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

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Requires Improvement |
| 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

Abicare Services Limited – Salisbury, is a domiciliary care agency which supports people to live in their own homes. At time of the inspection 62 people were using the service. At our last inspection we also inspected the Newbury area. However, during this inspection Newbury was no longer registered under Abicare Services Limited - Salisbury.

The inspection took place on 31 August and 7 September 2017 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.

The service had a registered manager 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 our last comprehensive inspection in February 2016 we identified the service was not meeting three of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people did not receive proper and safe management of medicines, there were no systems or processes in place to monitor the quality and safety of services, staff were not deployed effectively and staff did not receive appropriate supervision and appraisal as is necessary to enable them to carry out their duties. In response to that inspection we issued requirement notices. The provider developed an action plan to address the shortfalls, which they submitted to us following the inspection.

At this inspection we found that the provider had taken action to address the issues highlighted in the action plan. However, although an improvement had been made with medicines management, the changes made to systems had not been fully implemented by staff consistently. This meant people's medicines were not always managed safely.

There were sufficient staff to meet people's needs and staff were deployed effectively. People told us the service's time keeping had improved. The service had implemented a new system for rostering to ensure staff were deployed within a geographical area. This also meant staff travel time was reduced.

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff had also received their annual appraisals. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had.

The provider regularly assessed and monitored the quality of the service provided. Feedback from people and their relatives was encouraged and was used to make improvements to the service.

People told us they felt safe when the carers visited them in their homes. Comments included "I feel very safe", "I do trust the carers", "I am very well looked after" and "It's all very good".

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.  Staff had all received safeguarding training and we confirmed this from the training matrix.

New staff were supported to complete an induction programme before working on their own. Induction records were in place which showed that new staff had been supported to understand their role, complete required training and spent a period of time shadowing an experienced member of staff.

Staff had received training around the Mental Capacity Act (2005). Staff explained how they supported people with making choices about their daily living. People's individual wishes were acted upon, such as how they wished to receive their personal care.

People received care and support from staff who had got to know them well. People usually had a small group of care staff visiting them, ensuring continuity in care where possible.

People or their relatives were involved in developing their care plans. Care plans were personalised and detailed daily routines specific to each person were recorded. People and their relatives spoke positively about the quality of care they received.

## 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 wasn't always safe.

People's medicines were not always managed safely. This was because medicines administration records were not always completed.

People who use the service said they felt safe when receiving care. There were sufficient staff to meet people's needs safely.

Systems were in place to ensure people were protected from abuse. Risks people faced were assessed and action taken to manage them.

### Is the service effective?

**Good**

This service was effective.

People and their relatives spoke positively about staff and told us they were skilled to meet their needs.

Staff understood whether people were able to consent to their care and were aware of action they needed to take where people did not have capacity to consent.

People's changing needs were monitored to make sure their health needs were responded to promptly.

### Is the service caring?

**Good**

This service was caring.

People spoke positively about staff and the care they received.

Care was delivered in a way that took account of people's individual needs and maximised their independence.

Staff maintained people's dignity and upheld their rights. People were treated with respect and their privacy was protected.

### Is the service responsive?

**Good**

This service was responsive.

People were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

People were supported to maintain their independence and access the community.

People were aware of the complaints procedures and action had been taken to investigate and respond to complaints received.

## Is the service well-led?

Good

This service was well-led.

The service had strong leadership and staff felt supported by management. People told us they felt the service was well managed.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned.

Quality assurance systems involved people who use the service, their representatives and staff and were used to improve the quality of the service.

# 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 31 August and 7 September 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be in.

One Inspector and an Expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The inspector visited the office on 31 August and 7 September 2017, while the expert-by-experience supported the inspection on 31 August 2017 and completed telephone interviews with people and their relatives.

During our last comprehensive inspection in February 2016 we identified the service was not meeting three of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. We reviewed the Provider Information Return (PIR) from the service. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at documents relating to people's care and support and the management of the service. We reviewed a range of records which included six care and support plans, staff training records, staff personnel

files, policies and procedures and quality monitoring documents.

We spoke on the telephone with 10 people who used the service and five relatives about their views on the quality of the care and support being provided. We spoke with the registered manager, compliance manager, regional manager, community team supervisor and two care staff.

Requires Improvement

# Is the service safe?

## Our findings

At the last comprehensive inspection in February 2016 we identified that the service was not meeting Regulation 12 of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. This was because people who use the service did not receive proper and safe management of medicines. Following that inspection we issued a requirement notice. The provider developed an action plan to address the shortfalls, which they submitted to us following the inspection.

During this inspection we found improvements had been made. The registered manager told us they were using a log book for recording, which included care records, medicines administration records (MAR sheets) and body maps. They completed monthly audits for medicines administration and had identified that some carers wrote in the daily communication log that they had supported people with the administration of their medicines, but did not always remember to record this in the MAR sheets. Where people were prescribed topical creams, these were not consistently recorded on the body maps, which would help staff identify the area to apply the creams to. The registered manager was addressing this with the carers. There had been no medicines errors since our last inspection. Records showed staff received training in the safe handling and administration of medicines and their competency to do so was also assessed.

Most people told us they were able to self-medicate; however some said they received support from carers. Where people were receiving support, we saw that associated risk assessments were in place. Speaking with people they told us they had no concerns about the support they received with their medicines administration. Comments included "They help me with medication, and it's all working well", "I am happy with the arrangement" and "They give me my medication as I forget what I've taken otherwise".

At the last comprehensive inspection in February 2016 we identified that the service was not meeting Regulation 18 of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. This was because staff were not always effectively deployed, which meant some people had not received the care they needed. Following that inspection we issued a requirement notice. The provider developed an action plan to address the shortfalls, which they submitted to us following the inspection.

During this inspection we found there were sufficient staff to meet people's needs. The registered manager told us there had been an improvement within the service with regards to the rostering of the care calls. They were now able to arrange care calls within a geographical area, which meant little travel time for carers and more continuity in care. People told us there had been an improvement with regards to time keeping. Comments included "They all turn up on time",
"Their timekeeping is not the best but it has improved this year", "If they are going to be late, they phone", "They are usually on time and let me know if they are going to be late", "Their timekeeping is now very good".

People told us they felt safe when the carers visited them in their homes. Comments included "I feel very safe", "I do trust the carers", "I am very well looked after" and "It's all very good". Speaking with relatives they told us they had no concerns about the safety of their family member. A relative said "My [family member]

absolutely loves them".

People benefited from a safe service where staff understood their safeguarding responsibilities. We looked at the arrangements in place for safeguarding vulnerable adults and managing allegations or suspicions of abuse. Safeguarding policies and procedures were in place which provided guidance and information to staff. These were read by staff as part of their induction, where they also undertook training in this area. Staff had an awareness and understanding of the signs of abuse. They were aware of their responsibilities to report any suspicion or allegation of abuse. For example a staff member told us they had noticed a person they supported had become very quiet and withdrawn. This was reported to their seniors, who investigated and subsequently made a referral to safeguarding as verbal abuse was suspected. Staff said they felt confident any concerns raised would be taken seriously by the registered manager and where necessary acted upon.

Staff received the information they needed to minimise the risks of injury or harm to people. The registered manager and senior care staff carried out assessments to identify the risks posed to people by their health and social care needs, the equipment they used, such as mobile hoists, and their home environment. Risk management plans considered people's physical and emotional needs and showed that measures were in place to manage these risks. Staff demonstrated a good understanding of the risks to people they supported. For example, a staff member told us about a person who liked to keep their fire lit all night. Staff had recognised the risk as the person would not remember to switch it off. Staff developed a plan to ensure the person's safety was not compromised.

The service followed safe recruitment practices. We looked at the recruitment records for three staff. Application forms were completed, formal interviews undertaken and employment references were held by the agency. New staff were subject to a Disclosure and Barring Service (DBS) check before they started work for the agency. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

There was a policy and procedure in place to guide staff on infection control and prevention. Staff had access to the appropriate personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection. Speaking with people they told us staff wore gloves and aprons when providing personal care. The registered manager or other senior staff also completed unannounced spot checks to ensure staff adhered to the infection control policy.

Good

# Is the service effective?

## Our findings

At the last comprehensive inspection in February 2016 we identified that the service was not meeting Regulation 18 of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. This was because staff employed by the service provider did not receive appropriate supervision and appraisal as was necessary to enable them to carry out their duties. Following that inspection we issued a requirement notice. The provider developed an action plan to address the shortfalls, which they submitted to us following the inspection.

During this inspection we found improvements had been made. People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff had also received their annual appraisals. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff said they received good support and were also able to raise concerns outside of the formal supervision process at any time. They said the registered manager was very accessible and always made time to discuss issues with them. During the inspection we observed staff calling into the office to discuss issues or collect equipment.

New staff were supported to complete an induction programme before working on their own. Induction records were in place which showed that new staff had been supported to understand their role, complete required training and spent a period of time shadowing an experienced member of staff. Staff told us their induction had been good and thorough. One staff member said "The induction was brilliant. Spent six full days in classroom learning, but also shadowing.".

We viewed the training records for staff which confirmed staff received training on a range of subjects. Training completed by staff included medicines management, moving and handling, mental capacity, safeguarding and dementia awareness. People said "They [staff] know what they are doing" and "They [staff] are all trained".

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 registered manager confirmed this didn't apply to anyone receiving the service at the time of this inspection.

The registered manager was aware of their responsibilities in respect of MCA legislation. They explained the local authority were responsible for completing any capacity assessments relating to the person consenting to care and treatment received by Abicare. They said currently all the people using the service had capacity to make decisions relating to the care and support they received.

Staff had received training around the Mental Capacity Act. Staff explained how they supported people with making choices about their daily living. People's individual wishes were acted upon, such as how they

wished to receive their personal care. A staff member told us "When someone lacks capacity, it doesn't mean they can't make any decisions. It is important to support people in decision making and give choice". People told us staff asked permission before helping them with care and explained what they were going to do.

People were encouraged to eat and drink sufficient amounts where the service was responsible for this. Staff documented in people's daily records information about what people were eating and drinking and when. This helped staff monitor the person's intake and identify whether people needed increased support in this area. Staff told us if they had any concerns regarding people's food and fluid intake then they would raise this with the seniors in the office and make a record in the daily notes. Where people were assisted with meal preparation, they were given a choice. Staff told us some people had microwave meals and some preferred to have their meal cooked from fresh. Staff said where people could not make an informed choice; they would show them two choices of a meal.

People were supported to stay healthy and well. Staff maintained records about people's health and wellbeing following each scheduled visit. This information was recorded in people's care plan. This meant others involved in people's care and support had access to information about their health and wellbeing. When staff had concerns about people's wellbeing they told us they would inform the office staff so that appropriate support and assistance could be sought, such as the GP.

Good

# Is the service caring?

## Our findings

People told us they were happy with the care they received. Comments included "They [carers] are caring, gentle and considerate", "They [carers] are very helpful", "The girls are perfectly amiable", "They [carers] are very kind and caring", "They [carers] are very respectful and helpful", "They [carers] do a brilliant job" and "They [carers] are all very polite and helpful".

Speaking with relatives they spoke positively about the care their family member was receiving. They said "The carers are absolutely fantastic", "They [carers] take trouble and time to make sure he is happy", "They [carers] make me laugh and support me too" and "I'd like the same care if I ever need it".

People received care and support from staff who had got to know them well. People usually had a small group of care staff visiting them, ensuring continuity in care where possible. People's records included information about their personal circumstances and how they wished to be supported. For example we saw in one person's care plan, it stated "I would like the carer to ring or knock the door before using the key safe and to call through to say hello".

The registered manager told us if people had specific preferences, such as male or female carers, their wishes were respected. They also tried to match people with carers with specialist knowledge and skills where needed, for example some carers had more experience in working with people living with dementia. The person living with dementia would be matched with a carer with that specialist skills and knowledge.

The relationships between staff and people receiving support demonstrated dignity and respect at all times. Staff told us they would always ensure people's dignity was respected by closing the door and curtains and covering people during personal care. A staff member said "I give them [people] privacy when they use the toilet, or turn away when getting dressed.".

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. Staff told us they always watched out for people's emotional well-being and if they were feeling down, they would report it back to the office. A staff member told us they had noticed a person they supported was feeling low. With permission from the office, they arranged to visit this person in their own time to cheer them up. For another person staff knew they would be on their own on their birthday, so they took the person a bunch of flowers. Staff told us they also tried to go that extra mile to make people's lives easier, for example changing batteries, putting up pictures or changing a light bulb.

Staff told us that people were encouraged to be as independent as possible. A staff member told us they were supporting a person who was heading towards the end of their live. The person wanted to maintain their independence with walking, even though they were at risk of falling. They were adamant in walking to their chair. Staff were aware of the risk and was able to support the person when their legs started giving way. This meant the person's end of life wishes were also respected.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways

used to make sure people were able to say how they felt about the caring approach of the service. People's views were sought through care reviews and annual surveys and the office had regular telephone contact with people.

The service had received several written compliments. One complement stated "I'd like to thank Abicare who really were instrumental in being able for Mum to stay at her home for so long and battle with the many obstacles that the Parkinson's disease created. Abicare was a huge part of Mum's life.".

The registered manager told us the service supported people with end of life care where needed. They said staff found it rewarding and they recently supported a person with complex health needs. Staff visited the person in the Hospice in their own time and also provided support to the family. They said they chose a charity to fundraise for each year and this year they chose a charity which was important to that person and their family.

Good

# Is the service responsive?

## Our findings

People or their relatives were involved in developing their care plans. Care plans were personalised and detailed daily routines specific to each person were recorded. The examples seen were thorough and reflected people's needs and choices. People and their relatives told us they were involved in discussion about their care plan when they first started with the service.

People's care and support needs were regularly reviewed with them by senior staff. People and their relatives were able to discuss the care they received and any changes they wanted to the care and support they received. The registered manager told us where a social care professional was involved, the professional would also complete a review, however the service was not always invited to these reviews.

People were supported to maintain their independence and access the community. People were encouraged to do as much as possible and we saw this was reflected in their care plans. For example in one person's care plan it stated "I would like to remain independent with my personal care and for staff to give assistance on less able days". For another person we saw their moving and handling plan stated for staff to allow the person two attempts with transferring, before staff intervened with the stand aid. Speaking with staff they confirmed they supported people to stay independent.

Care plans included information that enabled the staff to monitor the well-being of the person. Where a person's health had changed it was evident staff worked with other professionals, for example occupational therapists or the GP. Staff also told us if there had been a change in a person's physical or emotional well-being, they would contact the office and inform them. The service also used an application on their mobile phones for instant communication and messaging, for example if a carer had been to see a person at lunchtime and felt concerned about their emotional well-being, they would message the carer who was going in at teatime to inform them.

Where people had more complex packages of care staff told us they had the opportunity to discuss the person's care requirements and review what was working well or not so well. This also supported staff to discuss how they supported the person to ensure consistency of care. For example a person with motor neurone disease was supported by a small care team, knowledgeable about their care needs. The registered manager told us the care plan worked well and as part of possibly expanding the service, they were hoping to take on more complex packages. They said staff found it rewarding to support the person.

People also had the opportunity to feedback on staff's performance when senior staff undertook observations of their working practices. The observations of working practices ensured that staff were being responsive to people's care needs and delivering quality care. People's comments were recorded and shared with staff to praise them for the work they'd done with people or where needed, encouraged improvement and learning.

People told us they had seen an improvement in the responsiveness of the service, for example regarding timekeeping. Comments included "Timekeeping used to be very poor but now it's improved" and

"Timekeeping has improved in the last six months". They also told us communication from the office had improved and if a carer was running late, they would be informed.

People said they were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. The provider told us the service had a complaints procedure, which was provided to people when they started using the service. Staff were aware of the complaints procedure and how they would address any issues people raised in line it. People said they had no complaints about the service they received, however they knew who to contact if they did have a complaint. People felt there was always someone in the office they could talk to and they also had contact numbers out of office hours, in case of an emergency. The registered manager told us people were given a service user's guide to keep in their homes, with relevant information and contact details.

Good

# Is the service well-led?

## Our findings

At the last comprehensive inspection in February 2016 we identified that the service was not meeting Regulation 17 of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. This was because systems or processes were not monitored effectively to improve the quality and safety of the services provided, including the quality of the experience of people in receiving those services. Following that inspection we issued a requirement notice. The provider developed an action plan to address the shortfalls, which they submitted to us following the inspection.

During this inspection, we found improvements had been made. Quality assurance systems were in place and we saw people were sent an annual quality assurance questionnaire to complete. Feedback received from people were followed up and acted upon, for example we saw one person was not happy with the time of their morning call. The registered manager left a note stating they had discussed this with the person and the time had been changed. Most people from the March 2017 questionnaire stated the overall quality and management of the service was excellent and they would recommend the service to a friend or neighbour. The office also had regular telephone contact with people to check if they were happy with their care.

Internal audits had been completed for client files and medicines management and shortfalls identified had been acted upon. The registered manager said they chose five files per month to complete an audit. Care plans and risk assessments were due to be audited.

The service had a registered manager in post who was responsible for the day to day running of the service. The registered manager was supported by a compliance manager and a regional manager. The registered manager told us they had worked really hard to pull the team together and implement changes. They said "I am very proud. I have a very good strong team and staff retention is good.". All staff we spoke with said they felt well supported in their role. Comments included "They've [management] been brilliant – very flexible with shifts and hours. I am very happy working with this company. A great bunch of people" and "L [manager] is very supportive. Door is always open".

The registered manager told us they wanted their staff to deliver a high quality of care. They said carers were making a commitment to the service and they wanted to recognise and reward them for their efforts. For example, they now include travel time in the mileage and staff had a pay raise. The service had also introduced other ways that staff could be rewarded, such as "Butterfly awards" to recognise exceptional staff contribution, long service payment and staff appreciation day.

People told us the service was well managed. Comments included "It seems well managed from my side", "I would say it's well run", "They are good at getting back to me", "They seem to have it all under control" and "Abicare is one of the better agencies, in my experience".

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how they expected staff to work. Staff meetings were held across the Amesbury and Salisbury teams, to ensure all staff were able to attend. Staff also had regular contact with the registered

manager, community team supervisor and other senior members of staff, through phone calls, direct observations and face-to-face meetings.

The registered manager also told us the service was networking with a care home in Salisbury, looking at ways to link domiciliary care service to the care home. This would mean a smoother transition between services when people were no longer able to stay in their own homes.

The registered manager kept up to date with current legislation and practices through attending registered manager's meetings. They also met with other Abicare managers monthly. The registered manager told us these meetings were useful to get new ideas or solutions to problems they faced within the service. The registered manager also made links with other organisations such as the local authority and GP surgeries.