

Abicare Services Limited

Abicare Services Limited - Salisbury

Inspection report

Abihouse, Unit 1A
Brunel Road
Salisbury
Wiltshire
SP2 7PU

Tel: 01722343981
Website: www.abicare.co.uk

Date of inspection visit:
24 February 2016
26 February 2016
29 February 2016

Date of publication:
24 May 2016

Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Abicare Services Limited in Salisbury is a domiciliary care agency which supports people to live in their own homes. At the time of the inspection, Abicare Services Limited, Newbury was also registered under this location while they were waiting for registration of suitable office premises.

The inspection took place over three days on the 24, 26 and 29 February 2016 and was announced. We gave the provider 48 hours' notice of our inspection. We did this to ensure we would be able to meet with the registered manager and people where they were receiving the service.

During our last inspection in June 2014 we found the provider had satisfied the legal requirements in all of the areas that we looked at. Abicare Services Newbury was last inspected in July 2015 and had met all legal requirements.

A registered manager was in post. 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.

At time of the inspection 82 people were receiving a service in the Salisbury area and 54 people in the Newbury area.

People told us that they felt safe with all the carers that attended to them in their homes. They said they had built up a good relationship with their regular carers. Staff had the knowledge and confidence to identify safeguarding concerns and act upon them to protect people.

People and their relatives told us they couldn't fault the quality of the care. Comments included "I would not be able to find any better carers than I get, they are amazing" and "The carers are absolutely brilliant. I look forward to them coming." People in the Newbury area told us they had noticed a high turnover of staff, which meant they didn't always know which care worker would arrive. In both the Salisbury and Newbury areas, people told us care workers were always late and they were not informed when care workers would be arriving.

Staff were not receiving regular one to one supervision with their line manager. This meant their performance was not being monitored effectively and feedback on best practice was not being provided. Staff meetings were not regular which meant staff were not kept up to date with changes in policies and procedures.

People felt involved and listened to, they contributed to what was written in their care records and risk assessments. People received a service which was based on their personal needs and wishes. Changes in their care needs were identified and amended as required. The review of care needs was not consistently

recorded, which meant it was not clear if there had been a change. People were supported to (when necessary) access healthcare services and referred to the doctors when needed.

There were systems in place to ensure the risks to people's safety and wellbeing were identified and addressed. People who required support to take their medicines received this, however medicines administration was not always consistently recorded on the medicine administration record, placing people at risk of medicine errors. This also meant it was not clear if people had received the right medicines at the right time. The registered manager told us they would address this by completing a medicines audit and provide refresher training for staff.

People were supported by staff with the right skills and knowledge to meet their individual needs. People felt they were treated with respect and dignity and the staff were mindful of their privacy. People were asked for their consent before care and support was given. Staff and the registered manager knew about the Mental Capacity Act 2005, and how it impacted upon the care people received.

People and their relatives were able to complain or raise issues on an informal and formal basis with the registered manager, however people told us this was not always responded to in a timely way. People and their relatives told us communication and administrations from the office were not always effective.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

This service was not consistently safe.

Medicines were not always managed safely. Staff were not routinely signing the medicine administration records.

Staff in the Newbury area were not deployed effectively, which meant some people had not received the care they needed.

Staff had received training on how to protect people from abuse and were knowledgeable in recognising signs of potential abuse.

People were protected by safe recruitment practices in place.

Is the service effective?

Requires Improvement 

This service was not always effective.

Staff did not have access to regular supervision and appraisal to support their personal development.

Staff were knowledgeable about the needs of the people they were supporting.

We saw that training courses were available in safe working practices and staff were encouraged to develop further.

Is the service caring?

Good 

The service was caring.

People were involved in making decisions about the support they received.

People and relatives we spoke with gave us very positive feedback about their care workers and told us they were caring.

People said they were treated with dignity and respect. Staff told us how they aimed to provide care in a respectful way whilst promoting people's

independence.

We found staff were knowledgeable about people's individual care and support needs.

Is the service responsive?

The service was not always responsive.

People and their relatives told us they were fully involved in the assessment and planning of their care. Care plans were reviewed but the outcome was not always consistently recorded.

People and relatives told us they were concerned by the administration of the agency as they were not always provided with names of care workers that were coming into their homes.

People and their relatives knew how to make a complaint, but felt complaints were not always dealt with in a timely way.

Requires Improvement



Is the service well-led?

The service was not well-led

The provider had a formal quality assurance system in place to monitor the service and ensure care was being delivered as required. This was not always consistent across the Salisbury and Newbury area.

Communication from the management team that ensured people knew about changes in the service was not happening to inform the relevant members of staff.

The registered manager encouraged the further professional development of staff and acknowledged the work staff did.

Requires Improvement



Abicare Services Limited - Salisbury

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24, 26 and 29 February 2016 and was announced. We gave the provider 48 hours' notice of our inspection. We did this to ensure we would be able to meet with the registered manager and people receiving the service.

We used a number of different methods to help us understand the experiences of people who used the service. The inspection took place over three days and involved one adult social care inspector and a bank inspector. Bank inspectors are employed by the Care Quality Commission to assist in the inspection process. The inspector visited the office on 24 and 29 February, while the bank inspector supported the inspection on the 24th and completed telephone interviews with people, their relatives and staff on the 25th February. We viewed a variety of records relating to staff and the management of the service, including five staff files. We spoke with the registered manager, area manager and staff. The bank inspector visited two people living in the Salisbury area and saw records relating to people's care. In total we spoke with 13 people who used the service, nine relatives and eight care staff.

Before the inspection we checked the information we held about the service and the service provider. This included statutory notifications sent to us about incidents and events that had occurred at the service. A notification is information about important events relating to the care they provide which the service is required to send to us by law. We also looked at previous inspection reports.

On the 23rd March we requested further information from the registered manager regarding management records of the Newbury location, including record of supervisions and appraisals, training, staff rota, quality

audits/surveys and complaints/incidents/accidents. The registered manager made some records available; however audits and complaints/incidents/accidents were not made available.

Is the service safe?

Our findings

People told us that they felt safe with all the carers that attended to them in their homes. They said that they had built up good relationships with their regular carers. People told us they would telephone the office if they had any concerns.

People we spoke with told us that the care workers generally arrived late due to the agency not providing the care workers with sufficient travelling time between calls; however they were very satisfied with the care they received. One person we spoke with said "I have no concerns whatsoever; I can't fault them at all. I welcome the visits that I get; it is always nice to know that someone is coming to see me". Another person told us "I would definitely recommend this agency to others, they are absolutely superb". A relative we spoke with told us "the carers have made a fantastic difference to my mum's life; my family are very impressed with what we have seen so far. Carers are fantastic. I would have no concerns to leave the carers with my mum on their own, they are all so trustworthy". Carers worked in a geographical area to minimise travel time and the service manager told us they were working on further resolving the issue with travel time.

People who were assisted with medicines felt confident in the support they received from staff both in the Salisbury and Newbury areas. Staff kept a record of medicines they had supported people to take; however we found staff were not always recording this consistently on the medication administration record (MAR charts), increasing the risk of medicines errors. This meant it was not always clear if people had received the right medicines at the right time. We also found where people had lotions prescribed; associated body maps were not completed. The manager told us they would be completing medicines audits and would ensure staff received refresher training. Staff told us they would record any medicines refusal on an incident sheet and report it to their manager. Staff told us they had received medication training and received competency assessments before starting medicines administering; however we found not all staff received annual competency assessments thereafter.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from the training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse and were confident senior staff in Abicare would listen to them and act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with satisfactorily by the agency. The Salisbury service had reported issues appropriately and worked openly with the local authority safeguarding team where any concerns had been raised.

People in the Salisbury area were supported by staff with the right skills and knowledge to meet their individual needs. For example where a risk of manual handling was identified, people received visits from

two carers to ensure the safe moving of the person. People in the Newbury area told us there was a lack of staff to cover all care calls and some people told us they had missed calls. Where people needed two carers for hoisting, only one carer turned up at times. Relatives told us they had to double-up with the carer to ensure safe moving of the person.

The registered manager was responsible for the weekly rota and told us they would not take on work unless they were confident they had sufficient staff to make the calls. The service manager was supported by a head office support team in case of sickness and holiday to ensure care calls were covered. People and relatives in the Newbury area told us the Salisbury head office was responsible for the rostering of carers in their area; however they did not feel staff at the head office had an awareness of their geographical area. This meant some people did not get their morning call until late morning, too close to lunchtime. This impacted on people as they would not be ready for their lunch or medicines were administered too closely. People told us this happened frequently and there were many times where people waited for the care worker to turn up as they had not received a time from the office. A relative told us there had been 6 times since January 2016 when only one carer turned up for a call, which needed two carers.. People told us the Newbury area had a new manager and were hopeful for improvement. The registered manager explained they were using a new live phone system which would alert the office if a call was missed, as the carer has to log in and out of the person's home during their visit.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected against hazards such as falls, slips and trips. Care was planned and delivered in a way that was intended to ensure people's safety and welfare. Assessments identified potential risks to people. Areas covered by these assessments included risks to the environment. Plans set out how risks were minimised or prevented, for example ensuring the home environment was free from trip hazards.

The service followed safe recruitment practices. We checked the records for seven staff, which included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.

Is the service effective?

Our findings

People told us they had no concerns as to the competency and ability of staff and were happy with the care provided. One person said "I would not be able to find any better carers than I get, they are amazing".

People told us they had a copy of their care plan with emergency contact details. People said they had been fully involved in discussing their needs and the way in which the agency should meet these before their care package began. One person said, "I can change or amend my care package whenever I want, I just have to say to one of the staff and they will arrange it". The daily records of care visits we reviewed covered all areas of care and support, including getting in and out of bed, personal care, mobility and meal preparation; these records were consistent in their level of detail.

Most staff we spoke with said they enjoyed working at the agency and that they received all training necessary to undertake their duties. Staff said they felt confident that the care they delivered reflected the person's needs and preferences. Staff told us that all information for people and a summary of their care plan were held securely on their mobile phone. This was useful where carers had to cover a care call on short notice. However staff also told us this was not always effective as they didn't have time to check the care plan on their phones between care calls. There were also occasions where carers were unable to access their phones due to poor signal, which meant they could not be updated on care plans.

Most staff said that they felt supported and could ask for help from any of the office team whenever they needed it; however some staff raised concern about the supervision they received. Comments included "I feel like I am lone working" and "I do not feel valued". The service manager told us staff had supervision about four times a year as well as an appraisal once a year, however we could not find the notes in carers' staff files to reflect this. Supervision dates were recorded which showed supervision was infrequent and some carers had not received any supervision since starting with the agency. Although formal supervision did not always happen, carers had regular contact with senior members of staff if they wanted to discuss any concerns. Some direct observations and spot checks were completed to ensure best practice, however this was not always frequent, for example for manual handling or medicines administering.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said they received regular training to give them the skills and knowledge to meet people's needs. The service had a training manager in post. New staff completed an induction and there was an on-going training programme for all staff on meeting people's specific needs. New carers had to meet the induction standards and observe an experienced carer for 20 hours before starting their role. Training was provided in a variety of formats, including on-line, classroom based and observations and assessments of practice. Training included moving and handling, safeguarding, health and safety and first aid. Staff were also supported to complete the Diploma in Health and Social care and all new staff were signed up for the Care certificate (set of standards that health and social care workers adhere to in their daily working life). The service manager told us as part of staff training, carers used a hoist on each other. This gave them a better understanding of the experience people had when hoisted by carers.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Assessments identified potential risks to people. Areas covered by these assessments included risks to the environment. Plans set out how risks were minimised or prevented, for example ensuring the home environment was free from trip hazards. The daily records of care visits we reviewed covered all areas of care and support, including getting in and out of bed, personal care, mobility and meal preparation; these records were consistent in their level of detail.

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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection. The service manager confirmed this didn't apply to anyone using the service at the time of this inspection. We found that staff had a good understanding of how to support people. People told us they were asked for consent to care and treatment during their initial assessment; however we found this was not recorded in their care records. The recording of people and their relatives' involvement was also not consistent. The provider noted when people had a legal representative such as a Lasting power of attorney; however did not see evidence of the documents to confirm they had legal rights to make decisions about people's finances or their health and welfare.

The service manager told us carers were proactive in contacting the office if they had any concerns about people's health. They had regular contact with people's doctor surgeries, for example for repeat prescriptions or if someone needed an appointment. They also referred people to occupational therapists when needed, for example they recently referred a person for a chair assessment.

Is the service caring?

Our findings

People told us they felt they were treated with respect and dignity by the visiting care workers. One person said, "They are very good, very caring, I look forward to them coming, I don't know what I'd do without them". Other comments included "Carers are very polite, listen to me and do everything that I ask of them. They cook my meals and help me to have a wash daily." and "The carers are helpful and pleasant. Some carers are better than others. Some are so young and have no life experience. On the whole the carers are very cheerful." Staff told us to ensure they were treating people with dignity and respect; they closed doors and used towels to cover people during personal care.

Staff had recorded important information about people, for example, personal history and important relationships. People's preferences regarding their personal care were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided, for example people's preferences for the way staff supported them with their personal care needs. This information was used to ensure people received support in their preferred way. For example, for one person it was important to stand without any aid, however when the person was not well enough, a risk of falling was identified. Staff knew the person well and would support two attempts to stand, but then advised the person to use the stand aid for their safety.

One staff member we spoke to said it was important to first sit down with the person when they arrived for example, a lunchtime call, to ensure they made eye contact and gave the person a choice of what they wanted to eat. Some people we spoke with felt carers did not always have time to spend with them and were rushing from one visit to another. We saw evidence of people's daily records that call times recorded were sometimes shorter than the allocated time. The registered manager told us carers are encouraged to ask people if they wanted anything else done and they review the care times if they felt there had been a change in people's needs.

Staff told us they promoted people's independence and encouraged them to do as much as possible for themselves, for example encourage people to wash parts of their body they were able to do so. Staff also acknowledged this wasn't always possible due to time constraints. The registered manager told us it wasn't just about the care provision, but also social interaction with people. People told us carers took an interest in them and their families. Staff knew people's individual communication skills and abilities, for example staff recognised when a person was becoming anxious or frustrated as they would stutter their words. When this happened, staff knew to reassure the person.

Is the service responsive?

Our findings

People and their relatives told us they were fully involved in the assessment and planning of their care. People had their needs assessed before their care package began. Information had been sought from the person, their relatives and other professionals involved in their care. Each person had a care folder in their home, which contained a care plan and daily records of the care staff had provided. People felt the staff knew what was in the care plan and that the care records reflected the care that was provided. Staff said they felt confident that the care they delivered reflected the person's needs and preferences. Care plans were individual to the person and people said their plan was reviewed. People's needs were reviewed regularly and as required; however the outcome of reviews was not always consistently recorded. It was not clear from the review if there had been a change in people's needs. Where necessary the health and social care professionals were involved. An example of this was where a person had been refusing personal care and became aggressive towards staff; a referral was made to the community mental health team for a review. The manager told us the person's care plan had been updated accordingly.

People were supported to maintain their independence and access the community. Staff told us they encouraged people to do as much as possible for themselves. They also supported some people to access the local shops or attend appointments.

Most people we spoke with said they were happy with the care they received; however felt communication from the office was poor. Comments included "When I phone the office with a problem, they say they will look into it, but I don't get a follow-up" and "When a carer is running late, there is no communication from the office."

People and relatives told us they were concerned by the administration of the agency as they were not always provided with names of care workers that were coming into their homes. The service manager told us people received a rota on a weekly basis of the times of their care calls and the named carer; however people told us this didn't always happen. Sometimes changes to carers were needed short notice due to sickness. People felt they were not always informed of these changes.

People we spoke with told us they knew how to make a complaint and felt confident it would be dealt with. They explained this would not always happen in a timely way. People in the Newbury area told us there had been many changes in service managers leaving recently, which meant complaints, had not been dealt with. They have also noticed a high turnover of staff, which meant the care and support some people received, were inconsistent.

Is the service well-led?

Our findings

The service had a registered manager who was responsible for the day to day running of the service. The registered manager was supported by an area manager and in the Newbury area by a locality manager. We asked the registered manager about what the service was doing well and what their challenges were. The manager told us they were very involved with their clients and had good relationships with both clients and their relatives. The manager gave an example of a person with mental health needs who had been reluctant to engage in services, however since their carers had been involved, they've seen a big transformation. The manager felt it was not just about the physical care, but also the social interaction with people that was important. The manager said "We get passionate and protective over our clients. We want to make a difference every day."

Challenges they faced were retaining staff. The manager explained that expectations from carers had increased, with more responsibilities and in-depth training required. And that sometimes the carers are not suited to the role. Parking and travel in the Salisbury area was another concern, causing carers to be late for care calls. This was especially challenging with double-up calls, where two carers were travelling from different locations. The manager told us they were working on carers' travel times to make improvements.

The manager told us they had an exciting year ahead as it was the company's 10th anniversary. They were planning various events to celebrate the occasion, for example charity fundraising events for Dementia UK, a charity they supported. The manager told us they involved people, their relatives and staff.

The service worked in partnership with the local authority and other providers. They had links with Wiltshire care partnership for advice on best practice and training. The manager told us they had close contact with another agency, which Wiltshire county council used to source care packages and had daily contact with the care coordinator. The registered manager kept up to date with current practices and guidance and had fortnightly updates from other locality managers to share ideas.

The management team told us they valued their staff and gave awards for carers who go above and beyond or just need recognition for work they have done, for example "butterfly award" where the carer get a certificate and a badge during a staff meeting. They also arrange other events to maintain regular contact with carers, such as "Time for a cuppa" when staff are encouraged to come into the office for cake and tea.

People's experience of care was monitored through frequent telephone calls. The manager told us any concerns raised were followed up, for example Satisfaction questionnaires were sent out yearly asking people their views of the service. The results of the surveys were collated and actions taken in response to individual issues people had raised. People in the Newbury area told us there had not been continuity in their locality manager, which meant the quality of the service they received, had not been monitored effectively. People told us their calls to the office had not been responded to, staff were not arriving on time and they had not received a rota for some time. We saw from records that not all staff had received supervisions or annual competency assessments to ensure best practice. Audits were not consistently completed to identify improvements, for example medicines administering.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A business continuity policy was in place in case of an emergency, for example in adverse weather conditions to ensure cover for care calls. There was an on-call system for out of office hours and both staff, people and their relatives had the contact number. People told us it was good to know there was always a person on the other end of the phone; however it could be difficult to get through to on-call as there was only one phone. The manager told us there was a voicemail and people could leave a message, which the on-call manager would respond to. People told us they would not always be responded to when they left a message.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use the service did not receive proper and safe management of medicines. Regulation 12 (2) (g).
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes were not monitored effectively to improve the quality and safety of the services provided, including the quality of the experience of service users in receiving those services. Regulation 17 (2) (a)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not deployed effectively to enable them to carry out the duties they were employed to perform. Regulation 18 (1) Staff employed by the service provider did not receive appropriate supervision and appraisal as is necessary to enable them to carry out their duties. Regulation 18 (2) (b)