

Abounding Support & Care Ltd

# Abounding Support & Care Ltd

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Abounding Support & Care Ltd is a live-in care service which also provides domiciliary care. At the time of the inspection, they were supporting five people, four of whom received live-in care. The service can support both younger and older adults who may be living with dementia, a physical disability or a sensory impairment.

### People's experience of using this service and what we found

People's relatives were positive about the care their loved ones received from staff, whom they felt provided good quality care.

The registered manager had not ensured staff's responsibilities and role in relation to people's medicines support was clearly documented within their care plan. Once this was brought to their attention, they took immediate action to rectify this. Staff had incorrectly stopped weekly testing for COVID-19 following their COVID-19 vaccinations, weekly testing has since re-started.

Staff had assessed potential risks to people and measures were in place to manage them. People were safeguarded and protected against the risk of abuse. There were sufficient staff to support people to stay safe and to meet their needs. The registered manager investigated any incidents to identify any improvements required.

People's needs had been assessed and their care was planned to achieve effective outcomes. People were cared for by staff who had the required skills, knowledge and training. Staff supported people to eat and drink enough for their needs. Staff worked both together and across agencies to ensure people received effective care and their health needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

All staff treated people with kindness, respect and compassion. Staff involved people in decisions about their care as far as possible. Staff maintained people's privacy and dignity during the provision of their care and promoted their independence.

People received personalised care which was responsive to their individual needs. Staff supported people at the end of their life as per their preferences. The provider had processes in place to listen and respond to any complaints or concerns raised.

The registered manager understood their role and responsibilities. They promoted a positive culture which was focused on achieving good outcomes for people. People and staff's views on the service were regularly

sought. Processes were in place to monitor the quality of the service provided and to identify areas for improvement. Staff worked in partnership with external agencies to provide peoples' care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 23 March 2020 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Abounding Support & Care Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was completed by an inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure staff would be in the office to support the inspection.

Inspection activity started on 15 November 2021 and ended on 23 November 2021. We visited the office location on 15 November 2021.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We sought feedback from commissioners. We also reviewed notifications received from the service. We used all of this information to plan our inspection.

During the inspection

We spoke with three people's relatives about their experience of the care provided. We also spoke with the registered manager.

We reviewed a range of records. These included three people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with a further two people's relatives. We spoke with three members of staff and received written feedback on the service from a further five staff.

We continued to seek clarification to validate evidence found and looked at records relating to the management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People's care plans did not contain written information about their medicine support needs and risks, or instructions for the administration of medicines people took 'as needed', as per the provider's policy and national guidance. We discussed this with the registered manager who addressed this for people immediately. People receiving assistance with medicines, each had a live-in carer, who had received a handover of their care and understood their medicines needs. People's relatives told us people received their medicines on time and as prescribed.
- Staff documented the administration of people's medicines on their medicine administration record (MAR). Staff recorded the application of creams for two people in their daily notes, but these were not included on their MAR, as per national guidance. This was brought to the attention of the registered manager who immediately took the required action.
- Staff received medicines training and had their competency assessed regularly. Staff had access to the providers medicines policies which were up to date. The provider had recently introduced an electronic MAR system, which enabled office staff to update people's MAR instantly if their medicines changed and to enable them to monitor staff's completion of the MAR.

### Preventing and controlling infection

- The provider was not able to demonstrate staff had continuously accessed COVID-19 testing as per national guidance. The registered manager told us following staff's COVID-19 vaccinations, the weekly staff testing had stopped, as they thought it was no longer required. On the 8 November 2021, they realised their error and ordered new weekly COVID-19 test kits. The registered manager provided evidence staff had re-started weekly testing with effect from 17 November 2021.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the office.
- We were assured that the provider's infection prevention and control policy was up to date.

### Staffing and recruitment

- The provider had policies and processes in place to ensure staff's suitability for their role. The registered manager told us they had checked two staff's disclosure and barring service (DBS) certificates using the DBS update service prior to their appointment to ensure nothing had changed, but these checks had not been recorded. There was written evidence these checks had been completed again on 12 November 2021 when they were recorded. The registered manager told us they would now be documenting all checks completed, to enable them to be able to demonstrate when they took place.

- The registered manager understood the need to ensure there were sufficient staff to meet people's needs. There was an ongoing staff recruitment programme to attract new staff. When people required a second carer to transfer them safely at different times during the day, commissioners had made arrangements for another staff member to be supplied from a second agency.

#### Systems and processes to safeguard people from the risk of abuse

- Staff had completed the provider's safeguarding training and had access to relevant guidance. People's care plans provided contact details for the local safeguarding authority and body maps for staff to document any bruises or marks. Relatives told us people were, "Absolutely safe" in the care of staff.
- Staff were able to demonstrate their understanding of safeguarding and their role if they were concerned about a person. A staff member told us, "Yes, I completed a safeguarding course. I learnt the importance of protecting a vulnerable person's wellbeing and human rights."
- The registered manager understood their role and responsibility and ensured any safeguarding referrals were made promptly as required.

#### Assessing risk, safety monitoring and management

- Staff had assessed potential risks to people and where risks were identified, there were plans in place to mitigate them. There was guidance for staff about how to stop people's skin breaking down and what action to take if they had concerns. People's living environment had been assessed to ensure there were not any hazards. A relative told us, "They [staff] notice things and report them."
- Staff received a thorough handover when they took over a person's live in care, to ensure they were aware of any associated risks. Staff told us, "Before you are placed you get a complete rundown" and "[Name of registered manager] goes over everything."
- Staff understood their responsibilities to keep people safe and told us how they had liaised with health care professionals to ensure people had any equipment they required. A relative confirmed, "The carer arranged extra equipment." Staff had undertaken online moving and handling training and face to face training had been booked.

#### Learning lessons when things go wrong

- Staff were encouraged to report any safety incidents or concerns, which the registered manager then investigated in order to identify if any actions were required or if there was any learning from the incident.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed and care and support was planned and delivered with them to achieve effective outcomes. The registered manager obtained copies of commissioner's assessments to inform their assessment of people's care needs.
- Processes were in place to ensure people did not experience discrimination including in relation to their protected characteristics as defined by the Equality Act 2010. Staff had completed relevant training and had access to the provider's guidance.
- The registered manager had recently introduced electronic MAR's and was in the process of also introducing electronic care notes for staff's completion. This meant people's records could be reviewed in 'real' time, which enabled any issues or required actions to be promptly identified and addressed.

Staff support: induction, training, skills and experience

- People were cared for by staff who had the right skills, knowledge and experience to deliver effective care and support. All relatives spoken with thought staff were skilled. One relative said, "[Name of staff] is well skilled in looking after [name of person]."
- Staff completed the provider's required training which reflected the requirements of the Care Certificate. This is the standard induction training for staff new to care. They also had the opportunity to shadow more experienced colleagues.
- The registered manager ensured staff had the required skills to care for the person with whom they were placed. For example, people living with dementia were cared for by staff with relevant experience and training. Where required, staff received additional training, specific to the needs of the person. Sometimes this training was completed online or if required staff received face to face training from external health care professionals.
- Staff confirmed they received regular support and supervision of their practice. A staff member said, "Yes I have regular supervision. My manager is very supportive and provides a lot of help. They ring almost every day for check-up and visit every week."

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans documented their dietary needs. Their records noted their preferences, for example if they liked to eat with their carer. People's relatives confirmed staff ensured their loved ones were provided with food and drinks of their choice.
- People with complex eating and drinking needs had been identified and staff who cared for them had completed relevant training, to ensure they could care for them safely. Staff had access to written guidance about how to support people to eat and drink safely, for example, if they were at risk from choking.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- Staff worked collaboratively across services to understand and meet people's needs. A relative told us how they had felt their loved one's care package needed to be extended to safely meet an increase in their needs. They told us how staff had listened to their concerns and liaised with commissioners for them. Staff worked with commissioners and hospital staff to ensure people could be discharged home safely.
- People's care plans contained information and guidance for staff about people's health care needs, what to monitor and how to escalate any health concerns. A relative said, "They [staff] let me know immediately of any issues." There was evidence staff had made appropriate referrals to health professionals as required. A relative confirmed, the carer "liaises with the GP's."

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had completed training in the MCA and understood its application within their role. Staff ensured people were involved in decisions about their care whenever possible. There was written evidence to demonstrate people's capacity to consent to their care had been assessed where required and relevant people had been consulted as part of a best interest decision, where people had been assessed as lacking the capacity to consent to their care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's relatives all told us staff were kind and caring towards their loved ones. They felt people enjoyed positive relationships with their carers. Relative's feedback included, "They [staff] really do care" and "When they walk in my [loved one] smiles." Staff we spoke with were kind and caring in their attitude and the way in which they spoke about people. A staff member said of the person they cared for, "I care for [person] like I would like to be cared for."
- Staff ensured people and those close to them felt they mattered. A relative said, "[Name of loved one] has made new bonds with the staff who are critical to [name of loved one's] care they bring a bit of sparkle which [name of loved one] feels."
- People's records documented their communication needs. Staff sought accessible ways to communicate with people as required. A staff member told us how one person struggled to speak their wishes, but they communicated with them with the use of gestures and a white board.

Supporting people to express their views and be involved in making decisions about their care

- People's care plans noted who they wanted involved in decisions about their care. Staff told us about how they involved people in making daily decisions about their care. A staff member confirmed, "I consult [name of person] about what we are doing."
- Staff made people and their relatives aware of external sources of support as required. A relative told us, how the staff member was a "good advocate" when speaking with other services on behalf of their loved one.
- Staff had the time and support they required to provide compassionate and person-centred care.

Respecting and promoting people's privacy, dignity and independence

- People's relatives told us staff treated people with dignity and respect. Staff had received relevant training in dignity and equality and diversity, to ensure people were treated respectfully and did not experience discrimination. They described how they maintained people's privacy during the provision of their care. A relative confirmed, "The carer ensures the care is provided in private." Staff understood their responsibilities in relation to ensuring people's confidentiality.
- The registered manager understood the need to recruit staff who were caring and said, "We recruit staff with the right attitude."
- People were encouraged to maintain their independence where this was possible. A relative told us, "Staff encourage [name of loved one] to do what [name of loved one] can, the carer likes to get [name of loved one] to walk to the lounge, using the Zimmer frame. "
- People's social care needs were understood and they were supported to maintain and develop their

relationships with those close to them. A relative told us, "They threw a party for [name of loved one's] birthday and one of the staff made a cake. They go above and beyond, this is the first time someone has made [name of loved one] a cake - they know [name of loved one] so well."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were involved in developing their care plans, which identified their care needs, preferences for their carer, any lifestyle choices or identified spiritual needs. Staff were well supported to understand and meet people's care needs through their training, supervisions and handover. A relative said, "I have a copy of the care plan - it is very good. [Name of live in carer] follows the care plan." Processes were in place to monitor, review and update people's care plans. A relative confirmed, "[Name of staff member] came to check on the care the day after it started to ensure it was going well."
- Some people's care plans lacked sufficiently detailed information about their interests, personal history and how they liked to spend their time to inform staff. However, staff still had a good understanding of people's preferences and background. We discussed this with the registered manager, who provided evidence after the site visit this information had been added to people's care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us people's communication needs were identified, assessed and detailed within their care plan, which records confirmed. People were offered information in alternative formats such as large print where required. Staff could also be provided with additional training if required to meet people's communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff had a good understanding of people's interests and supported them to spend their time how they wished. A staff member said, "People are always prompted to do things they like or are interested in with support. This is done by speaking to them and listening to them." The relative of a person living with dementia, told us how their loved one "had not been out for a long time before the carer started, we go out now into town shopping" and "We go out for walks with [name of loved one]." Another relative told us how their loved one had visitors, "daily."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which provided people and their relatives with information about how they could raise any concerns and how any complaints received would be investigated.

- People's relatives told us they had not had to make a complaint, but all felt comfortable with doing so. The registered manager told us one complaint had been received earlier in the year. This had been handled openly and transparently. The complainant had been kept informed of the actions taken in response to their complaint and the outcome, which they were satisfied by.

#### End of life care and support

- Staff had received training in end of life care and demonstrated a good knowledge of the preferences and wishes of people who received this care. One staff member told us of how they had supported people compassionately at the end of their life. Staff worked with relevant health care professionals, to ensure people received the support required including for the management of their symptoms at home. Relatives confirmed, people had anticipatory medicines in place where required.
- The relatives of people receiving end of life care reported their loved one's needs were well met by staff. A relative said, "They [staff] are so gentle, considerate, highly professional." Live-in care staff ensured this information was handed over between staff.
- Staff had recently commenced care for two people reaching the end of their lives, however, they did not yet have a written end of life care plan in place. This was brought to the attention of the registered manager at the site visit, who immediately ensured written guidance was provided for staff's information.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's aims and objectives for the service within their statement of purpose, were focused on providing good quality care and support for people. The registered manager engaged with people, their relatives, staff and stakeholders.
- People's relatives reported the service was well run, their feedback included, "I would recommend them they are really impressive" and "It's going really well." Staff were positive about their work, which they enjoyed. They felt valued and supported in their role. One staff member said, "I'm very supported and listened to."
- The registered manager and senior staff created a positive culture which was person centred and focused on the provision of good quality care. The registered manager welcomed feedback on the service and took any required actions.
- The staff team was diverse and all staff completed training in equality and diversity. Staff's training ensured they understood the importance of promoting equality for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal duties in relation to the duty of candour. They ensured people's relatives were informed of any incidents which occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff had a clear understanding of their role and responsibilities. They ensured any required notifications were submitted to CQC as required. They were supported in their role by the nominated individual.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views of their care were regularly sought at their monthly home visits which were completed by the management team and reviews of their care. People felt listened to about their care. A relative said, "They [provider] have a can-do attitude and try."
- Staff's views were sought during their regular spot checks, supervisions and staff meetings. All staff reported they felt able to raise any issues and their views were heard.

### Continuous learning and improving care

- The registered manager drew information from a variety of sources, including from people, their relatives, staff, records and audits to evaluate performance and to identify areas for improvement. For example, they were supporting staff with the introduction of the new electronic daily notes system and monitoring their implementation.
- Staff were kept informed of best practice in the care of people through their training, supervisions, spot checks and staff meetings. Staff embraced technology, with the introduction of electronic medicine administration records, which enabled office staff to have instant oversight of staff's completion of them and to identify any issues for people.
- The registered manager was knowledgeable about the issues and priorities for the service and understood the current challenges both to the service and the wider sector, such as staffing. In order to manage this risk, they were ensuring the service grew at a sustainable rate and there were sufficient staff, to ensure people's commissioned care could be provided.

### Working in partnership with others

- The registered manager worked openly with all relevant stakeholders and shared information where relevant, to support joined up care for people. Staff told us of examples of when they had liaised with occupational therapists to ensure people had the equipment they required.