

**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: 02 May 2013

Date of Publication: May  
2013

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

|  |   |                   |
|--|---|-------------------|
| <b>Care and welfare of people who use services</b>               | ✓ | Met this standard |
| <b>Safety and suitability of premises</b>                        | ✓ | Met this standard |
| <b>Supporting workers</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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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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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 2 May 2013, 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 "they help me live at home and keep an eye on me."

The manager told us "I meet with all my senior staff every week and we talk about every one we care for. I think it's important I know what's going on in the service."

We asked people about the care and support that they received. People told us "I try to look after myself and they help me. I go to a lot of their events so I feel I know them well. It's a very good service."

The manager told us the support people received from staff was often activity bases rather than personal care. The manager said "we tend to remind people to have showers than actually assist them."

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

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

### Care and welfare of people who use services

✓ Met this standard

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 "I try to look after myself and they help me. I go to a lot of their events so I feel I know them well. It's a very good service."

The manager told us the support people received from staff was often activity based rather than personal care. The manager said "we tend to remind people to have showers than actually assist them."

We looked at the initial assessments that informed people's care plans and saw they were detailed and person centred. The manager told us "the initial assessments usually take about two hours. I visit every one at the initial assessment stage so I can always put a name to a face."

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 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, risk assessments, people's wishes and ambitions.

The care plans were frequently reviewed by the staff team. Staff members we spoke with were able to describe the contents of each persons care plan. This showed us they understood the needs of people who used the service.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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### Reasons for our judgement

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The service had recently moved their premises to a larger building close to the original site. The manager told us "this is so much better for every one. We can all meet as a team here and it's our own private space. We don't have to share any space at all."

We saw there was a large office and an adjoining meeting room which was used for staff meetings and training. There was also a kitchen and toilet facilities.

We saw care files and staff recruitment files were kept securely in lockable cabinets within the main office.

Health and safety audits and risk assessments were completed about the premises. There were also regular fire equipment checks.

The office was close to people who used the service. People we spoke with confirmed they knew where the office was located.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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We saw each staff member completed a weekly summary of the care they delivered to each person who used the service. This information then formed the basis of a one to one meeting. The manager told us, "I meet with all my senior staff every week and we talk about every-one we care for. I think it's important I know what's going on in the service."

We looked at the staff supervision records and saw staff received supervision and appraisals at regular intervals. The records confirmed staff training was discussed and additional training made available if required. The manager and senior also completed spot checks on staff out in the community to ensure they delivered a safe service.

There were regular team meetings which were recorded and were available for any staff members who could not attend.

A staff member told us, "I feel really supported here. It's a great job and a quality service."

## 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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The people who used the service were positive about the staff and the way they were supported by them. One person told us, "they help me and we get on very well."

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 manager 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 made by a staff member in the organisation. We saw information from these visits was collated to highlight any performance issues and identify areas for further improvement.

We looked at the questionnaires sent to people who used the service and their representatives. We saw people were positive overall about the service they received. The manager told us "we asked people if the staff stayed the correct amount of time and some people thought they may sometimes arrive a bit late. We went through this with the staff team and now it's all sorted."

We saw that the manager monitored and analysed the levels of accidents, incidents and complaints to ensure people who lived 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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