

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

## Ablewell Care

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Tel: 07540597532

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

**Care and welfare of people who use services** ✓ Met this standard

**Requirements relating to workers** ✓ Met this standard

## Details about this location

Registered Provider	Ablewell Limited
Registered Manager	Mrs. Rachael Beard
Overview of the service	Ablewell Care provides personal care and support to individuals who live in their own homes. This includes older people, younger adults with disabilities and mental health needs, and children. The service operates out of an office based in Macclesfield.
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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We carried out this inspection to check whether Ablewell Care had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Requirements relating to workers

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 15 November 2013 and reviewed information given to us by the provider.

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### What people told us and what we found

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We inspected Ablewell Care on this occasion because at our previous inspection we had found them to be non-compliant in relation to two of the regulations which describe the essential standards of quality and safety that people who use health and adult social care service have a right to expect.

During this inspection we visited the offices of Ablewell Care, looked at records including on electronic systems, and spoke with the Manager. We found that appropriate action had been taken in relation to those areas we had identified at our last inspection.

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

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### Reasons for our judgement

When we last inspected Ablewell Care we were concerned that risk assessments and reviews of care were not always completed. The provider sent us a plan which outlined the actions they were going to take to become compliant with the relevant requirements.

We saw that the provider had introduced a quality assurance system which meant that the registered manager was able to see the up to date position in respect of every support plan review and risk assessment for people who used the service. This took the form of a quality assurance schedule on which the completed dates were entered along with the next date these items were due. We looked at this schedule in electronic format and saw that it clearly showed which support plans and risk assessments had been completed and which were due.

The provider told us that they currently aimed to review these at between nine and twelve monthly intervals. We looked at the support plans and risk assessments for five people who used the service and found that these had all been reviewed and updated within these timescales. The provider told us that they were aiming to increase this frequency to six to nine months

When we last inspected Ablewell Care we commented that the support plans we saw did not include comments from people who used their service or their relatives. During this inspection we saw that a form had been introduced to record this information.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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When we inspected Ablewell Care in May 2013 we were concerned that although the provider offered services to both children and adults the recruitment checks they had made before employing staff were not sufficient to safeguard children. The regulation requires that the provider obtains a criminal record certificate for care staff. This is now known as a Disclosure and Barring Service (DBS) check. Information about a criminal record or other restrictions helps employers make safer recruitment decisions and may prevent unsuitable people from working with vulnerable groups

We were told that this was an administrative error within the process of applying for this information. The provider assured us that no children were receiving a service at the time of that inspection. The provider sent us an action plan in which they said that they would immediately identify those staff who were not cleared to work with children. In the event of being asked to provide care for a child the provider would not allocate one of these workers to provide that care.

During the current inspection we saw that a list of all the staff employed at Ablewell Care was maintained with a clear colour coding indicating the status of their DBS check. We saw that it was easy to identify those staff whose check had not included clearance to work with children. We saw that because of the appointment of new staff since our last inspection the majority of staff were now cleared to work with both adults and children.

We looked at three electronic records of DBS clearance and saw that these were satisfactory and related to both adults and children. We also looked at two staff files in paper format and found that these together with the other information held by the provider were sufficient to satisfy the requirements. We saw that the provider had introduced other measures to improve employment records.

## 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

### Essential standard

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)

### Regulated activity

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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