

# Abbeyfield Ferring Society Limited (The) Abbeyfield Ferring Society

## Inspection report

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## 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?	Good ●

# Summary of findings

## Overall summary

### About the service:

Abbeyfield Ferring Society is a domiciliary care agency that provides personal care for people living in their own homes. At the time of this inspection, 20 people were receiving personal care support from the service.

### People's experience of using this service:

People told us they felt safe with staff who supported them. Risks to people had been identified and assessed and were managed safely by staff. People said staff arrived on time and they were informed in advance of which carers would be supporting them. Staff supported people to take their medicines or reminded them when they were due. People were protected from the risk of infection. Staff wore disposable aprons and gloves when providing people with personal care.

People's needs were assessed to see whether their needs could be met, and in relation to staff availability, before they used the service. Staff completed a range of training to undertake their roles and responsibilities and had regular supervision meetings with their line managers. Where people required support in the preparation of meals, staff had been trained to do this safely. People had access to a range of healthcare professionals and services and staff supported people to attend appointments when needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by kind and caring staff who knew them well. People and their relatives were encouraged to make decisions about their care. People's diverse needs were catered for and they were treated with dignity and respect.

Care was personalised to meet people's needs. Care plans provided detailed information and guidance for staff on people's care and support needs, likes and dislikes, and the way they wanted to receive personal care. Information could be provided to people in an accessible format. Complaints were dealt with in line with the provider's policy.

People and their relatives spoke highly of the service. One person told us, "They are nice, friendly girls [staff]. They always come in with a smile". Their feedback was sought through surveys they received from the provider. Staff enjoyed working for Abbeyfield Ferring Society and felt supported by management. A system of quality audits were used to monitor and measure the service and any areas for improvement were actioned. Links had been developed with other organisations to develop community involvement.

### Rating at last inspection:

At the last inspection, this service was rated as Good (published in September 2016).

### Why we inspected:

This inspection took place in line with CQC scheduling guidelines for adult social care services.

Follow up:

We will review the service in line with our methodology for 'Good' services.

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

## 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 safe

Details are in our Safe findings below.

**Good** ●

### **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** ●

# Abbeyfield Ferring Society

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience's area of expertise was with older people, including people living with dementia.

#### Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults.

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 48 hours' notice of the inspection visit so that the registered manager could arrange for us to meet with people who received care. We also wanted to arrange for staff who supported people to be available, so we could talk with them.

Inspection site visit activity started on 21 May 2019 and ended on 24 May 2019. We visited the office location on 21 May to see the manager and office staff; and to review care records and policies and procedures.

#### What we did:

Before the inspection we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required

to tell us about by law. We used all this information to decide which areas to focus on during our inspection. The provider completed a Provider Information Return (PIR) in June 2018, but had not been sent a request by us to complete a PIR since. The PIR is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection:

On the first day of inspection, we spoke with the registered manager, the care co-ordinator and senior carer and a team leader and carer. We reviewed a range of records. These included two care records, three staff files and records relating to the management of the service. On the second day of inspection, we visited and spoke with two people and a relative in their homes. We observed a carer during these home visits and how they supported people. We looked at the care records and daily notes completed by care staff at people's homes. On the third day, we conducted telephone interviews with four people who used the service and spoke with four relatives.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were safe using the service. Referring to their family member, a relative said, "He has become friends with [named carer] and he is safe and comfortable in her company".
- Arrangements had been made to ensure staff had access to people's homes in a safe and secure way, for example, through a coded key safe.
- People were protected from the risk of abuse. Staff had completed training in safeguarding and knew what action to take if they suspected abuse had occurred.
- We asked a staff member about their understanding of safeguarding. They explained, "Safeguarding is about any concern and should be reported. You can speak to a senior staff member for advice if you're not sure. You can learn from any incidents and that helps people too". The staff member said they would report any issues to the registered manager who would then liaise with the local authority safeguarding team.
- When people were assessed before using the service, all aspects of their safety were considered to ensure staff supported people appropriately.

Assessing risk, safety monitoring and management

- Risks to people were safely managed.
- Risks in a variety of areas had been identified and assessed as needed. Care records provided information and guidance for staff on how to support people and mitigate risk. Staff followed the guidance when supporting people. For example, there was information for staff on what action to take if one person went into hypoglycaemic shock and advice on the person's diet to prevent this.
- Falls risk assessments included action that staff should take, such as calling emergency services if required and staying with the person until professional help came.
- People's risks were assessed as soon as they received care and support. Risk assessments were reviewed and updated every six months, or earlier if required.

Staffing and recruitment

- There were enough staff to meet people's needs and provide timely support.
- The registered manager told us, "We try and match up people with times and the same carers. If a person doesn't like a particular carer, we look into it and follow the person's wishes. We want to take new people on, but we have to be safe. We don't want to overstretch staff and 30 minutes is the minimum call time usually".
- Staff rotas were co-ordinated and people were told, usually two weeks in advance, which carers would be supporting them in a particular week.
- People told us that staff usually arrived on time and stayed for the agreed length of time. One person said, "Sometimes traffic holds staff up, but very rarely". A relative told us, "[Named family member] tends to have

the same two or three carers. It changes of course if someone is ill or on holiday, but they do let you know it's going to be different to the rota".

- Robust recruitment systems ensured new staff were recruited safely. Staff records showed that all appropriate checks had been made before new staff commenced employment. These included checks with the Disclosure and Barring Service which considered the person's character to provide care. References were obtained and employment histories verified.

#### Using medicines safely

- Medicines were managed safely.
- Some people required staff to prompt them to take their medicines and some needed staff to administer their medicines.
- People's needs were assessed in this regard and staff had completed medicines training. Medication Administration Records (MAR) were completed by staff, to confirm that people had received their prescribed medicines.
- Where there was a particular risk to people because of a certain medicine, this had been assessed. For example, people taking medicine to thin their blood would be at risk if they sustained an injury, as their blood would take longer to clot.
- One person told us that his wife organised their medicines and that carers would ask him to check he had taken it. Another person said, "I do my own medication, but staff do make sure I've taken it".

#### Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff were issued with personal protective equipment, such as disposable aprons and gloves, for use when providing personal care to people.
- We observed a staff member put on disposable gloves when applying cream to one person's legs. The staff member was concerned there might be an infection in one leg, so used a fresh pair of gloves for each leg, thus minimising the risk of spreading the infection. (The person was due to see their GP that day to discuss the possible infection.)
- Staff completed training in infection control.

#### Learning lessons when things go wrong

- There was a culture of lessons being learned if things went wrong.
- The registered manager told us that some staff had forgotten to sign MAR when administering medicines to people. Each staff member was seen by management and the importance of signing MAR was explained to them. This was a records issue as, when it was looked into further, people had received their medicines.
- Staff meetings provided opportunities for staff to reflect on the support they provided to people and to suggest any improvements.

# 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

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

- Before people used the service, their needs were assessed. People were asked about their needs, personal and medical histories. The member of staff responsible for completing pre-assessments told us they risk assessed the person in their home environment. They added that they would find out from people and their relatives what they expected from the service and then look at staff availability.
- People's needs were continually assessed in line with best practice. If people were admitted to hospital, their care needs were reassessed when they returned home. This ensured that staff could provide the support people required in line with any changed needs.

Staff support: induction, training, skills and experience

- Staff had the knowledge, skills and experience to support people effectively. They demonstrated their understanding of the training they received and we observed this in practice.
- Staff completed a range of training considered essential to their role, such as moving and handling, health and safety, food hygiene and dementia awareness. The staff training plan showed that staff had completed all relevant training.
- A relative told us, "I would say staff are well trained, yes. They know what they are doing". They added that one carer was interested to learn more about their family member's health condition, so had spent time researching the disease to see how they could provide the right kind of support. The relative said, "[Named carer] went the extra mile to learn about his condition, to help him to the best of her ability".
- Staff who had not previously worked in care studied for the Care Certificate, a universally recognised, work-based award. New staff also shadowed experienced staff until they were considered competent to support people.
- Spot checks were made regularly by senior staff to ensure carers were supporting people safely and effectively.
- Staff received supervisions every couple of months. One staff member said, "I have regular supervisions. We talk about any issues with clients, any personal issues and any training I need. [Named registered manager] is very supportive".

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

- Staff supported some people in the preparation of food and meals. This was done safely as staff had completed food hygiene training.
- One carer told us that when they prepared hot meals, for example in the microwave, they would use a food probe to make sure the meal had reached the right temperature.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff liaised with other agencies to provide a consistent level of care and support to people.
- For example, there was a residential care home and supported living service operated by the same provider nearby. If people or their relatives wanted a short break from their home environment, they could stay at the care home. This was only done at the request of people or their relatives.
- Staff worked closely with district nurses and GPs. The registered manager told us they could request support from these healthcare professionals when needed, such as for advice when people developed pressure areas.
- Staff could assist people with their healthcare appointments if needed. One carer told us, "If people want someone to assist with hospital appointments, we do, because it's part of their wellbeing. If someone is unwell, we can call the doctor out or district nurses or 'out of hours'. We inform next of kin as well".
- An 'emergency grab sheet' document had been prepared for each person using the service. This was available to health professionals, such as paramedics, when they were called out to people's homes. The emergency grab sheet provided important information about people for staff if they needed to be admitted to hospital in an emergency.

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. We checked whether the service was working within the principles of the MCA.
- Staff had completed training on mental capacity. One staff member said, "Someone can have capacity on a particular question at the right time. It all depends. We know people well. If there were any concerns about someone's capacity, we would report back to the manager".
- The registered manager told us that, if needed, any capacity assessments would be completed by the local authority memory assessment team. The registered manager said that they had not had to make any referrals yet; the service also worked closely with the Alzheimer's Society and Age UK to receive advice and guidance.

# 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

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 were treated well and supported appropriately by staff who understood people's diverse needs; they treated everyone equally.
- The registered manager explained that people's diverse needs were identified and information shared with staff. For example, one person had a hearing impairment and staff always checked to make sure their hearing aid was working properly. Another person who was deaf liked staff to write things down for them.
- People's cultural and spiritual needs were catered for. One person was religious and a carer explained how their religion was important to them, with weekly visits to the local church.
- People spoke highly of staff. One person said, "Staff are very kind and patient". Another person told us, "It's nice to know they are coming to make sure I am okay". A relative said, "The carers are good, they give very good care. They are not intrusive. They come in and fit in with his routine and have a good chat".
- We observed one carer as they supported people in their own homes. The carer knew people well and was very kind and patient. A good rapport had been developed.

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

- People were encouraged to express their views and to be involved in decisions about their care. A staff member said, "You always ask what people like, follow the care plan and encourage people. We also talk with relatives".
- We observed a carer asking one person how they wanted things done; the carer checked with the person throughout the visit that they were happy with things. The person told us, "All carers I've seen have been excellent".
- A relative talked about their family member and that they struggled with any change of carer because of their dementia. The relative said, "He's not good with change, but they introduced carers to him gradually and he's absolutely fine now. He's still got his favourite, but is no longer upset if someone else visits instead".
- Another relative told us, "Carers help him to wash and dress. They encourage him to make decisions and do things for himself".

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Information relating to people's care was kept confidentially at the provider's office, in an electronic format. Staff had access to this information through tablet devices which provided information about people's support needs and how to access people's homes.
- We observed staff treated people with respect and kindness.

- One person told us that staff always closed the curtains when providing personal care. A relative said, "Carers always seem to be respectful of their home and always ensure Mum is okay before leaving".

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that met their needs.
- Care plans provided detailed information about people in a person-centred way. Staff had the guidance they required to meet people's needs and choices.
- Care plans included information on a range of areas such as continence, hearing, mobility, nutrition, physical, mental and communication needs.
- People's information and communication needs were assessed. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for people. The registered manager told us that information could be provided in large print, symbols or pictures, according to people's needs.
- People were encouraged to be as independent as possible. One person required support from a carer following a fall. We observed the carer going out with the person for a walk down the road. The person told us how much their confidence had improved since coming out of hospital and how well the carer had supported them.
- People's personal histories, likes and dislikes were recorded. Care staff knew people's preferences and provided support in line with these.
- People and/or their relatives were involved in reviewing their care plans. One person said they had a meeting with a member of the staff team to discuss their care plan. They said, "Everything is running to plan. If I need anything I only have to ask".
- A relative told us how their family member and the carer who supported them had a shared love of gardening. The relative had bought some tomato plants and told us their family member and carer enjoyed potting up the plants together. The relative said, "[Named carer] makes the effort to care for him not only personally, but therapeutically too".

Improving care quality in response to complaints or concerns

- Complaints were managed satisfactorily and in line with the provider's policy. A copy of this policy and who to contact was available to people in a folder which was kept at their home.
- We asked people who they would speak to if they had a complaint. One person said, "I'm not sure, but I don't think we would have reason to complain". Another person told us that they had the contact details for the office if they needed to raise a concern or make a complaint. They added that nothing had ever been a problem.
- We looked at the complaints received within the last year. These had been managed appropriately and to the complainants' satisfaction.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, personalised care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- People received a high standard of care from staff who knew them well. People were provided with the support they needed by staff who delivered personalised care.
- The registered manager and staff had a clear understanding of their responsibilities under duty of candour. One staff member explained, "We need to be honest, open and transparent to client's families and other organisations if something goes wrong".
- Staff knew how to raise concerns under the provider's whistleblowing policy. One staff member told us, "You can bring up your concerns about anything, without being worried about it".
- Staff were keen to develop the service. One staff member commented, "I love working here. Just seeing the difference you can make to people's lives and for them to stay at home".
- The provider's statement of purpose aim was to assist and improve the quality of people's lives whilst maintaining their independence and personal choice. In the statement it said, 'Our aim is to make every day a good day for every one of our clients. We achieve this by providing the best care to every client every day'. From our findings at inspection, it was clear the statement of purpose was met.

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

- Staff were clear about their roles and responsibilities.
- The registered manager said there was a culture that was supportive of people, their relatives and staff. Staff were encouraged to share any concerns they had. The registered manager said, "We are 'open door' and anyone can come in any time; if I can support them, I will".
- Staff said they enjoyed working for the service. One staff member said, "It's a relaxed environment. It's not full-blown pressure. The support from my manager is brilliant and I can come in and talk to her and get advice when I need it".
- The registered manager had good oversight of what was happening at the service. Staff meetings took place on alternate months. These were opportunities for staff to discuss the people they supported, any changes, the IT systems, and to share and reflect on working practices.
- A system of quality assurance checks measured and monitored all aspects of the service. For example, an incident analysis was completed and whether any incidents should be reported to CQC. Incidents such as falls, medicines errors and times of visits to people were recorded and analysed. Any identified improvements and actions were taken.
- The registered manager had devised an 'evidence matrix' for each key line of enquiry (KLOE) to show how

regulatory requirements had been met. Trustees of the provider visited the service and reported on their findings; these were positive.

- Notifications that the registered manager was required to send to us by law had been completed as needed. The rating awarded at the last inspection was on display at the provider's offices and on the website.

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

- People and staff were fully involved in developing the service.
- People and their relatives told us they received surveys to obtain their feedback about the service. One person said, "[Named carer] comes regularly; it's nice to see a familiar face. She's so friendly and loves her job. I can't see any room for improvement. Everything is good". A relative told us that when carers arrived, this enabled them to go out. The relative explained, "It is a huge benefit to know that [named family member] is being looked after well and I can have some time to myself". Another relative said, "Mum looks forward to them coming. I couldn't ask for more really".
- We looked at documents relating to an evaluation of the service. People and relatives were asked questions such as whether staff arrived on time, that they left the home tidy and whether people were likely to recommend the service to others. Results were positive.
- Compliments which had been sent to the provider were kept on file. One relative had written, 'I write to thank everyone who cared for [named person] during his time of need; an excellent service for which we were both very grateful'.
- People and staff were encouraged to vote for staff who they felt provided exceptional support through a 'carer of the month' scheme. One person told us they sometimes voted but found it difficult as they liked all their carers equally. They said, "The carers are consistently very kind and caring. They are almost like a friend. It's like answering the door to a friend".
- We asked staff what they enjoyed about working for the service. One staff member said, "It's friendly and everyone is approachable. We work as one big team and communication is good". Another staff member told us, "It's team spirit and the fact that you have got support from staff when you need it".

Working in partnership with others

- The service worked in partnership with others.
- Links had been developed between this service, a supported living service over the road and a residential care home nearby. All were under the same provider. When people or relatives wanted a short break, respite could be organised with the care home. This worked well.
- On the day of our inspection, a social event was organised at the provider's offices. The provider had liaised with local organisations, such as Dementia Action and the Alzheimer's Society, to organise a lunch party. People living with dementia and their relatives were invited to the party. Food, drinks and musical entertainment were provided. It was clear that everyone enjoyed the event.
- The Mayor of Worthing attended and chatted with people. Boys from a local secondary school and their teachers attended on the day and chatted with people.
- The registered manager was also involved with Arun and District Dementia Alliance and liaised with West Sussex Coastal Clinical Commissioning Group. The registered manager was keen to develop their day services and to widen the service's involvement with the community.