

Abbots Care Limited

# Abbots Care Limited (East Dorset branch)

## Inspection report

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22 March 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:

Abbots Care Limited (East Dorset branch) provides domiciliary support services to people in their own homes. It provides a service to older people; some of whom have a physical disability, sensory impairment or dementia. At the time of our inspection there were 11 people receiving personal care from the service.

### Rating at last inspection:

This was the service's first inspection as they were registered with the Care Quality Commission in April 2018.

### Why we inspected:

This inspection was a scheduled inspection based on our methodology of inspecting services within 12 months of them registering with us.

### People's experience of using this service:

People were supported by staff who had received safeguarding training and understood how to keep them safe from harm or abuse. People's individual risks were assessed and managed. The service had a recruitment and selection process that helped reduce the risk of unsuitable staff supporting people.

People and relatives felt the staff were well trained and competent. They felt involved and informed. People's views about the service were frequently sought and used to help make improvements. Compliments were passed on to staff which helped them feel motivated and proud about their work.

People enjoyed visits from the staff and said the service had enabled them to stay well and safe at home. They described the care staff as kind, caring and patient. People were supported by staff who were respectful and knew them well. People could make decisions and express their views about the care and support they received. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care plans were personalised and included their preferred method of communication which was known, respected and met. Care reviews were carried out with people's full involvement. People were supported to maintain links with their local community and follow their interests including faith-based activities.

The management of the service were well liked and respected by the staff. Staff felt supported, recognised and valued. Good communication helped the team to remain cohesive and respond quickly to changes in people's needs.

The service had established positive working relationships with other agencies including district nurses,

physiotherapists and a hospital discharge team. This was helping people to stay well and, in the case of the latter, return home without unnecessary delays following treatment.

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

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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.

# Abbots Care Limited (East Dorset branch)

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

### Inspection team:

The inspection was carried out by one adult social care inspector.

### Service and service type:

Abbots Care Limited (East Dorset branch) provides domiciliary support services to people in their own homes. It provides a service to older people; some of whom have a physical disability, sensory impairment or dementia. At the time of our inspection there were 11 people receiving personal care from the service.

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 visit so that we could be sure the registered manager was available when we visited, and that consent could be sought from people to receive home visits from the inspector. Inspection site visit activity started on 21 March 2019 and ended on 22 March 2019. We visited the office location on both days to see the registered manager and care staff; and to review care records, policies and procedures.

### What we did:

Before the inspection we reviewed all the information we held about the service. This included notifications

the service had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We did not request a Provider Information Return. This is information providers send us at least once annually 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 visited three people in their own homes and talked with them about the service they receive. We met with the registered manager and deputy manager. We spoke with four members of staff including a senior care worker. Following the site visit we had telephone conversations with two relatives and one health professional.

We reviewed four people's care files, policies, risk assessments, complaints, quality audits and the provider's 2019 quality survey results. We looked at four staff files, the recruitment process, office communication with care staff, training, supervision and practice observation records.

# Is the service safe?

## Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who knew how to keep people safe from harm or abuse. Staff explained how they would raise any concerns internally or externally if they felt action was not being taken. One staff member said, "If I saw something I'd have no hesitation raising it – our clients come first."
- People told us that the service helped them to feel safe.

Assessing risk, safety monitoring and management

- People had personalised risk assessments to help reduce risks associated with things such as reduced mobility, poor fluid intake, weather extremes or medicines errors. A staff member said, "If you make a mistake or lack confidence they support you by putting you on a course." One person's care plan guided staff to keep the person's floor space clear as there was an increased risk of falls due to a temporary reduction in their peripheral vision.
- Due to health conditions some people required visits at particular times. This was supported. A relative said, "They (staff) keep well to time and always let [name] know who is coming."
- General environmental risks to people were assessed such as home security and fire safety. The service had contacted the local fire service with people's consent to arrange a fire risk assessment of their property. This had helped people stay safe at home.
- The service had a lone working policy and required care workers to log in and out during visits using an electronic monitoring system. Evening visits were scheduled no later than 20:15 to ensure that staff were not travelling about late at night. An on-call service was in place for staff guidance and help if required.

Staffing and recruitment

- There were enough staff to support the number of people they visited. Due to the size of the service people were supported by a consistent group of staff which meant they had got to trust and know them well.
- The service had safe recruitment practices. Checks had taken place to reduce the risk that staff were unsuitable to support people. These included references from previous employers and criminal record checks.

- People commented positively about the timeliness of the visits and receipt of their weekly rotas which they received by post. People said they were informed in good time if there were changes to their visit times. A staff member said, "We get the rotas on time – sometimes a week ahead."
- Staff told us they had enough travel time between visits which meant they were able to drive safely and get to people on time. One staff member told us, "Absolutely we have enough time to travel between clients. I don't have to rush."

#### Using medicines safely

- Medicines were managed safely. People received their medicines on time and as prescribed. All 11 people the service supported had capacity to manage their own medicines but had requested prompting from staff to remind them to take them when required. Medicine Administration Records (MAR) were completed and legible.
- Staff who supported people with their medicines had their competency assessed every 12 weeks. Any issues identified resulted in a staff improvement plan. When staff had asked for more medicines training to improve their confidence this had been provided. One staff member told us, "The medicines training was very helpful. It helped me understand the importance of concentrating and focusing."

#### Preventing and controlling infection

- Staff were trained in infection prevention and control. They told us they received a good supply of Personal Protective Equipment (PPE) such as disposable aprons and gloves. Supplies were held in people's homes. Staff used this equipment appropriately when supporting people.

#### Learning lessons when things go wrong

- The service completed accident and incident reporting forms. These were reviewed by the registered manager to determine the root cause and any proactive action required to limit the chance of a reoccurrence. Each situation was reviewed again in six weeks. Learning was shared with staff.
- After a person had experienced a fall, staff worked alongside a community physiotherapist to encourage the person to do exercises to increase their strength. They were also ensuring that the person's mobility equipment was always close by.



# 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

Good: ☐ 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 had an initial assessment prior to them receiving a service. This was completed by staff who had received training to do this. The assessment captured people's needs, abilities and preferences. Required outcomes were identified and reviewed with people every six months or earlier if required.

Staff support: induction, training, skills and experience

- People were supported by staff who had an induction that included shadowing more experienced staff and formal competency checks. Further shadowing opportunities were provided for staff who felt they needed this. Staff were always supported on their first visit by a colleague the person knew. This helped with introductions and in establishing a rapport.
- Staff received ongoing training to help them meet people's specific needs. Courses included: safeguarding, understanding dementia, medicines and equality and diversity. Staff had been trained by a health professional so that they could support a person to manage their diabetes. A staff member told us, "Next week I'm doing senior training and they (management) have sorted the rota to support that." A relative expressed, "I feel all the staff are well trained."
- Staff received regular supervision and practical observations. These were used as an opportunity for staff to reflect on their practice and consider areas where they could improve.

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

- People were encouraged to eat and drink sufficiently to maintain their well-being and support was given where this was required. Staff were aware of people's dietary needs, allergies or intolerance to certain foods and their preferences. These were documented and reviewed. People told us staff always offered them a choice of food and drink.

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

- The service understood the importance and benefits to people of timely referrals to health and social care professionals to help maintain people's health and well-being. One staff member said, "I told the registered manager that I had some concerns about a service user. [Name of registered manager] got the GP out that

night." Staff had been encouraging a person to do exercises in line with recommendations from a community physiotherapist. They had liaised with another person's GP and next of kin when they had experienced a fall. A relative said, "[Name] wears a catheter. They (staff) are very quick to contact the doctor and let me know if there are any issues. I feel totally confident leaving [name] in their hands."

#### 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.

- Our observations and records showed that staff were working within the principles of the MCA and demonstrated this in their practice. Where complex decisions were required mental capacity assessments had taken place. One staff member said, "People can have dementia and still have capacity to make some decisions." A person told us, "Staff always ask for my consent."
- The service held details of people who had representatives with the legal authority to make decisions on their behalf should they lack capacity. The list detailed the scope of the authority these representatives had for example for decisions around property and finance and/or health and welfare. Each person the service supported had capacity to make decisions about the care they received.

# 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

Good: ☐ 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

- Staff were kind and caring in their interactions with people. One person said, "I'm perfectly happy. Everybody is friendly, kind and helpful. They speak with me very nicely. They are not patronising." The staff member was patient and encouraging with the person. The person told us, "We get on well. They've got to know me, and we have a laugh." A person's relative commented, "[Name] looks forward to [name's] visits. [Name] feels at home with them. It's nice to know [name] is getting the care I'd want to give [name] myself." Another relative said, "If I needed to find support for [another family member] I'd ring [name of deputy manager]. I think that's as good a recommendation as any."

- Care plans included positive information about what people had achieved in their lives, their interests and skills. Daily notes were written using respectful language.

- The service kept a record of people's and their relative's compliments and shared these with staff. Comments included: 'What a find it was to discover your care agency' and, 'We are so happy we found your company – all your girls are lovely.' A staff member told us, "We get compliment emails. That makes me feel proud."

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

- People told us that they could make decisions and express their views about the care and support they received. Daily notes confirmed that people were given the opportunity to influence the care they received including declining help.

- Staff understood the importance of offering people choice and people told us this happened. A staff member said, "Take lunch for example, we should not think that's what they always want and if a relative says to us that their family member, who has capacity, should have a cooked meal we will check with the person whether this is what they want." One person told us, "They (Staff) give me choice. They've made a great deal of difference."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff knocked and waited until they had permission before entering the person's property. They announced themselves on their arrival so that people knew who had

come to support them.

- As it was not appropriate for us to observe staff supporting people with their personal care we asked staff how they protected people's privacy. One staff member said, "I put a towel over their lap and always communicate with them."
- People were encouraged to remain as independent as possible. People told us this and records confirmed it. One person's plan noted, 'Support [name] to get ready for bed...then [name] can choose when [name] goes to bed.' Another person's plan reminded staff to 'always ask what outfit [name] wants on today. Show them and ask if they want any help.' A person expressed, "They (staff) try not to do too much." A relative said, "They certainly support [name's] independence."

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had detailed, personalised care plans that documented their needs, social history current interests and people important to them. The care plans were set out in an easy to follow format and used respectful, positive language. Care plans provided clear information to guide staff on what people required support with and what they could and wished to do themselves. For example, one person's plan stated, '[Name] has light sensitivity. Make sure room lights are adjusted to ensure comfortable.' The person's lights were low during our visit. The person said, "The carers know I have light sensitive eyes" before adding, "They (staff) are always happy to do anything unless it's impossible."
- People were supported to stay in touch with friends and family and maintain interests they had. The service arranged for one person to have visits at times that reduced the chance of them disturbing a communion service held at their home. Another person had been supported to visit their local farm shop where they enjoyed getting their favourite draught milk. When people had events to attend, such as local day centres, staff supported them to get ready in time.
- The service met the requirements of the Accessible Information Standard (AIS). This is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's communication needs were assessed and detailed in their care plans. This documented the person's preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with them. One person who had a sight impairment told us they had no problem reading the information in their care plan. They said, "It's lovely and clear." Management observations included how staff communicated with people. Notes from one staff member's practice observation noted, 'Spoke clearly and effectively for [name] to be understood.'

Improving care quality in response to complaints or concerns

- People told us they knew who to complain to and that if they had a complaint they would be confident it would be resolved quickly. People told us they had "nothing to complain about." Information on how to complain was included in people's care plans which were in their property. The service had only received one complaint since they started in April 2018. This had been acknowledged, followed up and resolved in line with the provider's policy. The registered manager said, "We welcome complaints because we see it as a way to improve. If you want the service to move forward you need to find out what you're not doing well."

End of life care and support

- At the time of the inspection the service was not supporting any people who had end of life care needs. Staff were booked to undertake end of life care training with an external provider in April 2019.
- Some people had a Do Not Resuscitate (DNR) in place and those that did had this recorded in their care plans. A DNR, also known as no code or allow natural death, is a legal order written either in the hospital or on a legal form to withhold attempts to resuscitate in respect of the wishes of a person in the event their heart were to stop, or they were to stop breathing.

# 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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service had a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- The registered manager was a registered nurse and had kept up the necessary registration with the national industry body. They had undertaken assessors training and researched and developed materials to support staff development.
- There was an open and supportive culture at the service. Staff comments included: "They are amazing to work for. So supportive. They guide you if you're struggling. It's a good team. Everyone helps each other", "The team are very happy out there. I'm very happy", "[Name of registered manager]'s door is always open. Management always answer your emails" and, "They treat me like a person, they are very helpful on the phone and support me if I have caring responsibility emergencies." A relative said, "It's a very good service. I'm glad I picked it."
- Communication between the management and care staff was effective. There was regular communication between staff including via a group email. Staff and management met informally in the office and maintained regular contact with each other. Staff knew each other well which supported the sharing of key information.
- The registered manager understood the requirements of Duty of Candour. They told us it is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.

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

- The registered manager demonstrated a good understanding of their role and responsibilities including when they needed to notify CQC, the local authority safeguarding team or the police of certain events or incidents such as the alleged abuse or death of a person.

- Staff felt valued and rewarded. Records showed they received praise and recognition from management when they had performed well. One person's supervision record noted, '[Name] is a caring and efficient care worker and learns quickly.' Another staff member had received the following praise: '[Name] has good knowledge and confidence in providing safe care.' The registered manager had used the team's group email to express, 'You are a fabulous team of individuals and a resource that any agency would envy!'

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

- People and staff had the opportunity to feedback through regular questionnaires. People's feedback in March 2019 included: 'Always informed if carers change' and, 'Provides me with caring people.' Staff had feedback: 'Management is great. Get treated really well and can ask them for anything, help with everything needed and great support' and, 'Look after their care workers, always very supportive and problem solvers. No issue is too much trouble for them.' Two relatives told us, "They are very good at keeping me informed" and, "[Name of deputy manager] is informative at all times."

- All the service's questionnaires monitored diversity and were evaluated and reported back by the provider's director each month.

Continuous learning and improving care

- The management of the service supported professional development. Staff and records confirmed this. Staff were encouraged to discuss their learning needs and career aspirations. One staff member told us that they had recently been promoted from care worker to senior care worker. They told us, "The registered manager recognised my 19 years in care and promoted me to a senior role. They saw a potential there and helped me progress." Another staff member's file noted they had expressed a desire to do a level three diploma in health and social care. They had subsequently been booked on to this course to start in May 2019.

- The management completed regular checks which helped ensure that people were safe and that the service met their needs and improved. These covered areas including: record keeping, punctuality, clear communication, ensuring people's dignity and wearing of ID badges.

Working in partnership with others

- The service understood the importance of creating and sustaining close and positive relationships with other parts of the health and social care system. This helped people stay well for longer and have a better experience when transferring between services. Management had developed links with a local hospital discharge team that was helping reduce delays to people returning home after treatment. One of the health professionals from the discharge team said, "They are really dedicated and know what they're talking about. [Name of the registered manager] has a wide variety of experience. They are a god-send."