

Abicare Services Limited

# Abicare Service Ltd

## Inspection report

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17 September 2019

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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

### About the service

Abicare is a domiciliary care agency. Not everyone who used the service received 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

Processes and systems were in place to protect people from the risk of abuse, staff understood what to report and how. Incidents were reported and reviewed and any learning for staff was shared. Staff assessed potential risks to people and these were managed safely. There were sufficient, suitable staff to provide people's care. The provider took prompt and effective action during the inspection to address issues in relation to staffing records. People's medicines were properly and safely managed by trained staff. People were protected from the risk of acquiring an infection.

People's care was assessed to establish their care and support needs. Staff were well supported within their role, through their induction, training and on-going support. Staff ensured people received sufficient food and drink for their needs. Staff made sure people's healthcare needs were identified and appropriate referrals were made. 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 treated people with kindness and respect. People were supported to express their views about their care and their wishes were respected. People's privacy and dignity were respected and promoted during the delivery of their care.

People received personalised care that was responsive to their needs and preferences. Processes were in place to enable people to raise complaints and these were responded to, in order to improve people's experience of the care provided. The service was not providing end of life care but training was available to staff if required.

There was a positive culture within the service. The provider had put in extra management for the service and staff felt well supported in their role. There was good communication with people and staff. There was a shared understanding of risks and regulatory requirements. Processes were in place to engage people and staff with the service and to seek their views, which were used to drive service improvements. Processes were in place to ensure the provider had oversight of the performance of the service. The service worked in co-operation with key organisations to ensure the safe and effective delivery of people's care.

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 requires improvement (published 16 October 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Abicare Service Ltd

## 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

This inspection was completed by 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 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 13 September 2019 and ended on 17 September 2019. We visited the office location on 16 and 17 September 2019.

#### 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with members of staff including the registered manager, locality manager, care services operations manager and three care staff.

We reviewed a range of records. This included three people's care records and medication records. We looked at three 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.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff underwent safeguarding training which they updated annually and were supplied with a copy of the provider's safeguarding policy. Staff spoken with understood their role and duties in relation to safeguarding people. Staff understood the need to record any unexplained marks upon people using the body maps provided and to report any concerns about people's welfare, so action could be taken to keep them safe.
- Processes were in place to ensure any financial risks to people were assessed and any support staff provided to people with their finances, such as shopping was documented. People confirmed they felt safe, one person commented, "I have confidence in my carers."
- People overall had continuity of carers and new staff were introduced to people whilst they shadowed more experienced staff on their induction to ensure they had met them all. Staff wore the company uniform and carried their identity badge, so people could recognise them for their safety.

Assessing risk, safety monitoring and management

- Staff ensured potential risks to people were assessed in relation to their moving and handling, home environment, bathing and finances. People were also assessed to identify the potential risk to them of developing pressure ulcers. People were assessed for other risks where appropriate, such as falls. Risk assessments were in place for bed rails, where necessary, and staff knew to report any concerns.
- Where potential risks to people had been identified measures were in place to manage them safely. For example, where people were at risk of pressure ulcers, staff were instructed to monitor their skin, apply barrier creams and re-position people at visits. There was guidance for staff to ensure they followed safe moving and handling procedures and complied with the provider's moving and handling policy. Staff demonstrated a good understanding of the risks to people and their safe management. For example, staff told us how a person experienced painful legs and great care had to be taken when moving them.

Staffing and recruitment

- Staff were organised into two hubs; each was led by a supervisor and keyworker, to ensure there was sufficient leadership and oversight. Although staff worked across the hubs if required to cover staff absence, on the whole they remained within them. This promoted continuity in staffing for people, most people spoken with said they had regular care staff, another commented, "They are all like my friends" and the final person said they had care from various staff.
- People's care was commissioned for delivery within bands of time, rather than at specific times, no-one paid for their care privately. Where people required set times for safe medication administration for example, their call time was fixed.

- Overall people understood there was flexibility in their call times. One person told us, their care was to be delivered between a time band of 2pm and 4pm. One person told us the variance in timings was 'an inconvenience,' but there was no evidence of any direct impact on people. The provider's recent quality assurance survey demonstrated 16 of the 19 people who responded to the question about timeliness rated the service as good or above.
- We asked the provider if everyone understood there might be variance in their call delivery time, they said this was discussed with them at the initial assessment. However, during the inspection they introduced a letter for people for clarity.
- The registered manager reviewed a sample of weekly call logs, to identify any issues with call delivery times and address them. However, office staff depended on either the person or staff to report any late calls when they occurred, rather than them being flagged up electronically, although the system could provide this information. We spoke to the registered manager about this and they immediately linked staff's call log data to their second service, where there was an administrator. This meant they would now have daily oversight of any late calls which were not reported and could take any required action for people, in addition to the weekly audit.
- The provider completed relevant pre-employment checks to ensure staff's suitability for their role, these included a Disclosure and Barring Service Check. Two of the three staff files reviewed did not provide a full written employment history from when the applicant finished full time education. The registered manager told us any gaps had been discussed at the applicant's interview but not documented. They took immediate action to ensure this information was documented on the records reviewed and checked the remaining staff records for gaps. They found one more which was addressed following the inspection. The provider also updated their recruitment policy and staff application pack, to make this requirement clear.

#### Using medicines safely

- People's medicines support needs and associated risks had been assessed. Their assessment identified the level of assistance required and arrangements for the safe management of their medicines. There were protocols for when people took medicines 'as required.'
- People confirmed staff assisted them to take their medicines where required. People received their medicines as intended from staff who had undertaken appropriate medicines training and had their competency assessed. The service's role in relation to medicines was defined in the provider's medicines policies to provide guidance for staff.
- Staff recorded people's medicines administration on a handwritten medicine administration record (MAR). The registered manager knew this was not in accordance with best practice, which is to use an electronic MAR wherever practicable. The provider was trialling an electronic MAR for people in another service, and this was then planned to be rolled out across all their services.

#### Preventing and controlling infection

- Staff completed infection control and food hygiene training and had access to relevant guidance to ensure they understood their responsibilities. Staff's adherence to the infection control policy was checked during direct observations of their practice. Staff told us they had plentiful supplies of personal protective equipment which they wore and people confirmed this.

#### Learning lessons when things go wrong

- The provider had processes in place to ensure staff documented and reported incidents. These were then reviewed by the locality manager. There was also an on-call folder where any issues which arose out of hours and were addressed by the member of staff who was on-call were logged for review and to enable any required follow up action to be taken.
- Appropriate action was taken in response to any incidents, for example, relevant staff were re-trained

following a medicines administration error. Any learning was shared with staff to reduce the risk of repetition for people.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed prior to the provision of their care. People and relatives reported staff had a good understanding of their care needs. Male staff told us they were only assigned to provide care to people who did not mind being allocated male care staff.
- The registered manager attended monthly provider meetings, where changes in practice and updates were shared to inform practice. Staff used assessment tools such as a recognised pressure ulcer screening tool to enable them to assess the potential risk to people from developing a pressure ulcer.
- Staff learnt about human rights principles and equality and diversity during their induction and update training. This ensured they understood these principles.

Staff support: induction, training, skills and experience

- People's needs were met by staff who had the right skills, knowledge and experience. Staff received face to face induction training, which lasted from three to six days dependent on whether they had previously worked in social care. Staff also completed relevant training to their role such as dementia care. People confirmed they felt staff were appropriately trained. A person said, "Yes, they are very experienced ladies."
- Staff were encouraged to undertake further professional qualifications after they had completed the Care Certificate which is the industry standard induction and completed their probation.
- Staff received regular supervision of their work through one to one meetings and direct observations. They also had an annual appraisal to enable them to reflect upon their progress and development within their role.

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

- People's care plans reflected their food and drink needs and how they wanted these met. Staff told us and care plan guidance confirmed they were told to give people choices about what they ate and drank.
- Staff documented what food and drink people had been offered. Where people had been identified as at risk from malnutrition or dehydration, staff used food and fluid charts to evidence what people had consumed.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked both within the organisation and across organisations to deliver effective care and treatment. Senior staff divided their time between the office and the provision of people's care, this promoted effective communication and good teamwork.

- People's care logs demonstrated there was good communication with other services. There was evidence of liaison with hospitals to facilitate people's safe discharge.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare support as required. People told us staff had called the ambulance and GP for them when needed. Staff referred people to services such as district nursing when required.

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.

- People's consent and treatment was sought in line with legislation and guidance. Staff had undertaken MCA training and understood its application in their work with people.
- Staff documented when people lacked the capacity to consent to their care and demonstrated who had been consulted in their best interests. Staff ensured where people had appointed a power of attorney to act on their behalf, they checked the documentation to ensure its validity for people.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People all reported staff treated them well. One person commented, "Yes, they are absolutely lovely" and a relative said, "Yes, we are quite pleased with the staff, actually they do a good job."
- People were made to feel they mattered by staff. A person told us, "Yes, my main carer will take my washing for me and pick food up for me." Staff demonstrated concern for people's wellbeing and had reviewed their availability as a team, to ensure they could continue to support a person who required a significant amount of care to be provided.
- Staff were provided with information about people's personal histories, what was important to them and what might concern them. They had a good understanding of people's preferences.
- People's communication needs were noted for staff, alongside suggestions of how to meet them. Staff were instructed to be patient with people where it took them longer to communicate.

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

- People told us and records confirmed they were involved in decisions about their care and support. A relative said, "Yes, they have got respect for him and his decisions." People's preferences about whether they wanted a male staff member were listened to and respected. Staff told us it was important to explain to people why they were doing things, as if people understood they were more likely to agree. A staff member said, "It's how you word things."
- Where people wanted the involvement of their family to help them plan their care, this was facilitated. A relative told us, "Yes, they involve me on [loved one's] behalf." The registered manager told us although no one needed an advocate to represent them currently, this would be arranged if required.
- Staff had the training, time and support they required to provide compassionate care. A relative told us, staff had a lot of 'banter' with their loved one.

Respecting and promoting people's privacy, dignity and independence

- The registered manager and locality manager told us a person had particular cultural preferences about the delivery of their personal care. They did not want these documented in their care plan, so staff were verbally instructed before they provided the person's care to ensure their cultural and religious needs were understood by staff.
- People reported staff treated them in a dignified manner. Staff underwent training on relation to privacy and dignity during their induction. Staff were able to describe to us the measures they took to ensure

people's privacy and dignity during the provision of their personal care.

- Staff's interactions with people were assessed during their observed practice, to ensure they treated people with privacy and dignity.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

Good: This meant people's needs were met through good organisation and delivery.

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

- People or those authorised on their behalf contributed to planning their care and support. People's assessments documented who had contributed and their agreement to the care planned.
- People's care plans reflected all their needs and individual preferences. There were planned outcomes, with guidance for staff about how they were to be achieved. They were well understood by staff, who were able to explain what care people needed and how they liked it to be provided. People confirmed staff understood their needs. A person said, "I think they understand very well."
- Where people exhibited behaviours which could challenge staff, there was guidance for staff about what it meant and how they should respond to the person. This ensured staff understood people's individual behaviours.
- Staff ensured people's care plans were regularly reviewed. They completed the commissioner's initial review at six to eight weeks and then the provider's review at 12 weeks. This ensured people's care was meeting their needs and could be adjusted as required. People's care was then reviewed at regular intervals of up to a year, depending on their needs.
- Staff ensured care plans reflected people's abilities and strengths and identified what they could do for themselves. For example, a person's care plan stated, 'allow me to wash my face if I am able to on the day.'
- Where the service was commissioned to provide people with wider social support this was provided. For example, they supported a person to go shopping or to attend a craft group depending on their preference. They had supported another person to attend church in the past. This ensured people's spiritual and social needs had been met.

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.

- Where people had a specific communication need this had been noted and how the person needed staff to communicate with them to promote their understanding. For example, a person's use of English had declined as their condition had progressed, so staff were instructed to use gestures to aid their understanding.

Improving care quality in response to complaints or concerns

- People spoken with told us they had not needed to make a complaint. They were provided with information in their records folder about how to complain if they wished. Staff understood their role if they received a complaint from a person, to ensure it was escalated. Where the service had recently received one complaint, it was in the process of being investigated for the person in accordance with the provider's complaints process. We could see actions had already been taken to address issues raised within the complaint, to improve the person's experience of the care provided.

#### End of life care and support

- The registered manager told us the service was not currently commissioned to provide end of life care to anyone. However, if a person currently cared for by the service required this care, then it could be provided. Staff could access the provider's end of life care training if required and would be supported by the district nursing team.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Since the last inspection there had been a change in management in May 2019. The provider recognised how unsettling this could be for people and staff and had appointed a registered manager from another branch. In order for them to guide and support the new locality manager, until they were ready to take on the registered managers role, so there were two managers for the service.
- This had also enabled the registered manager to share their knowledge and the processes from their existing branch with the locality manager and staff, to enable this branch to mirror their service.
- Staff reported improvements in the service had taken place since the previous inspection. One said, "Things are better now, better processes, we are doing things as they should be done." Staff found management to be supportive and told us there were good levels of communication. One staff said, "Management are really approachable and helpful." Another said, "We always get a response, we are never left not knowing what to do. I don't feel on my own." A member of staff told us how supportive management had been when they were facing issues in their personal life.
- People also reported the service was well-led. One person told us, "The manager has been here three times." People reported they received a good service, which enabled them to continue living at home as per their wishes.

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 registered manager understood their legal duty to be open in the event something went wrong with the delivery of a person's care.

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

- There was an experienced registered manager in post and the locality manager also had experience as a registered manager. The registered manager understood their responsibilities and understood what types of incidents were reportable to CQC.
- There were weekly office meetings between the locality manager and their senior staff team, to identify areas which required action, such as risk assessments and care plans that needed updating and to monitor service delivery. Any actions arising from these meetings were delegated to ensure a member of staff was

responsible for their completion. The registered manager and the locality manager had a weekly teleconference with the care service's operations manager and the financial director, to review performance of the service and quality. This ensured there was accountability to the provider from the service for people.

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

- The service gathered people's views through the monthly quality assurance calls, face to face reviews of their care and the annual quality assurance survey, which had just been circulated. The locality manager had reviewed each person's feedback form, to identify any written feedback which needed to be addressed. We saw relevant action had been taken in response to feedback. For example, the locality manager had met with a person, changed the time of their care call and updated staff on the outcome of the visit.
- The locality manager had also identified any questions people had not scored as good or higher and contacted them to find out the rationale for their score. This gave these people the opportunity to elaborate and for action to be taken. For example, a person then said they thought they were not called back when they left a message. This was addressed with staff.
- Staff views were also sought through the annual survey, the results of which had just been received and were being analysed. The office staff used communication 'apps' to ensure staff were kept updated on any information or changes they needed to be aware of. Staff were also encouraged to raise any issues for people.
- Staff's views and experiences were sought for the provider's weekly 'Butterfly Bulletin' which shared information across the provider's portfolio of services with staff. This also included information and ideas for staff to use in their work with people, for example ideas for activities. The provider recognised and rewarded staff's contribution to the service through their 'Butterfly awards.'

Continuous learning and improving care

- Processes were in place to drive service improvements. Staff ensured people's logbooks were returned at the end of the month for auditing. The auditing of people's log books and medicine administration records was robust and effective. For example, in August 2019, where gaps in a person's medicine administration record (MAR) had been identified, although their daily records demonstrated they had been given. A general reminder had been issued to staff about the importance of ensuring the MAR was completed and this was addressed with the individual members of staff. A member of staff confirmed, "Any issues in the log books are picked up and addressed. If something is not signed that would be addressed."
- The locality manager reviewed a sample of call time delivery reports weekly to identify and address any issues with the time people's calls were delivered. Spot checks were completed upon staff to monitor their delivery of people's care and to enable any issues to be identified and addressed.
- The weekly senior's meeting provided the opportunity for any issues arising to be identified and addressed. The weekly teleconference with senior management involved a review of areas such as call log in times, safeguarding's, incidents and complaints.

Working in partnership with others

- The service worked in partnership with key organisations such as the local authority to support care provision. For example, the service carried out initial service reviews for the local authority and reported back their findings. This enabled commissioners to determine if the right level and type of support was being provided for the person. Commissioners reported they had no issues with the delivery of care by the service.