

Abicare Services Limited

# Abicare Services Ltd

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 25 July 2017 and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. This was the first inspection since the location was added to the provider's registration on 28 July 2016.

Abicare Services Ltd is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection there were 17 people receiving a service. The service has a small staff team of eight. The staff team consists of the registered manager, the team manager and six care workers.

The service had a registered manager as required. A registered manager is a person who has registered with the CQC 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 present and assisted us during the inspection.

People were protected from risks to their health and wellbeing and were protected from the risk of abuse. Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Staff received training and supervision to enable them to do their jobs safely and to a good standard. We have made a recommendation about ongoing staff training.

People were treated with respect and their privacy and dignity was promoted. People said their care workers were kind and caring. Staff were responsive to the needs of the people they supported and enabled them to maintain their independence as much as possible.

People's rights to make their own decisions were protected. People 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 received support that was individualised to their specific needs and reflected their likes, dislikes and preferences. People's equality and diversity needs were identified and incorporated into their care plans. Their needs were monitored and care plans reviewed regularly or as changes occurred. People's health and well-being was assessed with measures put in place to ensure people's needs were met in a person centred way.

Medicines were managed well and staff handling medicines were only allowed to do so after completing their training and being assessed as competent. Where included in their care package, people were supported to eat and drink enough.

People benefitted from receiving a service that was managed well. Quality assurance systems were in place to monitor the quality of the care and support being delivered and the running of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Risks to people's personal safety had been assessed and plans were in place to minimise those risks. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

There were sufficient numbers of staff and medicines were handled correctly.

Good 

### Is the service effective?

The service was effective. People benefitted from a staff team that was well trained. Staff had the skills and support needed to deliver care to a good standard. We have made a recommendation about ongoing staff training.

Staff promoted people's rights to consent to their care and their rights to make their own decisions. The registered manager had a good understanding of the Mental Capacity Act 2005 and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

People were supported to eat and drink enough and staff made sure actions were taken to ensure their health and social care needs were met.

Good 

### Is the service caring?

The service was caring. People benefitted from a staff team that was caring and respectful.

People received individualised care from staff who knew their individual wishes, preferences and equality and diversity needs.

People's right to confidentiality was protected. People's dignity and privacy were respected and people were supported to be as independent as possible.

Good 

### **Is the service responsive?**

The service was responsive. People received care and support that was personalised to meet their individual needs.

The service provided was responsive in recognising and adapting to people's changing needs.

People and their relatives were confident the service would listen and take action on what they said if they raised any concerns.

**Good** ●

### **Is the service well-led?**

The service was well led. People were happy with the service they received.

Staff were happy working at the service. They felt supported by the management and said the training they received helped them to meet people's needs, choices and preferences.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service.

**Good** ●

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## 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 was planned to check 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.

The inspection took place on 25 July 2017. It was carried out by one inspector and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. We were assisted on the day of our inspection by the registered manager.

Before the inspection, the registered manager completed a Provider Information Return (PIR). 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 the PIR and at all the information we had collected about the service. This included information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

As part of the inspection we spoke with the registered manager and the provider's compliance officer. We received feedback from seven people who use the service and two relatives. We also received feedback from three of the care workers and a social care professional.

We looked at four people's care plans and associated records, three staff recruitment files, staff training records and the staff supervision and annual appraisal log. We reviewed a number of other documents relating to the management of the service. For example, compliments received, incident records, spot check feedback forms, the compliance officer's branch audit, training policy, extreme weather emergency plan and staff meeting minutes.

## Is the service safe?

### Our findings

People were protected from the risks of abuse. Staff knew what actions to take if they felt people were at risk. They were confident they would be taken seriously if they raised concerns with the management. People told us they felt safe when they were with staff. Relatives said they felt their family members were kept safe by the service. A social care professional felt people were safe at the service and that risks to individuals were managed so that people were protected.

People were protected from risks associated with their health and care provision. Staff assessed such risks, and care plans incorporated measures to reduce or prevent potential risks to individuals. For example, risks associated with reduced mobility, risks related to moving and handling and risks relating to their potential to develop pressure sores. Risk assessments of people's homes were carried out and most staff were aware of the lone working policy in place to keep them safe in their work. Two members of staff said they were not aware of the lone working policy. This comment was passed to the registered manager so that they could review the policy with the staff.

People were mostly protected by recruitment processes. We looked at the recruitment files for three recent employees. Checks had been made for all of them to see if they had any criminal records or if they were barred from working with vulnerable adults. Checks had also been carried out to see if there were any medical reasons why the employee would not be able to fulfil their role. Their identity had been checked and there was a recent photograph on file for each new employee. However, for two of those employees there were some gaps in employment that had not been explained in writing. In one file the dates of employment given by a referee did not tally with the dates of employment given by the staff member. These discrepancies had not been picked up and checked by anyone involved in staff recruitment. The registered manager took immediate and appropriate action and obtained the missing information the day after our inspection. The registered manager planned to implement a new system to ensure that, in future, she would do a final check of recruitment documentation prior to allowing a new employee to start working with people who use the service.

Staff were provided in line with the hours of people's individual care packages. Staff said they usually had enough time to provide the care people needed within the time allocated to them. People and their relatives said they received care and support from familiar, consistent care and support workers. A social care professional felt there were enough staff to keep people safe and meet their needs. They added, "Yes usually, this has been variable. I do believe the care team are more stable now."

Emergency plans were in place. Those plans included emergency plans for extreme weather conditions. Although no incidents or accidents had occurred since their registration, the registered manager explained the provider's policy. Any accidents and incidents would be recorded, together with details of actions taken and the outcome of any investigation. Care plans would be updated with actions staff needed to take to reduce the risk of a recurrence of incidents wherever applicable.

People's medicines were handled safely. Only staff trained and assessed as competent were allowed to

administer medicines. The training log confirmed staff had received training and that their competence had been checked by a manager observing them administering medicines. Medicines administration records were up to date and had been completed by the staff administering the medicines.

## Is the service effective?

### Our findings

People received effective care and support from staff who were well trained and supervised. People and their relatives said the care workers had the skills and knowledge needed when providing their care and support. A social care professional thought the service provided effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities.

Staff received training in topics related to their roles. Staff training records showed they had received induction training when they first joined the company. Staff had received training in topics such as health and safety, food safety, infection control, fire safety and moving and handling. Other training routinely provided included medicines, emergency first aid and safeguarding adults. Additional training had been provided in relation to the needs of people supported by the service, such as dementia awareness. Staff felt they had been provided with the training they needed that enabled them to meet people's needs, choices and preferences.

We noted, and discussed with the registered manager, that ongoing training provided to staff at the service was not in line with the current best practice guidelines for ongoing social care staff training. For example, the provider's practice was to update staff training in fire safety and first aid every three years. Whereas current best practice guidelines say both these topics should be updated annually.

We recommend that the provider bring the staff training provision fully in line with the current best practice guidance on ongoing training for social care staff, ensuring staff receive their training within the recommended timescales.

Staff had one to one meetings (supervision) with their manager every two to three months plus direct observational sessions at least twice a year. Direct observational sessions are where a manager observes a member of staff working with a person using the service to ensure they are working to the provider's expectations. The log of supervision showed staff were up to date with their supervision meetings. Staff said they had regular supervision from their managers which enhanced their skills and learning. Staff had annual appraisals of their work and records showed these were scheduled to take place each year.

People's rights to make their own decisions, where possible, were protected. They told us they were involved in decision making about their care and support needs. Staff had received training in the Mental Capacity Act 2005 (MCA). The 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. We checked whether the service was working within the principles of the MCA and found they were.

The registered manager had a good understanding of the MCA and her responsibilities to ensure people's rights to make their own decisions were promoted. The registered manager was aware of the legal

safeguards in the MCA in regards to depriving people of their liberty. She was aware that applications must be made to the Court of Protection where people were potentially being deprived of their liberty in their own homes. At the time of our inspection, no people were being deprived of their liberty.

Where providing meals was part of the package of care and/or where there was a concern, daily records included how much people had eaten. Where people were not eating or drinking well, the registered manager said advice would be sought from an appropriate health professional. A social care professional thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support.

## Is the service caring?

### Our findings

People and their relatives said the care workers were kind and caring when they supported them. One relative recently wrote to the service asking that their thanks were passed to a particular care worker on the way they had treated their mother during a visit. They said, "Thank you to [name] for spending extra time with my Mum." A social care professional thought the service was successful in developing positive, caring relationships with people using the service.

People and their relatives told us they received care and support from familiar and consistent care workers. They said staff arrived on time and stayed the required amount of time, completing everything they should do during the visit.

A social care professional thought the service promoted and respected people's privacy and dignity. People and their relatives said staff always treated them with respect and dignity. Care plans included details for staff to follow to add to this. For example, people's preferred way of being addressed and whether they preferred male or female staff to carry out their personal care.

People's equality and diversity rights were upheld. Any needs the person may have in this area were explored and recorded during the pre-package needs assessment and incorporated into their care plans where applicable.

People's right to confidentiality was protected. All personal records were kept in a lockable cabinet in the office and on the service's computer system, only accessible by authorised staff. In people's homes, the care records were kept in a place determined by the person using the service.

People were supported to be as independent as possible. The care plans gave details of things people could do for themselves and where they needed support. This helped staff to provide care in a way that maintained the person's level of independence. People and their relatives told us the support and care they received helped them to be as independent as they could be.

## Is the service responsive?

### Our findings

People received support that was individualised to their personal needs. People's needs were assessed before their care package started, either by the commissioning local authority or by the agency staff. People and their relatives said they were happy with the care and support they received from the service. People and their relatives felt they received the care and support they needed, at the times that suited them. A social care professional said the service provided personalised care that was responsive to people's needs. They commented, "Care plans and risk assessments are person centred to meet the people's needs."

People's care plans were based on an assessment, with information gathered from the person and others who knew them well. The information was gathered before starting the package and then added to as staff got to know the people, what they needed and how they liked things done. Their usual daily routines were also included in their care plans so that staff could provide consistent care in the way people preferred. The assessments and care plans captured details of people's abilities and wishes with their self-care.

People's needs and care plans were regularly assessed for any changes. People's changing needs were monitored and the package of care adjusted to meet those needs if necessary. Staff reported any changes to the office so that the care plans could be updated. The care plans we saw were up to date. Daily records were detailed and showed that care provided by staff matched the care set out in the care plans.

People and their relatives were aware of how to raise a concern. They said the care and support workers and staff in the office responded well to any complaints or concerns they raised. People were given details about how to make a complaint when they started a package of care. They knew who to contact at the agency if they needed to. Staff were aware of the procedure to follow should anyone raise a concern with them. A social care professional told us they had not received any concerns about the service recently. People said they would recommend the service to another person.

## Is the service well-led?

### Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

People received a service from staff who worked in an open and friendly culture. Staff told us their managers were accessible and approachable and dealt effectively with any concerns they raised. They also said they would feel confident about reporting any concerns or poor practice to the registered manager.

Staff told us they were asked what they thought about the service and felt their views were taken into account. They felt well supported by the management team. Team meetings were held every two months and, where possible, were arranged for times when all staff were able to attend. Team meeting minutes showed staff were invited to give ideas for improvements and were kept up to date with what was happening within the company and with the people they provided care and support to.

Feedback on the service provision was sought by the provider's head office staff annually. The first survey for the service was underway but had not been completed at the time of this inspection. The team manager carried out telephone monitoring phone calls two to three times a year with each person who uses the service. Remedial action was taken if issues were raised by people during those calls. People and their relatives confirmed they were asked their opinion on the service they received. A social care professional felt the service demonstrated good management and leadership and delivered high quality care. They commented about the leadership and management of the service, "It has been erratic, however this has since been reviewed and the management are now very knowledgeable."

The service carried out routine audits of a number of areas related to the running of the service. For example, audits of care plans and risk assessments, communication books and staff files. We saw that issues identified during the compliance officer's May 2017 audit visit had been incorporated into an ongoing action plan for the service. Managers carried out spot checks on staff which included competency checks on their care practices in moving and handling and medicines management. The spot checks also assessed how staff worked with people who use the service. All records seen were up to date and accurate.

People benefitted from a staff team that were happy in their work. The service had a positive culture that was person-centred, open and inclusive. It had a well-developed understanding of equality, diversity and human rights and put these into practice. A social care professional thought the service worked well in partnership with other agencies.

People and their relatives told us the information they received from the service was clear and easy to understand. Staff said the staff in the office gave them important information as soon as they needed it. People, their relatives and staff all said they would recommend the service to another person.