

Abbots Care Limited

Abbots Care Limited (Hertfordshire)

Inspection report

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Date of inspection visit:

10 October 2016

19 October 2016

21 October 2016

23 October 2016

24 October 2016

01 November 2016

02 November 2016

04 November 2016

22 November 2016

28 November 2016

08 December 2016

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13 April 2017

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?

Outstanding 

Summary of findings

Overall summary

This inspection of the office location took place on 22, 23, 28 November 2016 and 8 December 2016. On 21, 23, 24, 25 October 2016 and 3 and 4 November 2016 we contacted people and relatives for feedback about the service they received. On 1, 2 and 11 November 2016 we visited people in their own homes to receive face to face feedback on the service they received.

We gave the provider 48 hours' notice that we would be visiting the office to make sure that the appropriate people would be there to assist us with our inspection.

Abbots Care Limited was registered on 21 November 2010 with the Care Quality Commission. Abbots care Limited is a large organisation which offers personal care and other related services in Hertfordshire, Buckinghamshire and North London. This inspection covered the services provided in North, West, South and East Hertfordshire reaching out to approximately 1020 people.

The services provided include, domiciliary care; flexi care scheme; live in services; specialist care from home services, parent support and supported living, and a rapid response service.

There was a registered manager in post who was also the managing director of the company. 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 provider had specialist staff teams trained to offer a wide range of care and support tailored to the individual needs of people with complex health and social care needs. These included people with behaviours others may find challenging; adults and children with learning disabilities and mental health needs, dementia and other complex life limiting conditions which required staff to have specific and specialist knowledge. For example tracheostomy care and support, palliative care, PEG feeds (Percutaneous endoscopic gastrostomy) are used for people who are unable to swallow or eat enough and need long term artificial feeding and Stoma care (An artificial opening that allows drainage to occur from an internal organ)

People told us they felt safe whilst staff provided care and support. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. We found that people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. People were supported to take their medicines safely by staff who had been trained and assessed as competent.

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experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. People were supported to take their medicines safely by staff who had been trained and assessed as competent.

Staff received regular one to one supervision from a member of the senior management team which made them feel supported and valued. People received the support they needed to eat and drink sufficient quantities and their health needs were well catered for with appropriate referrals made to external health professionals when needed.

People and their relatives complimented staff for being kind and caring. Staff were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able.

The provider had arrangements in place to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People were confident to raise anything that concerned them with staff or management and were satisfied that they would be listened to.

There was an open and respectful culture and relatives and staff were comfortable to speak with the registered manager if they had a concern. The provider had arrangements to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

The provider had developed close working relationship with commissioners and local authorities from their respective catchment areas to develop new and innovative services in response to the needs of people in the community and hospital settings. This has had a positive impact on the people who needed these services and used the services of Abbots Care.

Due to their on going commitment to deliver an effective and responsive service the provider developed, in partnership with Watford General Hospital and Hertfordshire County Council a 'Delirium Recovery Pathway' service which supported and returned people back to their own homes who may have otherwise been moved to long term placements. They provided specialist live in workers who assisted and rehabilitated these people until the delirium had been reduced and they regained their previous level of independence. The service also worked in partnership with local Clinical Commissioning Groups (CCG) to support a 'Rapid Discharge Service.' This pilot facilitated the discharge of 28 people who received short term care in their own homes following their stay in hospital.

Abbots Care were considered by the local authority in Hertfordshire to be a progressive provider who was proactive in designing high quality and person centred homecare services and who have improved discharge rates from hospital. They also considered that Abbots Care have demonstrated a detailed understanding of the 'ethos' of re-ablement by working with other professionals, such as occupational therapists to increase people`s opportunities to regain functional skills.

People received detailed information in a service user guide that explained how to complain and who to complain to and offered an overview of the services provided, offices opening hours and responsible staff contact details for each department within the service. The provider appropriately logged and responded to complaints. They investigated each complaint and if improvements were needed these were implemented and shared with the staff team to ensure there was learning outcome as a result of the issues raised.

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 delivered care to people safely.

People were supported to take their medicines administered by staff who had been trained and had their competencies regularly checked by managers.

Staff were trained and knew how to safeguard people from abuse and knew how to report concerns internally and externally.

Risks associated with the support people received were assessed, effectively mitigated and regularly reviewed.

Recruitment processes were robust and there were sufficient staff with the right skills and experience to meet people`s needs at all times.

Is the service effective?

Good ●

The service was effective.

People received support from staff who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

Staff worked collaboratively with health and social care professionals to promote people's health and well-being and respond to any health concerns.

Is the service caring?

Good ●

The service was caring.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

The staff helped people who had complex behaviour, health and social care needs to achieve positive outcomes and live as independently as possible.

Is the service responsive?

The service was responsive.

People's care and support was person centred and met the needs of the individual person.

Staff had access to detailed information and guidance that enabled them to provide person centred care and support.

People's visits were planned in consultation with the individual and were generally delivered within the agreed timescales.

People were aware of how to make a complaint. Complaints were investigated and outcomes were shared with staff for lessons to be learned and sustain the changes implemented to improve the service.

Good 

Is the service well-led?

The service was very well-led.

The manager had a clear vision about the service they provided and promoted an open and transparent culture with a strong emphasis on personalised care and support.

There were robust and effective systems in place to monitor the quality of the support provided and to drive continual improvement.

The provider had a close working relationship with local councils and commissioning teams for local authorities in the area they operated in.

The provider developed and implemented new and innovative services to people who lived within the community and helped to prevent hospital admissions.

Outstanding 

Abbots Care Limited (Hertfordshire)

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 was 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 commenced on 21 October 2016. The location was inspected by one inspector, however home visits and phone calls to people who used the service and relatives were carried out by a team of inspectors and by five experts by experience. The expert by experience is a person who has personal experience of having used a similar service or who has cared for someone who has used this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

As part of this inspection we telephoned people on 21, 23, 24, 25 October 2016 to obtain feedback on the service provided. On 1, 2 and 11 November 2016 we visited people in their own homes to ask for feedback about the services they received. We also contacted people and relatives by phone. We asked social care professionals and commissioners for their feedback about the provider and the services they delivered.

We talked to a total of 98 people who used the service and 21 relatives. In addition we talked to 19 staff members, managers of several departments within the organisation and the registered manager and one of the directors. We also contacted and spoke with five social care professionals and commissioners who gave us feedback about the services offered by Abbots Care limited.

We looked at documents relating to 25 people and other documents and quality assurance systems the provider had in place to monitor the effectiveness of the services provided to people.

Is the service safe?

Our findings

People told us that they felt the care and support they received was safe. One person said, "It is a comfort to know that someone will be coming three times a day to check on me." Three people out of six people told us that the agency could do better by advising them who would be covering when their permanent staff member was off sick or on annual leave but none of the six people feel that this was a major concern. One person who used the service said, "At first when Abbots Care took over it was a bit of an old mix up. I kept getting loads of different care staff especially at the weekends but it seems to be sorted out now."

Another person told us "My regular carer tell me when they are going to go away on holiday, I just have to wait to see who I am going to get whilst they are away." A third person who used the service told us, "I have regular care staff, I like talking to them about everything that goes on in St Albans. When [staff member] is away I don't always know who to expect in their place but it makes a nice change to have somebody else to talk to." This information was followed up with the registered manager at the time of the inspection and evidence provided to confirm that each of these individual issues were addressed and resolved.

Five people we spoke with said that the care staff were sometimes a little bit late but that was down to traffic or being held up at a previous call. One person told us, "They [care staff] come to me when they come, there is no set time. You can't guarantee times these days unless you are a wizard because of the traffic."

One person who used the service said, "They can sometimes be a bit late but I have never been completely deserted." Another person who used the service told us, "They were late a few times; they let me know if it was going to be very late. They have never missed a call completely." One person we spoke with told us that, "It came to midday and nobody had turned up and then two turned up 15 minutes later. It is difficult to get in touch with them sometimes. I was on the phone to the office when they arrived."

Staff had been trained in how to safeguard adults and children from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Every staff we spoke with were able to confidently describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. They told us that they would not hesitate to use these procedures where necessary and encouraged other staff to do the same. One staff member told us, "I would report any concerns to one of the managers." Another staff member told us "I did the safeguarding training when I first started. Anything that is said is kept confidential but if I had concerns would report to my manager." We saw that information on how to report safeguarding concerns were displayed throughout the main office and also within the training room. This showed us that the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as mobilising independently, eating and drinking skin integrity and risks associated with the person's home environment. These assessments were detailed and had identified potential risks to people's safety and the controls in place to mitigate risk. We looked at the individual risk assessments for 25

people which we found had all been updated within the past six months. For example we saw a risk assessment for a child who had seizures. This document detailed the risks, described the type of seizure they had and the control measures in place to help prevent them from harm. We asked staff about how they ensured they minimised the risk to people within their own homes. One [staff member] told us, "We are always mindful of the risk that are present when working in people's own homes, for example trip hazards, their family pets and the kitchen and bathroom areas. We try our best to mitigate these risks by discussing our concerns with the person themselves. However sometimes you have to accept that the person has decided to weigh up the risks and has made their own decisions." This meant that people were in control of their life and staff supported them respecting their

We looked at ten staff records with regard to their recruitment and employment at the service. We found that staff had been through a thorough recruitment process before they started work. Checks were in place from the Disclosure and Barring Service (DBS) to establish if staff had any criminal record which would exclude them from working in this setting. References and DBS checks were confirmed before staff started work at the service.

Ten staff we spoke with confirmed that they had received training in the administration of medicines and that they had been assessed as competent by a senior care manager before they assisted or supported people with their medicines. Team managers also told us they observed staff competencies in the administration of medicines when they completed spot checks in people's homes. We saw evidence that confirmed the checks had taken place. One person who we visited told us, "The care staff always make sure I can reach my tablets but I am capable of doing it myself, but it's nice to have that reassurance that someone is there whilst I do it, just in case I drop them."

Medication administration records (MAR) had been completed and audits had taken place. Any issues were noted together with the action that had been taken. Action included staff supervision, further training or competency checks.

All 15 people we visited within their own homes and six relatives we spoke with confirmed that staff minimised infection and cross contamination because they used the appropriate personal protection equipment (PPE) such as gloves and aprons where appropriate.

Is the service effective?

Our findings

People who used the service and their relatives were positive about the care provided. One person we spoke with told us "When I was unwell and had to go to hospital, the [staff member] packed the things I needed. I was really glad they [staff member] was there, they sorted everything out and just to have a hand on your shoulder when you are feeling poorly is worth such a lot." Another person we visited told us "No additional training needed as far as I am aware. They do really care, that is the important thing." Another person who used the service said, "I can't think of anything they could do better, I am quite happy thank you." Two people we spoke with told us "One or two of the care staff who come I cannot understand their language, which can be quite tedious." Another person told us "The care staff times can be variable of up to an hour late which causes me some concern." This information was passed back to the manager for their attention. One person we visited told us "I consider the care staff have the right training to help care for me although the difficulty lies when the regular carers are away then we get different individuals, quite often someone different every day."

People received care and support from staff who had been trained and supported to meet their needs in a safe and effective way. This included in areas such as moving and handling, medicines, infection control, emergency first aid, safeguarding, privacy and dignity, equality and diversity and health and safety training. We also saw evidence of specialist training that had been provided where necessary. This included Parkinson training, peg feed training, epilepsy training, stoma and catheter care training. 26 people we spoke with told us they considered that staff were both competent and confident in providing the care to them. One person told us "I always have two carers as I need to be hoisted and they do this with confidence and professionalism. They make sure I am safe and comfortable before they start to move me too."

We spoke with one care worker about their recent induction programme and they told us "My induction lasted one week, the training was really good and I had three shadowing days. We also have spot checks and observation sessions on how we care and support people." Another care worker we spoke with said "I had an induction and a whole week of training and I recently completed my training updates, the week before last. I did moving and handling, first aid, health and safety, fire training, medicines and epilepsy training. This was a three day refresher course."

New staff were required to complete a structured six day induction programme followed by a period of shadowing an experienced member of staff before they worked unsupervised. During this time they also received training relevant to their roles, and had their competencies observed and assessed in the work place. All new care staff were required to complete the Care Certificate as part of their training programme. All staff members received training and refresher updates in areas such as infection control, first aid, dementia, medicines, safeguarding adults and children, moving and handling. They also received training designed to meet the specific needs of people, for example dementia care training. A social care professional we spoke with told us "Abbots Care employ care staff who care passionately about people and I have always found them to be well trained and competent in the care they provide to vulnerable people." A relative commented about the care the service provided to their relative, "I really didn't expect my [relative] to be able to access this day care placement but with the help from Abbots Care who provide a brilliant

worker each week my [relative] loves it, is learning how to love the outside and gardening and sleeps so well after a day at this day care setting."

People told us that staff always asked permission before they provided their care and support and they also told us they were supported by staff to take informed decisions about their care and support. One person we visited confirmed that staff always ask permission before they provide their care. They told us "Whichever [staff] comes to help me they all know that it is only proper and polite to ask my permission first, which they do and if they didn't I would tell them." Another person we spoke with told us "The staff are all polite but some are better than others at accepting that I have the capacity to make my own choices."

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.

One staff member stated, "In the front of people's care plans there is a consent forms that are reviewed by the community managers and signed by the person or their relative." One person who we spoke with told us, "The care staff always check I understand what they are going to do, even though it's the same every day." One staff member stated, "We cover this issue in our induction and it's also covered in our Mental Capacity training so I feel fully up to date with the information that I need to do my job. For example I have seen consent to have people's photos taken and or to share personal information with other professionals involved in their care, in the care plans of people I visit."

The majority of staff we spoke with had a good understanding of the five principles of the Mental Capacity Act. Seven staff members told us what actions they would take in case they felt a person may lack capacity. One staff member told us "I have seen in people's care plans an assessment about their capacity and in one person's care plan there was a record of a best interest meeting that was held regarding them going out on their own and the risks associated with this." However we also found that some staff we spoke with had a limited understanding regarding the principles of the Mental Capacity Act and how to ensure people have the capacity to consent. When we asked one person about Mental Capacity Act training they told us "MCA - I don't recall this training, don't know about this. I think the MCA is about people who might self-harm. Another staff member told us "The managers sort all that out so we don't really need to know about Mental Capacity." This information was passed back to the manger for their attention and to ensure the Mental Capacity Act training provided all staff with the necessary knowledge to carry out their role effectively and safely. We were provided with additional information from the registered manager during the visit to the office that additional training was planned with regard to Mental Capacity Act.

Staff told us they felt valued and supported by the provider and management team. They told us that they had the opportunity to meet with a senior colleague on a regular basis to discuss and review their performance, professional development and any other issues that were important to them. One staff member said, "We all work from one big office now which I feel has improved communication between us and the care co-ordinators, the office staff and the managers."

We found evidence within the daily records we looked at that people were supported with their meals, where necessary. One person told us "They [staff] always offer me a choice of drinks before they leave me and make sure it is in easy reach." Another person told us "When the [staff] comes to do my lunch they always check to see if I like what has been left for me by my relative, if I change my mind they [staff] will make me something else." We saw the individual care plans recorded people's likes and dislikes with regard

to their food choices; this included any religious or cultural factors that needed to be considered.

People we spoke with told us that their day to day health needs were met and that they were supported to access health and social care professionals when necessary. One relative stated, "I particularly appreciated the care given when our [family member] has to attend medical appointments and the flexibility of staff when I have been away and unable to attend these appointments."

The registered manager told us that if people lived with family members they took the lead in terms of managing their [relatives] health care needs. However where people lived alone, they were supported by the staff who provided their care. One relative we spoke to told us "The [staff] will ring me at work if my [family member] is unwell and needs to see a doctor urgently. They will then stay with my [family member] until I can get back from work." This meant that staff were proactive in responding to people's healthcare needs in order to prevent their health deteriorating.

In addition people told us that care staff had assisted them with making appointments with other professionals such as opticians, the dentist and chiropodists. People also had an 'annual health' check if they wanted it. This helped to maintain people's physical health and wellbeing. We saw from the care plans we reviewed that these also contained relevant information needed in an emergency or if people were admitted into hospital. For example, medicines the person was taking, next of kin details, known medical conditions and any allergies they may have had.

Is the service caring?

Our findings

People told us they were happy with the service and the care and support they received. They told us staff were kind, caring and compassionate. A person who used the service said, "Staff are always kind and respectful when they talk to me." Another person told us they had support from, "Two very nice [care staff] and all the staff are very respectful and kind. We have a lovely laugh. One person said that they really enjoyed the time that the staff spent supporting them. They told us, "I clown around with the staff, we have a laugh, and I get on with them all really well."

People and their relatives told us staff were respectful and protected and maintained people's privacy and dignity when they provided care and support. One person we visited told us "The care staff are understanding, they never make me feel embarrassed." We found that if people had expressed a choice of a male or female carer that this had been respected and provided, where possible. One person told us, "I usually have female care staff, occasionally I have a male [staff] but it is always female carers that support me with showering." Another person who used the service told us they always received their personal care from staff members of the same gender as themselves. They said, "I always have female care staff, my [relative] would not be happy if a male carer turned up to give me a shower." One person we visited told us "Oh, I always have a female carer, I wouldn't have a man here." This meant that people's choices were respected, upheld and their dignity was maintained.

Staff told us how they ensured people's privacy and dignity by closing the curtains, keeping doors closed and covering people when they provided personal care. One staff member we spoke with told us "When I'm giving personal care I close doors, and cover the person with towels. I encourage people to do what they can themselves." Another staff member told us, "I am old school, dignity is an important thing. When I assist people with their shower, I close doors and cover them up when supporting them. Another person who I care for wears pads and when we go out I am always conscious that I need to assist this person discreetly and in a private place in order to protect their dignity." This approach from staff demonstrated that staff were mindful of people's dignity and privacy.

We saw that care plans reflected people's choices and were written in a respectful way which incorporated people's wishes and helped staff to care for people in a dignified manner. For example we saw one care plan that described how to support a person with dementia who on occasions became anxious and distressed. The guidance was written in an empathic way and described how staff should support this person, it stated 'Try to reassure me in a gentle soft voice as this will help me relax and become less anxious.' People and their family carers were cared for and supported by staff that were trained and understood the standards set by the provider regarding how to support people and their family carers.

Records were stored securely and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

Is the service responsive?

Our findings

We found that people's care and support needs were provided in a way that suited them and met their changing needs. People's needs were assessed before the service commenced. People were also consulted about the times they wanted their care to be provided and the service provided was flexible. A relative of a person who used the service told us, "The care plan for my [family member] is good, I helped them [staff] complete it. It also gets amended according to their changing needs, for example if my [family member] hasn't eaten well from time to time, then the care plan is amended accordingly."

People's care plans were personalised and paid attention to detail. They gave clear guidance to staff on how to support people and what was important to them. For example the bathing routine for one person who required hoisting paid great attention to detail in a step by step guide from how they liked to be washed, to what type of shampoo they liked to use and to how long they liked to stay in the bath for. This meant that people were cared for in line with their plan of care and in a way that they chose.

Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and all staff we spoke to knew the needs of each person well.

Each person who used the service had an allocated care co-ordinator who managed the service they received. They were responsible for completing regular audits and reviews of people's care and ensured all the care records were updated and reviewed. This meant that people received the care they needed and expected.

The registered manager explained how they had worked in partnership with both Watford General Hospital and Hertfordshire County Council with the Delirium pathway, an integrated service that arranged early discharge from hospital for people who lived with delirium. Abbots Care provided a short term live in service with trained staff who supported people in their own home until the delirium is reduced. Since this service commenced 48 people were successfully supported with early discharge from hospital. The care they received proved effective, people's condition improved and they were able to remain independent in their own homes.

A social care professional told us "The commitment from Abbots Care to recruit and deliver care packages for people who require care in their own home has resulted in a zero waiting list for people waiting for home care in both the Watford and three Rivers areas."

The majority of people we spoke to told us they had no reason to complain about the service they received, however they knew where to find the provider's complaint procedure should they wished to complain. However three people told us that they had recently complained to the office when a carer had been late or who had not turned up. We saw that these three complaints had been investigated and resolved to the satisfaction of all parties involved. The registered manager had met with all three complainants, as part of the newly implemented complaints procedure. Another person told us that they had a staff member who

they felt hadn't been very nice. Their relative had called the office on the person's behalf and explained the situation. In response to this the agency had ensured that this staff member did not attend this person's home again. We also saw evidence that the manager had carried out a face to face visit with this relative, to reassure the complainant. We were also informed that this staff member had been provided with additional training. This meant that the provider had an effective system in place that responded to complaints raised and resolved these to a satisfactory conclusion.

Each person we visited said that they would be confident to raise any issues with the staff members that provided their support. They also told us that they were confident that their concerns would be taken seriously and acted upon. A person who used the service said, "I would be perfectly happy to bring anything up if I was worried, I know they would sort it."

We saw from the home visits we carried out that a copy of the service user guide and the complaints procedure was contained with the main file kept within the person's home. We also saw that there was also an easy read complaints procedure available for people who were unable to fully comprehend the written format.

Is the service well-led?

Our findings

People we visited and talked to told us that they were very happy with the service provided. They were very complimentary about the staff who cared for them stating that they found carers to be kind and caring. One person told us, "I think Abbots care is well organised and are good at what they do." A relative of a person who used the service told us, "We have only recently joined this care agency but so far everything is going well, with efficient care staff and office staff who are always happy to assist with any queries we have."

The provider was committed to continually improve and further develop their services within the Hertfordshire area and has demonstrated this in a variety of innovative ways. For example since the last inspection took place the service has appointed a Community Navigator who worked with projects and social enterprises within the local community to encourage and support people who used their services from becoming isolated. Examples include facilitating a person joining a rock choir, drumming lessons, table tennis club and accessing an inclusive social and activities club. The community navigator also arranged for activities to be provided in one of its flexi schemes which have included arts and craft sessions, cake making, and board game mornings.

The service worked in partnership with the local authorities and commissioning groups within their catchment areas and demonstrated that through consistency and dedication they have managed to reach out and provide care and support hundreds of people. Representatives from the local authorities who gave us feedback about the service considered Abbots Care one of the leading providers in Hertfordshire. One social care professional told us, "The progressive culture within Abbots Care clearly stems from the dynamic and ambitious leadership team, who the County Council have always found to be open, receptive and reliable. It is evident that the management team in Abbots Care have instilled their values across the organisation's workforce."

In September 2016 Abbots Care were commissioned by Hertfordshire County Council to take on an additional 425 service users from another provider. This was a complex task due to the amount of service users and staff who transferred over. However Abbots Care senior management team ensured this transition was managed effectively by developing a risk analysis document of key areas that may affect the service provided to people. We saw evidence of the contingency plans used in order to ensure people were safe during this transition. For example there was a team of dedicated staff responsible for both ensuring the roster system was effective and the call alerts team was fully operational in order to identify anyone who was at risk of late and missed calls. The registered manager also devised a system to encourage and support all staff who wished to transfer over from their previous provider. This included staff incentives and learning and development pathways. For example the provider had introduced a £250 prize draw to all care workers who had their performance rated as good. There was also additional management support put in place for care staff in order to try and resolve issues or concerns following their transfer and to improve working conditions and job satisfaction. For example 100% of the Community Care managers and 85% of the co coordinators made the decision to transfer over to the new provider which amounted to 165 staff in total. We spoke with two of these staff members who told us the decision to transfer over to the new provider was helped by the reassurances from both the registered manager and senior management team that there

would be additional support, mentoring and training provided to ensure they had a full understanding of their new roles within the organisation. One staff member told us "I was anxious initially as I didn't want there to be a 'blame' culture from the mistakes that had been made in the past, but once I had met with one of the senior managers I felt more at ease and knew I had made the right decision. Now I enjoy the challenge that the work provides and feel I have the right support and training to do the best job I can."

As part of this transition the registered manager and senior management team identified the need to ensure that each new service user was fully assessed and a new care plan put in place as soon as possible. However they also recognised that this could not be achieved within the 21 day timescale. They ensured risks were assessed as soon as possible and this was achieved by using a traffic light system. A system that identified the individual risk. Red was high risk and green equalled low risk. They worked through each person systematically, with people who had been assessed at high risk of harm being re-assessed within the first weeks of transferring over. Abbots Care devised new care plans for 92% of people within the first three weeks of transferring over from the previous provider.

Abbots Care is the lead provider for a 'Support at Home' service in Watford which principally supports people with a rapid discharge from hospital enabling people to return home as soon as they are medically fit. This pathway is a short term service of up to four weeks where the provider offers intensive support of both care workers and their community facilitators to devise focused care which enables people to regain their level of independence. This project successfully supported 31 people transferring from Specialist Care at Home in both the Watford and Three Rivers areas to Support at Home with no disruption to the service they received. This shows that the provider initiated and embarked on new projects to improve people's independence and quality of life by assessing and reviewing their current care and making changes that benefit and improve their existing care packages.

The registered manager has an effective and robust quality assurance model which has enabled them to closely monitor quality of the services they provided to people. There were audits completed daily and monthly by care staff, managers of different departments, and by the provider. These audits included spot checks for care staff, auditing care plans, checking medicines and staff competencies, safeguarding referrals. The provider has also implemented a more robust and effective system to monitor late or missed calls. There is now a dedicated 'alerts' team who monitor all care calls on a 'live' system. This system alerts the team where a care worker fails to log in, the alert co-ordinator then calls the service user to let them know the office is aware and ensures the call is made. There is also a 'standby' worker on call and is dispatched immediately if the care worker is unable to attend the visit for any reason. The team use a traffic light system to report on all alerts and actions taken and the report is circulated to the whole team

The data collected fed into a monthly report where the provider monitored their own compliance against their set Key Performance Indicators (KPI`s). In addition they used numerous methods to obtain feedback regarding the service levels from the people they supported. This helped them identify any trends in complaints. For example the provider had implemented face to face visits following any complaints received as a way of improving the relationship and contact between the complainant and the provider.

Staff knew their roles and responsibilities and felt involved and listened to. Staff told us they met regularly to discuss all aspects of the service and all staff we spoke to felt respected and consulted about the service delivery. There was evidence of regular staff meetings, from senior staff meeting to peer support meeting held in order to ensure that everyone had an opportunity to contribute. These meetings provided all staff with opportunities to discuss people who used the service, any changes or concerns and share positive experiences. We found that the registered manager and staff team were passionate and proactive in making a difference to people who used their service. For example a person who used this service had recently been

discharged from hospital following an operation. They were assessed as requiring one call a day to assist them with their personal care needs in the morning. However the office received a call late one evening from this person stating that they had managed to get themselves into bed but were unable to pull the duvet cover over themselves and were feeling very cold. The registered manager arranged for a staff member to call around to this person the same evening and make them warm and comfortable.

We found that as a result of the effective and personalised care and support people received from staff enabled them to remain independent in their own homes. One person said, "I can continue living at home because of the service I receive from Abbots Care." A director of health and community care services reported "Abbots Care have worked with the local authority with regard to delayed discharges at West Herts Hospital Trust, increasing their intake from hospital by posting a member of their own staff within the integrated discharge team, which led to a reduction in people waiting in hospital beds, unnecessarily.

Abbots Care were also commissioned by Hertfordshire County Council to take on two new contracts of other failing providers. We were told "This was a significant business risk for Abbots Care but their senior managers only have the people and their carers in mind, they relish the challenge and [we] trust each other to work through the problems left by these organisations and achieve the best for people."

People were encouraged to give feedback both informally and formally about the quality of the service they received. The results of the most recent satisfaction survey carried out in June 2016 showed that people were satisfied with the service they received. Comments seen included: "The service has enabled my relative to get out into the community and helps with their exercise and well-being." "They provide good training for their staff." All Abbots care staff are lovely and arrive on time as agreed."

The registered manager promoted and created a constant learning culture. They provided a dedicated training room with all the necessary equipment for staff to receive face to face practical training in manual handling, stoma and catheter care, as well as desk based training. The training programme was extensive both within the induction programme for new staff and as part of staff's on-going training needs. There was a team of trainers and development staff led by a member of the senior management team. We saw evidence that all new staff were expected to complete the `Care Certificate` within the first 12 weeks of employment, although this deadline was sometimes extended due to the individual care workers progress and availability. The registered manager told us that all care workers were encouraged achieve or were working towards a minimum of level 2 Health and social care qualification after they have completed the care certificate. There were plans in place to ensure staff achieved a more in-depth medication training and achieved a Level 3 nationally recognised accreditation in medicine administration.

All community supervisors and senior care workers were currently at or above level 3 Health and social care qualification. The management team had a wealth of experience and qualifications in the field of social and health care. This meant that the provider strived to ensure that the whole workforce had the skills and abilities to provide a high standard of care and support to people who required their services.

The registered manager told us that the ethos and culture the service promoted was one of striving to maintain a well led service and effective service to people. We found that the service was managed by a dedicated and enthusiastic management team who promoted and encouraged best working practice throughout the diversity of the services they provided to people. This was echoed and endorsed by the testimonials we received from commissioning teams and health and community services. One social care professional told us, "Through their commitment and person centred culture, Abbots Care have become a key strategic partner for the local community and their work demonstrably improved the lives of service users in Hertfordshire."

Abbots Care has an advisory board which is made up of local community partners, housing associations, NHS colleagues, local authority membership and people who use the service. This service is used to look at ways in which the service provided can be further improved through the membership of the board. For example some feedback was received from the Advisory Board on the current recruitment strategy for care workers in the area. The board came up with some suggestions about advertising and using other sources of recruitment channels which included churches and voluntary groups and a 'recommend a friend scheme.' This had a positive effect on recruitment in the locality. The board also shared the recruitment adverts and posters in their own organisations to support this campaign.

The registered manager promotes and provides opportunities for people who have become isolated at home by organising regular support networks across all areas of Hertfordshire. For example Christmas parties, regular social and leisure events. Abbots Care recently celebrated their 20th year in service with a barbecue for everyone to attend.