

Abel Care and Support Ltd

# Abel Care and Support Office

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service caring?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Abel Care and Support Ltd is a domiciliary care agency. It provides personal care to people living in their own houses in the community. It provides a service to older and younger adults, who may have learning disabilities, autistic spectrum disorder, dementia, mental health care needs, physical disabilities or sensory impairments. At the time of our inspection visit, 3 people received the regulated activity of personal care from the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

**Right Support:** People and relatives were delighted with the kindness and thoughtfulness of staff, which exceeded their expectations of how they would be cared for and supported. People explained how staff went over and above what they expected from them and they couldn't ask for anything more. People told us the support they received improved their well-being. Staff supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to play an active role in maintaining their own health and wellbeing.

**Right Care:** People and their relatives told us that staff went over and above the call of duty and people said this made a difference to their lives. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had received training on how to recognise and report abuse and they knew how to apply it. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their treatment/care and support because staff had the necessary skills to understand them.

**Right Culture:** People's relatives said staff helped them to put their minds at ease and get through the difficult time. The provider's philosophy, vision and values were understood and shared within the staff team. People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People were supported by staff who understood best practice in relation to the

wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff turnover was very low, which helped to ensure people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did.

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

The last rating for this service was good (published 15 June 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe, caring and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remained good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abel Care and Support Office on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

# Abel Care and Support Office

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of an inspector and an 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.

#### Service and service type

This service is registered as a domiciliary care and supported living agency. It provides personal care to people living in their own houses and flats and in 2 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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 the registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and other healthcare professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 1 person who used the service and 2 family members about their experience of the care provided. We received feedback from 3 members of staff and 1 healthcare professional who worked closely with the service provider. We reviewed a range of records. This included care records for 3 people. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality monitoring, minutes of meetings, policies and procedures, and the staff training matrix.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found, which was sent to us. We received written feedback from a person using the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had training on how to recognise and report abuse and they knew how to apply it. A member of staff told us, "If I witnessed abuse, I would report it to the management in the first instance. I would report this to the authorities, CQC and police if required. We are fully aware of the whistleblowing policy."
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- People, and those who matter to them, had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. One person's relative told us, "Risks are managed well. Better than at home with us".
- Staff assessed people's sensory needs and did their best to address them. The service used their own sensory facilities to meet people's needs.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.
- Healthcare professionals working with the service praised staff's skills and knowledge. A healthcare professional told us, "Staff have excellent moving and handling knowledge and practical skills, in all honesty and with no exaggeration, far better than any agency I have ever worked with and I have also thought they could teach us about some things."

Staffing and recruitment

- Staff recruitment and induction training processes promoted safety. People were involved in the recruitment process.
- Staff were recruited safely. Staff records included all required information to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.
- The service had enough staff. Their number was sufficient to provide one-to-one support for people to take part in activities and visits how and when they wanted. Staff were long-term employees who knew people well. One person's relative told us, "The team are all local, they love their job. They are part of our family".

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of

medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- The management team ensured that Medicine Administration Records (MARs) were regularly audited. The management team had followed up on any actions.

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. Staff had received training about infection prevention measures, which included the use of personal protective equipment (PPE), such as gloves and aprons.
- Systems and processes were in place to protect people from the risk of cross infection.
- We were assured that the provider's infection prevention and control policy was up-to-date.

#### Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned.
- People received safe care because staff learned from safety alerts and incidents.



# 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.

At our last inspection we rated this key question outstanding. The rating for this key question has remained outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People and their relatives told us the care and support people received exceeded their expectations. They told us they were surprised and delighted at the high level of kindness, thoughtfulness and compassion always shown by staff. Throughout the inspection and through speaking with people and their relatives we were given a number of examples of how staff went the extra mile for people. One person's relative said, "They are very affectionate towards [relative]. Treat [person] like their own family. They really care. They love them." Another person's relative told us, "We couldn't have coped without Abel Care. They are absolutely brilliant."
- Staff recognised people's life goals and their dreams. They were regularly above and beyond their roles to ensure people were able to fulfil their dreams. One person told us, "My support enabled me in many ways to achieve my lifelong dream of getting married. They helped me organise meetings for flowers, guest lists, hairdressers, my wedding cake. Then on the big day I had lots of support with my dress, which was white on the top, and blue on the bottom. Blue is my favourite colour, so there was a strict dress code of blue throughout and defiantly no putrid pink!" The provider assisted the person with organising flowers, accommodation, vehicles and much more and even provided a vehicle on the day and additional support on the day to make sure everyone was where they needed to be.
- Staff understood how important it is for people with a learning disability and autistic people to have continuity of care. When 1 person was admitted to a hospital, the manager and the deputy manager stepped in to support initial waking nights straight away. They all pulled together to be able to offer a changed support package of 2-1 24/7 in hospital for the 7 day period and for some time after to meet unplanned changes of needs. The service provider organised the environment to keep the person safe. For example, they brought padded bed protectors the person was using at home. They also organised items from the person's home to make his environment more familiar and added some sensory lighting.
- The healthcare professionals told us that the service provided outstanding care to people living with learning disabilities when they required hospitalisation. For example, it was agreed with a hospital that a member of staff would assist a person to go under the anaesthetic and that a member of staff would assist to keep the person as safe, relaxed and happy as possible due to their complex needs and behaviours. The member kept the person company and then was there to meet the person as soon as they were out of the procedure. The member of staff assisted the person during their recovery. As a result, the person would wake up and see someone they knew and trusted to aid them to be able to come round from the procedure safely. A healthcare professional commented, "I'm still thinking about [staff], they were so good, it was absolutely amazing to watch and that [person] was so happy throughout due to [staff] and their interactions. It was such a pleasure to see the rapport, trust and relationship they had with service user and

what difference that made and what fantastic job the whole Abel Care team did."

- The occupational therapy team working with the service provided us with extremely positive feedback. They commented, "All staff are very caring and responsive to (people's) needs. All the staff I have met are empathetic and also engage with their clients in a lively and encouraging way to enable them to achieve or live to their maximum potential, participation in community life and personal enjoyment of life. Service users benefit from their individual, thorough and holistic support both directly with them and with partner agencies to achieve resolutions to problems and issues."
- We saw evidence the service provider acted in the best interest of a person living with a learning disability who was unable to communicate verbally. They successfully challenged other healthcare professionals resulting in a person having further medical intervention in what otherwise would result in a terminal condition.
- The service provider recognised that some of the people they supported had high sensory needs without any local place able to meet those needs. The provider purchased sensory items and created their own sensory rooms for service users. They created areas that provide feedback to people with high sensory needs, such as sound reactive light panels, bubble tubes and plinths, sensory lighting, toys, touch panels. They also created areas for relaxation including a water bed with a vibro acoustic speaker. These items were used daily by 1 person helping them to reduce distress and weekly by other people. This proved to improve people's mood and help them safely fulfil their sensory needs.
- The service worked closely with a learning disabilities team to provide a space they could use as a clinic. The place was equipped with a hoist, a plinth and other equipment so it could also be used by other individuals not supported by the provider to have regular physio sessions. The service provider used a track hoist to support 1 person to access their water bed and to fulfil their regular physio needs. The management and staff were taught massage techniques and exercises by physiotherapists to assist the person using the hoist on a regular basis.
- People's relatives told us that staff went above and beyond their contracted duties multiple times even with small things. For example, 1 person's relative used to put the person's hair in a pony tail. The relative told us how they were impressed as staff did different, beautiful styles on the person's hair, such as buns, French plaits, etc. The relative told us that on Christmas day a member of staff came in at 9 am to do the person's hair ready for the day. Then the staff member went home as they only came in specifically to style the person's hair.
- Values such as equality, diversity, human rights as well as respect for people's privacy and dignity were well embedded in the service. Good practice examples showed positive outcomes for people in line with this.

Respecting and promoting people's privacy, dignity and independence

- Abel Care and Support Ltd has introduced an Abel Allotment to enable staff and people to be able to grow their own foods and promote healthy eating and active lifestyle. People were actively involved in growing vegetables and using them for their meals. By growing their own vegetables people learned new skills, gained more independence and self esteem.
- The service introduced champion roles in areas such as medication, safeguarding, dignity and independence. The dignity and independence champion transformed the provider's care protocols and tailored them to the individuals. They also empowered people further to enable them to write up their own protocols. The dignity and independence champion aided a person to write their protocols in their own words and using images. The champion helped the person to increase their independence around their home by them searching for relevant equipment, such as various food prep items. As a result, the person was able to prepare meals and drinks independently.
- People were empowered to set personal goals. Where people had aspirations and goals to complete tasks or activities independently, staff worked with them to identify what skills they needed to develop. Goals such

as being more independent when travelling or more independent at a gym were then broken down into new activities and tasks to be completed in stages. Staff assisted people to achieve their goals at all stages.

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

- People were involved in their care, including the recruitment process. One person told us, "When a new member of staff comes to Abel Care, I like to conduct my own interview as I am the real boss!" We saw a questionnaire prepared by the person and it included questions regarding their preferences but also regarding their pet. For example, 1 question was, "What would you do if (cat) brought in a mouse?" This resulted in the person being able to recruit staff supporting them as they wished to be supported. The person told us, "I picked my team myself, so I did a good job! I like that with Abel Care I can have my care how I want it and when I want it, and all done in the way I like. My team always make me and my husband laugh even when they don't mean to."
- People's relatives told us they were involved in people's care. One person's relative told us, "They are all very caring, they involve me in decisions about their care, discuss with them too. What goes on with their [specific health condition] appointments, I go along to them too."
- People's relatives were encouraged to provide feedback, raise any concerns, and contribute to people's care planning. People also had access to advocacy services where needed.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. The service received multiple compliments from other professionals. One person's relative wrote in their compliment, "I believe that all this is due to the ethos of the manager, [registered manager], who has a 'can do' attitude which is passed down to all the staff. If I ever need to ask anything, [registered manager] is always available. She is extremely knowledgeable about all aspects of care and passes her knowledge on to the staff." A professional working close with the service told us, "They are a very caring agency who go above and beyond to meet the needs of people they support. Since they have been involved in supporting one of our patients, they have transformed his life. They have been successfully able to manage his extremely complex needs and ensure that he accesses the community and has a fulfilled quality of life. He is much happier and healthily as a result.
- Staff felt able to raise concerns with managers without fear of what might happen as a result. A member of staff told us, "I think that the management is great. The managers are very easy to approach, always answer any questions I have and are very good at keeping everyone informed."
- Management and staff put people's needs and wishes at the heart of everything they did. The service provider offered additional training to ensure staff were able to meet people's diverse needs. For example, they offered tactile approach to communication package (TAC PAC) training. TAC PAC was focused on sensory communication resource using touch and music to develop people's communication skills. The training was person-centred aimed at specific people so as to help them to regulate their mood and improve their communication skills.

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 service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect

people's rights and provide good quality care and support.

- Staff were able to explain their role in respect of individual people without having to refer to documentation.

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

- The service went the extra mile in engaging people in their own care. One person was involved in a training presentation and attended the training sessions to ensure staff understood their needs. This was found beneficial by the person who was able to communicate their choices but also by staff who found this training more person-centred than the general training that was usually focused on people with different needs.
- People, and those important to them, worked with managers and staff to develop and improve the service. One person's relative told us, "I feel supported very much so. I have always been. We were a long time looking for the right people to look after them. We have now found them." Another person's relative told us, "The manager is approachable every minute of every day. Within minutes they will reply. They are a lovely person."
- The provider sought feedback from people and those important to them, and used the feedback to develop the service.
- Staff encouraged people to be involved in the development of the service. A member of staff told us, "My client chooses team members by conducting their own interviews. They also writes their own protocols and meal plans. The focus is for them to live as independently as possible."

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with other health and social care organisations which resulted in excellent outcomes for people. For example, they worked with another organisation during the Covid-19 pandemic to support each other and share ideas and best practice. A healthcare professional told us, "We would absolutely recommend Abel care to others. They are one of the best support providers in Herefordshire."
- The provider kept up-to-date with national policy to inform improvements to the service.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.