

Ablecross Limited

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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

About the service

Ablecross Limited is a domiciliary care agency providing personal care to people in their own homes. At the time of inspection, the service was providing care to 13 people.

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

We received positive feedback about the service from all the people and representatives we spoke to. In particular, they told us they appreciated how person-centred the support was. A relative said, "During the pandemic [Person] shut down. Now they have opened up and become a happy soul. Ablecross have brightened up their day, its complete rounded care."

There were regular and practical checks to monitor the quality and safety of the service. The registered manager was purchasing a new electronic system which would increase oversight and support the provider to grow the service in a sustained and safe manner. The registered manager took prompt action when concerns were raised and used the learning to improve the service. They were improving how they recorded and demonstrated the actions they had taken in response to concerns and quality checks.

The registered manager skilfully minimised risk across the service. Risk assessments were personalised, and care plans provided staff with clear guidance on how to support people safely. Safeguarding practices protected people from the risk of abuse. Staff supported people to take their medicines safely, and as prescribed.

The registered manager minimised the risk of infection from COVID-19. They had supported people and staff well throughout the pandemic.

There were enough safely recruited staff to support people safely. Staff were well organised in small clusters to ensure people received personalised care. Staff were well supported and told us they were proud to work for the service. Staff received detailed guidance and training to help them support people in a person-centred manner, in line with their preferences.

People received the necessary support to eat and drink. Staff worked well with external professionals to promote people's wellbeing, referring for support when necessary. Professionals told us staff worked effectively with them to help people achieve positive outcomes.

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.

The provider promoted a caring culture which ensured people received highly personalised and flexible care. Staff supported people in a respectful manner, promoting their independence and choice. Staff communicated with people in a way they understood.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

This service was registered with us on 03/07/2020 and this is the first inspection.

Why we inspected

This was a planned inspection of a newly registered service.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ablecross Limited

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 team consisted of two inspectors and one Expert by Experience who made phone calls to people and relatives. 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 two managers registered with the Care Quality Commission. Registered managers and providers 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 22 November 2021 and ended on 9 December 2021. We visited the office location on 9 December 2021.

What we did before the inspection

We reviewed information we had received about the service. 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.

The inspection

When we contacted the service to announce our inspection, the provider told us they were out of the country so we delayed our visit to the office. We continued as planned with phone calls to people and their representatives on 29 November 2021. The expert by experience spoke with two people who use the service and six relatives to gather their feedback on the quality of care provided.

During this period the provider sent us additional information by email, as requested. We sought feedback from the local authority and professionals who work with the service and received feedback from two professionals. We had contact with 10 staff with feedback on the service.

During our office visit on 9 December 2021 we spoke with the registered manager and the provider who was also the nominated individual and a registered manager. A nominated individual is responsible for supervising the management of the service on behalf of the provider. In the report they are referred to as "the provider."

We reviewed a range of records relating to the management of the service, including three people's care records, three staff files, training 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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people. The registered manager had contacted the police and safeguarding officers when they were concerned about a person's safety.
- Staff had received safeguarding training and knew what to do if they were concerned a person was at risk of harm. Office and care staff communicated well to keep people safe.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People and their representatives told us they felt safe with staff. A family member said, "I feel my family member is safe when I am not around."
- Senior staff had carried out detailed and personalised risk assessments to provide staff with practical guidance on how to keep people safe and minimise risk. For instance, assessments considered in detail risks around the environment and use of cleaning products.
- The provider was highly involved in checking that people were being supported safely. A member of staff said, "The managers are always checking on the clients and how they're been cared for."
- The provider supported staff to continually learn from mistakes, for example where there had been medicine errors. We noted there were limited records of actions taken and learning, though the provider described these in detail. The provider said they would review this so they could demonstrate concerns had been dealt with and action taken.

Staffing and recruitment

- There were enough staff to meet people's needs and provide good quality care. A professional told us, "They have sufficient staff with necessary skills especially male carers that are very hard to find."
- There were safe recruitment systems in place, which included looking at staff's recent experience and employment history. However, the application form did not request sufficient information about applicant's past employment. The registered manager assured us they would immediately change the application form to request this information.
- Staffing was well organised to ensure people received care from familiar staff who knew them well.
- We found no evidence of missed visits. A person told us, "They never miss a visit if they are running late with another client, and they ring me, but it doesn't happen very often." The provider was purchasing an electronic system to support them to check visits were happening as planned.

Using medicines safely

- Staff supported people to take their medicines safely and as prescribed. A person told us, "I do my own medicines, but they check I have taken them from the box, they make sure everything is ok."
- Care plans gave personalised guidance to staff on what support people needed to take their medicines. For

instance, one person's care plan stated they needed support opening medicine bottles due to their arthritis.

- Staff had the skills to support people with their medicines. They received regular training and competency assessments.
- There were checks to monitor whether staff supported people to take their medicines safely. The provider described how checks would be more effective when the service transferred over to electronic records. Office staff would be able to promptly investigate alerts if staff did not sign to say they had supported with medicines as required.

Preventing and controlling infection

- The provider had practical and effective systems to manage risks from COVID-19. Staff were already clustered in bubbles around people to provide consistent personalised care. This practice has helped the provider minimise risk of infection.
- Staff had access to the necessary equipment, such as masks and gloves, to enable them to support people safely. They had received training and updates about how best to minimise the risk of spreading infection. A relative told us, "They wear masks and gloves and aprons, and they wash their hands religiously."
- The registered manager had kept up to date with ongoing changes throughout the pandemic and reviewed their procedures regularly in response to changing guidance. A professional told us, "The provider is very meticulous with minimising the risk of infection and Covid-19."

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 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

- The provider had a good understanding of the law and standards. They had personally written guidance for staff which represented best practice. For example, the guidance to staff on supporting people with their medicines was clear and informative. It gave practical advice to staff on how to respond in different scenarios, such as what to do if they notice a gap in medicine records.
- Senior staff had completed detailed assessments of people's needs, consulting with the person and their representatives as required. We discussed how the provider ensured the assessment process was proportionate to people's needs. For example, how much information they gathered when people took their medicines or prepared food independently.
- People's care plans were detailed and personalised. They provided the necessary information to ensure staff met people's needs, in line with current guidance and standards.
- Care plans were adapted as staff got to know people better. For example, a person had become less distressed in morning visits since their bedroom lights were kept off until staff had made them a cup of tea.

Staff support: induction, training, skills and experience

- People and their representatives told us staff had the necessary skills to meet people's varied needs. A relative said, "I think this company is better (than their previous one) in terms of training, staff don't have any problems changing the catheter bag."
- Staff told us they received good quality training and guidance to ensure they had the skills and knowledge to provide personalised care. A member of staff told us, "The training is the best I've had."
- The personalised culture at the service was reflected in the training staff received. We could see from the training staff received that this had been well planned with some staff taking courses around stroke awareness and others about how to support people with learning disabilities. A relative told us, "They took the time to train three carers to ensure they know my family member."
- New staff received an induction when they started working at the service and shadowed more experienced staff to develop their skills. The Care Certificate had been completed by staff without prior care experience or qualification. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff were well supported. They had regular supervision meetings with senior staff and given opportunities to develop their skills and knowledge. A member of staff told us, "We speak regularly about our clients and management are always there to support me if I have any concerns. We also have regular staff meetings using group chats so we can all share information and concerns."

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

- People and their relatives told us staff provided the necessary support to ensure people ate and drank in line with their preferences. A person said, "Yes, they make my breakfast, I buy frozen foods and they heat it up for me and make me tea or coffee and glasses of juice. They make sure I am drinking enough."
- Detailed Care Plans gave staff information about any specific dietary and hydration needs and preferences.

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

- Staff worked well with other professionals to support people's health and wellbeing. They referred promptly to other professionals as required, for example they had consulted with external professionals to ensure they understood what specialist care a person with epilepsy required. A professional told us, "They work well with me, and they are flexible."
- Staff had practical information to support people with their health care needs. There was a summary of care plan which highlighted any key risk areas, such as time sensitive medication or allergies.

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.

- Staff had received MCA training and understood about people's rights to make decisions about their care. They sought consent when providing care. A relative told us, "They check with [person] at all times, they would never ask them to do something they didn't want to do."
- Most of the people at the service had capacity to make decisions. The registered manager had done mental capacity assessments regarding people's ability to make specific decisions. These assessments were personalised and demonstrated a good understanding of the MCA.

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;

- Feedback from people and their representatives reflected a staff group who were highly compassionate. A relative described their family members birthday, "A member of staff came with a card and sweets and then the bell went and it was another carer came with sweets and cards and then the regular carer brought her a handmade card with sweets and later brought flowers and chocolates biscuits from the manager. [Person] had a very special day."
- Staff enhanced people's quality of life and added to their enjoyment. A relative said, "Before the support [person] didn't move around before and now they want to get up and have a jig with staff" and a person said, "I value the time they spend with me. They are interested in what is going on and what it was like when I was young."
- People's diverse needs were considered in a respectful and personalised manner. The provider described how they ensured staff provided care in line with a person's religious beliefs.
- Staff looked at the whole person and provided care which was holistic and reflected individual preferences. For instance, a person's care plan stated a person had an interest in politics. During a phone call for feedback with office staff a relative had said how positive to hear staff chatting to the person about political news.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff involved people in decisions about their care. A relative told us, "Person picked the time frames that suited them, and the company accepted this."
- Person-centred care plans included people's views and preferences about how they wanted their care provided. People described how they were involved in developing their care plans. A person told us, "I helped to write it, they have to follow the one from Social Services and made their own plan from that."
- Care staff supported staff to respect people's dignity and privacy. A relative told us, "The staff said my family member older and we treat them with respect." They described ways in which staff ensured provided personal care in a dignified manner.
- Staff promoted people's independence, as outlined in care plans. A relative told us, "Staff have an ability to get to know my family member, when to encourage them and when to leave them alone." The support from staff had focused on increasing a person's mobility which promoted 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 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 and their representatives described care which was personalised and responded flexibly, when required. A person told us, "We say when they want them to come, we discuss this before a visit. There is set times but sometimes we have to change it and they are very accommodating."
- The provider worked hard to match care staff to the people they supported. This attention to detail when setting up care arrangements was key to the positive feedback we received. A family member told us, "The manager really cares about individual clients. If the carer isn't right, they take them out."
- We had positive feedback about how well staff worked with relatives who were involved in people's care. This joint working ensured care was consistent and relatives felt valued. A relative told us, "The staff are like part of the family, we get on well and we work together, that's what it's about."
- The provider ensured care was reviewed regularly and people had opportunities to shape the service they received. A relative told us, "The managers review the care, they have been in three times in a year to check if anything needs adding or changing."

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.

- People told us staff communicated with them in ways they could understand. The provider was knowledgeable and committed to ensuring communication was personalised and shaped by people's individual needs and preferences.
- Care plans were written in practical, plain English. They gave staff advice about people's varied communication needs.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain and felt able to raise concerns. "The file the manager left with me says who to speak to if I have complaint, but I haven't had to use it."
- There was a complaint process in place, though the registered manager was still setting up a log, to capture any themes from complaints. There had been few formal complaints which the registered manager had acted on promptly.
- Informal complaints were dealt with well. The registered managers continued to provide some direct care and resolved concerns informally and promptly. They told us this meant they knew what was happening at the service and could use feedback to keep improving the care people received.

End of life care and support

- At the time of the inspection there was no one who required end of life care. Due to the personalised nature of the service we were assured staff would adapt their support flexibly to meet people's changing needs.
- The service had end of life care plans which would provide staff with detailed information should a person require end of life care.

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 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

- The provider led by example. They spoke passionately about how their experience in care had shaped the development of the new service, with a focus on person centred, good quality care.
- This commitment was reflected in the positive feedback we received. A relative told us, "It does appear they care about people; it is not just a job." A professional said, "I like the fact that the provider is a hands-on person and goes to clients regularly for feedback to improve the service. They are empathetic and very knowledgeable."
- People achieved positive outcomes. We had feedback that people had blossomed since receiving care from the service. A professional told us, "They have never disappointed any of my clients. All I hear when I call or attend a review is that they are wonderful."
- The staff we spoke to were positive about what they achieved with people. A member of staff told us, "We have a great team. I believe we all work very hard to ensure clients receive safe good quality care."

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

- There were effective checks on the quality of care which were used to improve the service. There was room for improvement in how the provider recorded the actions they had taken as a result of incidents or quality checks. The provider assured us they would develop this as the service grew to enable them to capture themes and areas for improvement.
- The provider had invested time and resources into creating effective systems. In addition to the two registered managers, the service also benefitted from a training manager, care coordinators and office staff. This investment had created a strong foundation to support the service to grow safely and sustainably.
- The provider minimized risks resulting from the challenges in recruiting social care staff. They maintained the service at a manageable size and the whole team worked well to ensure people continued to receive care. The provider said, "We bring a spare set of uniforms to the office so we can go out in an emergency if a usual staff is not available."
- The registered manager told us they were moving to electronic records. They described how this would improve care for people as senior staff would have improved and current oversight of the support being provided.
- We found there was a positive culture around continually learning and developing the service. The provider had created the role of senior care worker to promote good practice and focus on supporting staff meet people with more complex needs.

- The provider had recognised there was a risk they could become isolated and had employed a consultant to advise them. They also belonged to several networks, which they used to improve safety and care. For instance, they used information from a network of care agencies to clarify issues during the COVID-19 pandemic.

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others;

- There was an exceptional response from staff when we contacted them for feedback on the service. This indicated the staff group was highly motivated and involved. Every member of staff gave us positive feedback. A member of staff said, "I am happy and proud to say who I work for."
- The registered managers were highly visible and consulted regularly with people in a variety of ways. This contributed towards an open culture. A person told us, "We have had regular visits from the managers to see if we are ok and if there are things they could improve on."
- The service worked well with other organisations. A professional told us, "The manager is very accessible to professionals and clients and listens to advice." Two professionals told us how the service had worked effectively with them in extremely challenging situations. A professional told us, "Sometime the manager asks if there is anything they can do better. I said no as the carers are very good. It is a testament of the quality of personnel they have."