

## Abundant Care & Recruitment Intl Ltd

# Abundant Care

### Inspection report

Unit 6  
Wych Elm  
Harlow  
CM20 1QR

Date of inspection visit:  
16 June 2021

Date of publication:  
03 August 2021

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Abundant Care is a domiciliary care service providing personal care to people who live in their own houses and flats. At the time of our inspection, one person used the service, this person received personal care.

Not everyone who uses domiciliary care services receives personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The provider did not have robust processes in place for the oversight of the service. They did not always follow good practice guidance in relation to staffing and recruitment or complete audits to monitor the quality of the service provided.

We have made recommendations about the recruitment of staff.

Risks to the person's health and safety had not always been assessed or recorded appropriately and the provider had not ensured all staff had up to date training to support them in their roles.

The provider had not considered any end of life care wishes the person may have.

The person's medicines were managed effectively day to day. However, the provider had not ensured appropriate documentation was in place for staff to complete when administering medicines and audits were not always undertaken to ensure the person was receiving their medicines as prescribed.

The person and their relative spoke positively about the care provided. The service had a small staff team who worked closely together and knew the person well.

Staff told us they had enough personal protective equipment (PPE) and had received training in how to use it.

The provider had arrangements in place for health professionals to work together to support the person's needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 02 August 2019 and this is the first inspection.

### Why we inspected

This was a planned inspection as the service had not been rated.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Abundant Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector and an assistant inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 16 June 2021 and ended on 21 June 2021. We visited the office location on 16 June 2021.

#### What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with the person who used the service and their relative about their experience of the care provided. We spoke with one member of staff, and the registered manager. We had feedback from one professional.

We reviewed a range of records. This included care records and plans. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The provider had not always ensured staff were safely recruited. We saw gaps in staff recruitment files, such as not having a full employment history and not evidencing appropriate references were obtained. The registered manager told us references were kept electronically however, we were unable to access these on the day of inspection.

We recommend the provider considers current guidance for the safe recruitment of staff and updates their practice accordingly.

- There were enough staff to support the person's needs. This included having bank staff available for when the main staff were off duty.

### Assessing risk, safety monitoring and management

- The provider had not always ensured risks to the person's safety were managed appropriately. Risk assessments were not in place and it was not always clear what the risks to the person were or what action staff needed to take. For example, staff supported the person with their mobility needs but no risk assessment was in place to guide staff about how to support the person safely.
- The person was supported by a small staff team and their relative told us staff knew the person well and understood their needs. However, there was no guidance in place for any new staff to follow or to tell staff what to do in case things went wrong.
- Following the inspection, the registered manager told us they had updated the care plan and risks to the person's safety were now assessed and recorded.

### Using medicines safely

- The provider did not consistently manage medicines safely. The person's medicines were stored in a dosette box. A dosette box is a container used to sort and store tablets. Staff told us they recorded when medicines were given from the dosette box in the person's daily notes. However, there was no medicines administration record (MAR) in place and no medicines risk assessment. This meant we could not be assured the person had received their medicines as prescribed. Following the inspection, the registered manager told us a MAR chart had been introduced.
- The registered manager completed an annual medicines audit. However, as there was no MAR chart in place we could not be assured of the effectiveness of the audit and there were no other checks in place to ensure medicines administration was accurately recorded. This meant there was a risk errors may not be identified and acted upon.

Systems and processes to safeguard people from the risk of abuse

- The provider had not ensured all staff had received updated safeguarding training. However, staff told us they were aware of how to keep people safe from abuse and knew how to raise safeguarding concerns. One member of staff said, "I would call the office straight away. The manager will always answer, even on the weekend."
- Relatives told us they felt their loved one was kept safe. They told us, "Yes, absolutely I feel [person] is safe with Abundant Care."

Preventing and controlling infection

- Staff did not have relevant, up to date training in infection prevention and control (IPC).
- Staff had received written guidance in the safe use of personal protective equipment (PPE) and the registered manager carried out a hand hygiene check with all staff. Staff told us they had sufficient supplies of PPE available. One member of staff said, "I have plenty of PPE, I wear a mask, apron and gloves."

Learning lessons when things go wrong

- No accidents or incidents had been recorded at the time of inspection.
- The registered manager had responded promptly to the feedback from the inspection and told us they had shared information with staff about how to make improvements to the service.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The service was providing support with moving and handling. The registered manager told us staff had completed moving and handling training however, they were unable to evidence this at the time of the inspection. This meant we could not be assured staff had up to date knowledge or skills to support the person safely.
- Staff training was provided by an external provider in a number of key areas. However, most training was out of date. The provider told us this was due to the COVID-19 pandemic and refresher training was due to begin now restrictions were easing.
- Staff had received a combined appraisal and supervision in January 2021. We did not see any other records of supervision or appraisal.

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

- The person's needs had been assessed and documented; however, these documents were not available in the person's home. Staff told us they could access the persons care plan if needed. Following the inspection, the registered manager told us a copy of the care plan would now be kept in the persons home.
- The registered manager had reviewed the person's needs, and changes had been implemented as appropriate. The registered manager told us they updated staff of any changes verbally. However, the changes were not always documented in the person's care plan. This meant new or unfamiliar staff may not have the most up to date information available.

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

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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- The person's care plan contained information about decisions they could make themselves; however, we found no written record of the person consenting to care within these documents.

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

- The person's care records contained information about how to support them with their eating and drinking needs and detailed what their preferences were.
- There was no evidence staff had completed food hygiene training to ensure they were preparing and serving food safely.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- The registered manager told us they made referrals to external professionals when appropriate.
- An external professional told us '[Registered manager] was open to taking on my recommendations of care for this [person], and my feedback on how to support safe transfers.'

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The person and their relative told us staff were kind and caring in their support. The person told us, "I do not worry about anything with the staff." The relative said, "We have been very lucky with the current staff. They are so patient and wonderful. They are absolutely brilliant."
- Staff were able to tell us about the person's preferences and how they liked to be supported. They told us, "I have worked with [person] since the beginning, I've got to know them very well and I know what help they need."

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

- The provider worked closely with the person's relative to ensure they were involved in making decisions. The relative told us, "I have been working with [health professional] and staff to make [person's] life easier."
- The person's relative spoke positively about how staff communicated with them and supported the person to make decisions. They told us "I am quite involved with [person's] care, I visit two or three times a month, and I see the staff every time and they communicate well."

Respecting and promoting people's privacy, dignity and independence

- The person's care records showed their views, opinions and choices had been considered when planning care.
- Staff were able to tell us how they supported the person whilst encouraging them to maintain their independence.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

### End of life care and support

- The provider was not supporting anyone with end of life care at the time of the inspection.
- The person's care plan did not include information about their end of life care wishes. Following our feedback, the registered manager told us they would update their documentation to ensure end of life care wishes were considered.

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

- The person's care records were personalised but were incomplete. For example, the 'Life History' section had not been completed and this meant staff may not have information about what was important to the person.
- Care records listed what 'Good days' and 'Bad days' could look like for the person. This enabled staff to provide the right level of support to ensure the person had choice and control and that their needs were met.
- The person was supported by a small staff team who knew them well and knew how they liked to be supported.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had assessed the person's communication needs and recorded what communication aids they required. The provider detailed specific information surrounding how the person preferred to communicate.

### Improving care quality in response to complaints or concerns

- At the time of the inspection the provider had not received any complaints or concerns. A system was in place to monitor them if any should arise.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's systems to monitor the quality and safety of the service were not robust and had not identified the gaps we found during the inspection. For example, care plans and risk assessments did not contain all relevant information, MAR charts were not in place and training was not up to date.
- Formal supervisions and team meetings were not taking place frequently; however, the registered manager told us the staff were always in contact using video and phone calls.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider sought regular feedback from the relative and the person they supported. This feedback was used to improve the care provided. Much of the feedback was informal through conversations with the relative, however, the provider did have a system for documenting formal written feedback.
- The service had a small staff team who worked closely together. Staff told us they felt supported in their role by the registered manager.
- The registered manager understood their responsibility to be open and honest with people if something went wrong.

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

- People's equality and diversity characteristics had been considered and integrated into their care plan.
- The registered manager held regular video calls with the person to discuss the service. The registered manager explained this was to aid better communication than a telephone call.

Continuous learning and improving care; working in partnership with others

- Professionals working with the service told us communication with the registered manager was good. They said the registered manager responded positively to advice to continually improve care.
- The registered manager told us they received support and guidance from other registered managers.
- The registered manager welcomed feedback during and after the inspection, stating they would use the feedback to develop better oversight and quality monitoring of the service as it expands.