

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Alabaré Christian Care and Support

33 Brown Street, Salisbury, SP1 2AS

Date of Inspection: 16 October 2012

Date of Publication: January 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Alabaré Christian Care Centres
Registered Manager	Mrs. Ruth Telford
Overview of the service	Alabaré Christian Care Centres in Salisbury is a domiciliary care service that currently provides personal care to nine people in the community. Some of these people live in supportive housing owned by the organisation.
Type of service	Domiciliary care service
Regulated activity	Personal care

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 October 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

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### What people told us and what we found

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The people we met and talked with were positive about the staff and the way they were supported by them. They told us "I know them well. They help me".

We asked one person if they thought that there was enough staff on duty even at weekends. They told us that they thought there was sufficient staff. One person said "they help me when I need them".

The manager told us "we are a small staff team so we know each other and the people we support really well. I make sure staff feel they have enough time to work with people without being rushed".

We checked the staff rotas and spoke with staff members to see if people benefited from there being enough staff on duty to meet their needs. We found this was the case.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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The manager told us "some of the people who used our service also live in supportive housing within the organisation. They choose to use our service but they can choose any service. We made a point of giving them as much information as we can about other domiciliary care services so they can make a real choice. We are a small service at the moment but we are thinking of expanding. It's important to us we do a good job. We really care about the people we support".

A member of staff told us "I always ask people what they would like me to do when I visit. If I am shopping with people then I always make sure we buy what they want. We spend a lot of time getting the right thing".

One person told us "the staff offer me lots of choices. They always ask what I want. They help me with appointments and choosing my glasses".

We looked at the care files to see if they contained information about people's choices about the care they would like to receive from the staff team. We saw that people made choices about the times they wanted a service, the food they wanted to eat and their daily activities.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We asked people about the care and support that they received. People told us "the staff help me stay at home. They go to hospital appointments with me and help me when I'm not well". The manager told us the support people received from staff focussed on developing life skills and maintaining people in being independent in their own homes. The manager said "we don't have anyone who receives personal care, but we have had in the past. We mainly do activities with people".

We reviewed two people's care plans so we could find out how people were supported with their care needs. We saw the care plans were well organised and well maintained by the staff team. They provided detailed information about people's care needs and information about their physical, mental and emotional wellbeing. They included records about people's dietary and health needs, daily observation records, people's wishes and ambitions and risk assessments.

The information in the care plans showed us relatives were involved in decisions about people's care. We saw these plans were regularly reviewed. We saw minutes of staff meetings showing the staff team discussed and acted upon the care needs of people who used the service.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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Staff members told us they had received training in the protection of vulnerable adults. Staff were able to describe this training, which showed they understood its content. We saw they had a system to receive yearly updates to ensure they knew current information and practises.

Staff members described recent safeguarding incidents and the procedures they followed to ensure people were safe. We saw there was clear information on how to make a safeguarding referral available to staff. Staff members were able to identify who to contact to make a referral. We saw the agency had clear policies and procedures in place.

We spoke with people who used the service and they told us that they felt they were cared for safely.

A staff member told us they knew about the whistle blowing policy.

We looked at the training staff members received at the service and found training about the Mental Capacity Act 2005 ( MCA) had not been completed. The provider might find it useful to note that staff were unclear about how to complete a MCA assessment. They told us of some current situations where a best interests meeting would be useful to people who used the service. By the end of the inspection the manager had booked senior staff members on a MCA course. They told us they thought it would be useful in their work with people.

## Staffing

✓ Met this standard

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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The people who use the service that we met and talked with were positive about the staff and the way they were supported by them. They told us "I know them well. They help me".

We asked one person if they thought that there was enough staff on duty even at weekends. They told us that they thought there was sufficient staff. One person said "they help me when I need them".

The manager told us "we are a small staff team so we know each other and the people we support really well. I make sure staff feel they have enough time to work with people without being rushed".

We checked the staff rotas and spoke with staff members to see if people benefit from there being enough staff on duty to meet their needs and we found that this was the case.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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We saw on the care files that the views of relatives were sought at people's reviews and in the brochure for the service. The provider gave us information about other quality assurance processes, such as analyses of incidents, and internal audits against nationally recognised standards. There were also unannounced visits to the service were being made by a staff member in the organisation. We were told that information from these visits was collated to highlight any performance issues and identify areas for further improvement.

The provider might find it useful to note there were no questionnaires sent to people who used the service and their representatives. This meant the service could not be assured they were providing a service that people wanted. The manager told us they relied on knowing each person personally as the service was so small. They recognised they could not rely on this means when the service got larger.

We saw that the manager monitored and analysed the levels of accidents, incidents and complaints to ensure that people who live in their own home were safe.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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