deputy manager, and a senior carer. The clearly defined areas of responsibility enabled good communication and discussion with people who use the service, staff and third party agencies. A member of staff told us, "We must implement the care plan which we must first read. We must follow the MCA, and the provider's policies. We must report our concerns to the management even if they are foolish and we should know the answer ourselves. We will not be judged for that. We must uphold the law".

We saw there were regular staff meetings at which staff were asked to contribute and raise issues to discuss. Ideas for staff development, new guidance and legislation were shared. The registered manager asked for feedback from staff. Staff confirmed there was good communication between staff members and they were motivated to improve the service.