

Abbots Care Limited

# Abbots Care Limited (Hertfordshire)

## Inspection report

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Date of inspection visit:  
02 August 2021

Date of publication:  
16 September 2021

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Abbots Care Limited (Hertfordshire) is a large domiciliary care agency providing personal care and other support related services in Hertfordshire. The diverse range of services provided meant there were approximately 911 people receiving support from Abbots Care Limited at the time of this inspection.

The agency provided a wide range of services including domiciliary care; flexi care scheme; live in services; specialist care from home services, parent support and supported living, and a rapid response service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People received exceptionally effective care and support from the Abbots Care staff team. People were supported to have control and choice over their care and to help develop their own care plan based on their needs, wishes and what was important for them. The care and support people received was extremely effective and enabled them to remain in their own homes and continue to live as independently as possible.

External professionals including local authority representatives and healthcare professionals gave unanimously positive feedback about how the care delivered had enhanced people's lives. People were overwhelmingly positive about the calibre and the skills and knowledge of the staff team as well as the care provided for them. People said they felt staff were knowledgeable and knew how to deliver care and support in an effective and safe way.

Staff received a robust induction, ongoing training and supervision and felt well supported by the provider. The provider had developed designated 'champions' in the service who actively supported staff to make sure people experienced good outcomes and to support them to remain longer in their own homes.

People received the support they needed to eat and drink and were supported to access healthcare professionals to help maintain their health and well-being. Consent to care had been obtained from people, and staff were aware of people's rights in relation to offering choices.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support,

right care, right culture. Care was centred around each person's individual needs. People said staff were polite, kind, caring and respectful. The providers ethos, values, attitudes and behaviours were shared by leaders and care staff ensuring people using the service were supported to lead confident, inclusive and empowered lives.

The provider worked exceptionally well with external professionals for the benefit of people who used the service. The provider continued to maintain excellent working relationships with commissioners and local authorities from their catchment area to develop new services in response to the needs of people in the community, especially during the COVID-19 pandemic.

There continued to be a positive, open and empowering culture within the service. Feedback about the leadership and management of the service was overwhelmingly positive. The provider and senior management team were dedicated to promoting a positive, inclusive culture at the service. Quality monitoring processes continued to be robust, and these clearly evidenced actions taken to continually improve the service.

People felt safe supported by staff from Abbots Care Limited (Hertfordshire). Robust safeguarding systems and processes were in place and people were kept safe from harm. Staff demonstrated they knew the process to follow if they were concerned about people's safety or if people may be at risk of abuse.

People's individual risks were assessed, and measures put in place to help reduce the risk of harm. People's medicines were managed safely, and they received their medicines as prescribed. Staff understood infection prevention and control and were provided with appropriate personal protective equipment. Staff had received training and frequent updates regarding COVID-19 and how to prevent community transmission.

The provider and staff continued to be responsive to the needs of people who used the service. Staff supported people to live as full a life as possible. The strong community links and wide range of social initiatives that had paused during COVID-19 restrictions were being re-instated for people to access regularly; supported by staff and volunteers.

People and relatives felt the staff were caring and thoughtful. People said their dignity was maintained and their right to privacy was respected. People's needs were fully assessed before they started using the service. People and their relatives were aware of how to raise concerns should the need arise, and many compliments had also been received by the service. People were asked their views and feedback obtained was analysed so any shortfalls could be addressed, and positive experiences shared with the staff team.

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

The last rating for this service was Outstanding (published 05 May 2020).

#### Why we inspected

This was a planned inspection based on our ongoing monitoring of the service.

#### 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding ☆

### 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 exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

# Abbots Care Limited (Hertfordshire)

## **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

This inspection was undertaken by four inspectors and two Experts 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. This service also provided care and support to people living in 'supported living' settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission, who was also the provider. This means they 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. This was because we needed to be sure the provider would be available at the office to support the inspection.

Inspection activity started on 30 July 2021 and ended on 18 August 2021. Between 02 August and 06 August

2021, we contacted health and social care professionals working in partnership with the service and requested further evidence from the provider. The Experts by Experience made telephone calls to people and relatives for feedback about the service between 09 and 10 August 2021. Inspectors spoke with some staff by telephone on 10 and 11 August 2021, emails were sent to 36 staff members on 05 August 2021 asking for their feedback. We visited the office location on 18 August 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This 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. We used all this information to help plan our inspection.

#### During the inspection

We spoke with 36 people who used the service and seven relatives about their experience of the care provided. We received feedback from 21 members of staff, and the provider. We received feedback from nine external health and social care professionals.

We looked at records relating to people's care and support. We looked at other records relating to the overall management of the service, including quality assurance and audits, staff support meeting minutes, and social events information.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems to help protect people from the risk of harm or abuse. Staff received training and had a clear understanding about reporting any concerns both internally to the provider and to external agencies. The provider had a safeguarding lead trained in advanced safeguarding practice. The safeguarding incident log was reviewed monthly by the senior management team to identify any root cause and take forward any learning.
- The provider's digital care planning system prompted staff to check safeguarding risks at each care visit. Staff had to confirm each task had been completed before they were able to log out of the visit. Any concerns were immediately raised on the provider's monitoring system for appropriate action to be taken.
- People and their relatives told us staff provided safe care for people. One relative said, "[Person] is definitely safe! We have never had any problems." A person told us, "I can't fault them, I feel so safe in their hands."

Assessing risk, safety monitoring and management

- The provider had a positive approach to risk taking to maximise people's independence without unnecessary restrictions. The environment, equipment, home security and fire risks were assessed as well as the risks of falls, poor nutrition/hydration, specific health conditions, isolation, moving and handling and bad weather. A care plan was developed to mitigate or reduce risk to enable people to live full and meaningful lives within the confines of their health needs. An example was given where proactive working with community nurses and physiotherapists achieved the safest way of supporting a person without negatively affecting their quality of life.
- Staff had received training in the safe use of equipment and told us they always shadowed and observed by more experienced staff using equipment before they were able work alone.
- The provider helped ensure people received support in the event of an emergency. The provider operated a 24 hour on-call service and provided emergency cover if needed for staff sickness or other such events.
- Relatives said they were confident staff promoted people's safety. For example, one relative told us, "[Person] is as safe as they can be, they are severely disabled and registered blind, but they (staff) do everything they can." Another relative said, "They have a good understanding and I can relax knowing [person] is with [staff member]. I don't need to worry."

Using medicines safely

- The provider's ethos was to encourage people to be independent with their medicines and for staff to only administer people's medicines where there was a safety concern. Staff were trained at Induction and observed administering medicines before being signed off as competent by a senior staff member. Annual refresher training was provided for all staff and medication workshops held to support learning and discuss

concerns or refresh staff knowledge.

- Medication audits were completed monthly to help ensure safe practice and medication errors were responded to robustly. Staff worked with people's GPs to request and collect prescriptions and arranged for Local Link Pharmacies to deliver medication directly to people.
- People told us they were satisfied with the support they received with their medicines. One person said, "I have my medication in a blister pack. They put it out and I take it with my meal." A relative said, "They (staff) are there when [person] takes the medication to make sure [person] does. They prompt them."

### Preventing and controlling infection

- People were protected from the risk of infection because staff were trained in infection control and followed appropriate guidance. During the COVID-19 pandemic the provider completed individual risk assessments for people to establish where additional actions were needed to safeguard people and to reduce transmission.
- Staff used personal protective equipment (PPE) to help prevent the spread of infection and understood their responsibilities with regards to infection prevention and control. A drive thru hub system was created by the provider using large car parks. Staff sent in their PPE order to the hub and the PPE was made available for them to collect without needing to leave their cars. The provider found they needed two members of staff working full time on resourcing and delivering PPE to staff and these staff now are tasked with ensuring weekly COVID-19 testing and recording results.
- At the start of the pandemic the provider sourced information from government agencies on how they should carry out good infection prevention and control measures. However, as there was a lack of government guidance available at this time about how to manage infection control in home care the provider developed their own policy and procedures using information from the World Health Organisation (WHO) and the National Institute for Clinical Excellence (NICE). The registered manager and operations director supported a person with COVID-19 and used the experience they had gained to develop the policy and procedure.
- People told us staff were diligent about infection control and the use of PPE. A person said, "They (staff) always put those ghastly 'pinnies' on and they always end up in my bin. They have been very good with masks and they have been vaccinated and had the lateral flow tests." Another person told us, "They (staff) have their masks on when they come in and put gloves and aprons whilst they are here."

### Staffing and recruitment

- There had not been any missed care calls in the past 12 months despite up to 35% of the staff team off at the same time due to sickness or self-isolation in line with government guidance. Some people told us their care visit times were either late or not consistent. We asked the provider to review these instances and found the calls had not been commissioned for a set time or specific gender of staff due to the nature of the calls or the staff rota had to be changed in response to staff member suddenly being unavailable for work.
- The provider told us, "Apart from having to self-isolate or being COVID-19 positive, staff have been exhausted following the pandemic and carried over a lot of annual leave which we needed to authorise for their mental and physical health." A relative told us, "Abbots have struggled with staff recently, the end of furlough meant they lost some casual labour as people went back to their main jobs. Together with isolation this has been a challenge for them, but we have not been left without care."
- The provider's business continuity plan helped ensure all care visits were covered in emergency situations such as the COVID-19 pandemic and bad weather. The IT system monitored staff capacity by area against people's needs and flagged where more care hours were needed. All staff and management who were 'care competent' were able to offer contingency support whilst non-care staff were deployed to customer service and co-ordination. This approach had ensured that despite significant staffing shortages no one was put at risk due to not receiving a care call.



- The provider's workforce strategy was designed to recruit and retain the workforce through offering over and above sector standard terms and conditions. They also offered their workforce learning development and qualifications and supporting and nurturing them as individuals. New screening software had been introduced to help ensure safe recruitment of staff. Information was securely held on a central portal and alerted the provider when compliance documents needed to be renewed. This assured the provider their recruitment process was safe and up to date including DBS (criminal records) checks & eligibility paperwork.
- A 'Buddy scheme' helped ensure new staff were confident and competent. Following induction training new staff worked with an experienced staff member. This provided new staff opportunity to learn about people they would be supporting and gain experience of working the Abbots Care way before they worked alone. New staff shadowed until they felt competent and were signed off by one of the community facilitators. The provider told us, "We have seen an improvement in retention of new staff as they feel supported."

#### Learning lessons when things go wrong

- The provider took appropriate actions in response to any concerns and learning was shared with staff.
- The provider was pro-active in using information from routine quality monitoring, complaints, incidents and safeguarding alerts to improve the service. The provider worked with staff to understand how things went wrong, involved them in finding solutions and make changes to help prevent a similar incident happening in the future.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- The provider worked exceptionally well with external professionals for the benefit of people who used the service. These included local authority commissioning teams, GPs, occupational therapists, district nurses and speech and language therapists. An external professional told us they had a very positive experience working with Abbots Care staff who had jointly worked with supporting an adult with Learning Disabilities. They said, "[Staff member's] approach has been very person centred and ensured the care staff attending would get along with the service user well. [Staff member] maintains excellent communication with family and professionals for updates or when support is needed. The level of supervision and support has been great and has enabled this person to continue to live independently."
- Staff were extremely responsive to people's changing health and wellbeing. For example, the service worked with Watford Hospital on rapid discharge and often found the hospital pharmacy wasn't open all weekend. To facilitate people's discharge home staff collected people's medicines from the local pharmacy on their behalf. This meant people didn't have to remain in hospital unnecessarily over the weekend. This was beneficial for people using the service and helped to keep hospital beds available.
- The provider had engaged with the NHS and a computer software on projects to improve joined up working between the NHS and providers. An external professional told us, "While in this instance we weren't able to establish a joint project, the energy and openness with which [registered manager] has supported the work, and shared her insight, has demonstrated great commitment to the new, integrated ways of working that we need for a sustainable care future."
- A local authority representative praised provider and staff team for their work during the pandemic. They told us, "During COVID-19 Abbots Care played a central role in our response. As well as delivering continuity of service throughout the pandemic, Abbots Care were also at the forefront of developing new ways of working to support the response, crucially including developing safe and effective means of supporting individuals who were COVID-19 positive. At all times this involved balancing the needs of people, the safety of staff and the needs of the wider health and social care system."
- Information was shared with other agencies if people needed to access other services such as hospitals. The management team and staff had developed very good working relationships with other organisations and services which helped provide joined up care for people. One external professional told us of how the support provided for a person with a complex condition had benefitted a person. They told us, "I am certain that [staff member's] help has avoided hospital admissions for [person] and improved their quality of life immensely."

Supporting people to live healthier lives, access healthcare services and support

- Staff acted above and beyond the basic care commissioned to help ensure the health, safety and wellbeing of people. For example, a person was discharged from hospital unable to stand. There had been no equipment available at the person's home to support them to safely move. Staff accessed a transfer board from elsewhere in the county. Staff member said, "Just so [person] could have support to transfer until they built up their stamina and confidence to get the ability to 'pivot' transfer again. [Person] was over the moon and it was worth all my efforts to see [person] and relatives extremely happy and prevent [person] from going back into hospital as medically, they did not need to go back in."
- The provider positively encouraged people to achieve and maintain as much health and independence as possible, no matter what their circumstances. The provider told us, "We use an outcome star which helps us look at different parts of their lives to see how things are going in that area and what support they may need to live as good life as possible. We look at the following areas: feeling safe, looking after yourself, keeping in touch, feeling positive, staying as well as you can, being treated with dignity." This wellbeing outcome assessment was undertaken during the initial assessment, after six weeks and then during every care plan review.
- People said they received excellent support with their health needs. For example, one person said, "In consultation with Abbots Care I have cut down the amount of times I have the care workers in now. I am getting so much more independent thanks to one particular worker who is amazing. They kept me positive throughout. There were days when I would have given up. I didn't want to get up, didn't want to do my exercises and without their support I would not be where I am now." A relative said, "They (staff) will take [person] to the opticians, dentist, hairdresser and even doctor's appointments when they are on. [Person] had a fall, the staff member called me, so I went and took [person] to the hospital. The staff member stayed with [person] until I arrived."

#### Staff support: induction, training, skills and experience

- People were cared for by staff who had appropriate skills, training and experience to meet their needs effectively. Staff received a wide range of training including specialist training to support people's individual health needs. The provider had a dedicated Learning and Development Team whose role was to train and update the staff team to ensure they had the right skills, knowledge and competency to support people who used the service.
- New staff completed a robust induction training which included a 'person-centred' handbook. The induction also incorporated the set of standards that health and care professionals adhere to in their daily working life. Abbots Care Limited trainer is approved by the Hertfordshire Care Provider's Association (HCPA) to deliver Care Certificate training. New staff were shadowed and monitored in the community by senior staff members to help ensure they had the knowledge to perform their job roles.
- The provider reviewed and amended their traditional supervision techniques to ensure the staff remained fully supported and included during the pandemic. Regular supervisions with staff was undertaken through virtual platforms and phone calls. Monthly group team meetings took place on-line for staff from each area with the care coordinator and community facilitator, where they could discuss any issues and provide feedback. These group meetings also provided good opportunity for new staff to meet their colleagues. The provider reported they had noted these meetings improved the teamwork in all areas.
- The provider had developed a team of champions in dementia, mental health, skin care and end of life care who carried out assessments and offered mentorship to staff working with people with specialist needs. Staff received competency observations to help ensure their skills were maintained. Staff felt well supported by the provider's senior management team. A staff member said, "Abbots Care have always been there for me with supervisions making sure my training is up to date and making sure that my skills meet the needs of the clients. I have felt that Abbots provided me with sufficient support when I needed."
- Senior care staff held a Level 3 Health and Social Care qualification or above. The management team had a wealth of experience and qualifications in health and social care. This demonstrated the provider strived

to ensure the whole workforce had the skills and abilities to provide a high standard of care and support for people. Abbots Care Limited (Hertfordshire) are endorsed to provide training for some external organisations.

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

- People's needs were robustly assessed before they started to use the service. The Local Authority agreed with the person a budget of hours and what outcomes they would like to achieve. Abbots Care Limited then worked with individuals to create a flexible care plan, centred around what was important to them.
- Assessments included people's support needs and their individual preferences. These assessments formed the basis of personalised care plans and risk assessments. The provider had co-designed an assessment and risk assessment pack with the local Health Trusts for a reablement service. This meant they could help ensure people were discharged from hospital safely. Abbots Care had supported 1959 discharges safely from hospital in the last 12 months using this assessment process. Care plans were reviewed regularly and when people's needs changed. This helped to ensure the care and support provided remained current and up to date.
- Regular review meetings were held with people where they are asked to score areas where they have progressed in terms of their abilities and independence. The provider told us, "We find that this supports people to set the outcomes they would like for themselves and remain as independent as possible."
- People's relatives praised the staff team for the effective care and support they delivered. A person told us, "They know exactly what I want." A relative said, "It is all written in [person's] notes so they (staff) know what to do."

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

- People and relatives said where people needed assistance to eat, staff supported them safely and effectively. A person said, "I have [Frozen food delivery service]. They (staff) get them out of the freezer and put them in the oven for me. They also get my tea. I never go hungry."
- Staff received training about food and nutrition as part of their induction and ongoing basic core training. People's dietary needs and requirements, including any allergies or cultural preferences, were identified in their care plans and staff had a good understanding how to support people with these. Staff were aware how to access additional support for example; a referral to the speech and language therapy team (SALT) if a person experienced issues with eating and drinking, such as difficulty swallowing.

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.

- People and relatives told us staff always asked for consent when supporting them. People had been asked for their consent to be supported in line with their individual care plans and risk assessments.
- Staff received training in the Mental Capacity Act and had a good understanding of how to put this into practice.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Staff had a good understanding of the people they supported. Staff took time to get to know people's individual likes and dislikes, their pasts and interests and incorporated these into their care.
- Staff had received training on equality and diversity which helped to ensure they treated people appropriately and did not make any assumptions about people.
- The provider had a focus on recruiting kind and caring individuals. Recruitment processes included a value-based recruitment assessment tool "A Question of Care" which helped determine how person centred and caring applicants would be in the role of a care worker.
- People and their relatives praised the staff team for the care and support they provided. A relative said, "Absolutely staff are kind and caring, they don't do it for the money, they have compassion." A person told us, "The ones (staff) we have certainly are kind and caring."
- Staff treated people with respect and compassion. People and their relatives told us how they enjoyed the company of staff. A person told us, "We always have a good natter." One relative said, "We always have a good laugh. They (staff) have developed a good friendship and relationship with [person]."

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

- People's care plans showed they were consulted about changes to their care and these were documented. Regular reviews of people's support took place involving people, their relatives and other professionals. People and their relatives told us they were always involved in any decisions about their care. One person said, "Once a year someone senior comes round and they go through it with me."
- People, and where appropriate, their relatives were fully involved in the assessment process and were also invited to join the regular review of their care plan. One relative told us, "I have an input into [person's] care plan, they always ask my opinion. We review it every six months." Another relative told us, "I am always invited to the reviews and I am happy with it, it is working fine. It is reviewed at least once a year sometimes every six months."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives said staff promoted people's privacy, dignity and independence whilst providing personal care. People described how they were supported to have their personal hygiene delivered whilst still feeling 'in control' and respected as a human being.
- People and relatives said the office staff were always polite and courteous to them. A relative said, "They (office staff) are always respectful and approachable when you call them." A person told us, "They (office

staff) are very easy to get hold of and very pleasant."

- Staff described how they supported people to maintain their independence as much as possible by encouraging and supporting them to do as much as they could for themselves.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now deteriorated to 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

- The provider was extremely experienced in the care sector, their continued passion for supporting and helping people in a person-centred way was at the heart of the service. The provider had worked with a group of people who used the service and their families to develop care plan formats that really focused on what was important for them. People were involved in drawing up individualised care plans based on an assessment of their needs whilst incorporating their preferences and lifestyle. People told us their care was given the way they wanted it to be.
- People were asked about their interests and any specific personality traits they would welcome in the staff supporting them. This enabled the provider to match people and staff with shared interests. For example, a staff member keen on sport was matched with a person because they shared interest in sport, being active and going to the gym.
- Staff were responsive about people's health and wellbeing. For example, a staff member raised a concern a person's mobility was declining. The staff member said, "Our senior carer went around the next day to see the person and re-assess their needs. More equipment and extra care calls were put in place as a result. The person is now managing a lot better and is very happy with the extra calls."
- People, staff and the management team all gave examples where the provider had demonstrated responsiveness by reacting promptly to people's individual needs and had enhanced the lives of the people they supported. A relative told us, "We had an early hospital appointment, so I rang and asked for them to come and help. They said someone would be there in five minutes and they were." A person had complimented the provider saying, "I would like to say a big thank you to you for going out of your way to arrange live in care workers for my [relative]. You are Brilliant. [Care worker] went above and beyond, they cared for [relative] so well sitting with them during the night and dealing with some very challenging situations." A further relative stated, "I have no concerns at all. We have two regular carers who are outstanding. They just walk in the door and slot into their role seamlessly. They support with trips out and hospital visits as well as the day to day care."

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 provider continued to make information available in alternative formats and languages as needed. Care plans included a section on communication and staff received training about how to effectively communicate with people using a range of techniques including signs, symbols, other languages and

Assistive Technology devices. The provider's Service User Guide informed people what they should expect from a care service and was available to be translated into other languages, audio, Braille or easy read formats.

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

- People and their relatives had felt the service and staff had helped them to avoid isolation prior to COVID-19. Social events previously arranged by the provider had been sorely missed this during the pandemic. The provider advised that these social events were gradually re-opening now that restrictions had lifted. To help mitigate the risk of people feeling isolated the provider had introduced an additional service called 'Pop in for a cuppa'. Senior staff were assigned 'pop in' visits to people who were isolated or whose relatives and friends did not live locally. These visits were designed for staff to simply visit people for a social chat and provide some company. In addition to this office staff increased contact with people by telephone and newsletters were sent out so that people were kept up to date.
- Each year in the weeks prior to Christmas, the provider identified the most vulnerable people who used their service and who would be alone during the Christmas holiday. The team arranged and delivered presents to each of these people across the county. This initiative had continued during COVID-19, people told us they appreciated the 'human touch' behind this gesture.
- We reviewed numerous examples of how much people appreciated the care and support provided. One person had stated, "To everyone at Abbots Care, thank you for working together to help us through the past dreadful months. Keep up the good work." A relative had commented, "Please pass our greatest thanks to the team at Abbots Care. They gave [person] the best care ever especially during their last days, we can't thank them enough." A person had said about a staff member, "Not only is [staff member] 100% efficient in all their duties and timely responses, they are also so helpful, charming and pleasant in every way. Nothing is too much trouble for them."

Improving care quality in response to complaints or concerns

- The provider had a robust complaints and compliments policy, people and their relatives told us they had a copy of the policy in their homes to access if needed. The provider had a dedicated team of staff who managed all complaints. We found this process was both robust and effective in managing complaints.
- One person told us, "I have had one complaint and it was sorted out very quickly." A relative told us, "One staff member lost the front door key. Abbots Care Limited had the locks changed and paid the locksmith."
- The service had received many compliments, thank you cards and letters from people and relatives, demonstrating their satisfaction and gratitude for all the service offered and achieved. A person told us, "I would just like to show my appreciation for the 'Emergency Covid Team' that you put in place for me when I tested positive for COVID and my own team all had to go off and isolate. Once again thank you for your amazing team and all their hard work." A staff member told us, "Abbots Care is a very professional and caring company that puts the clients and their staff needs above else always looking to evolve and provide the best care possible."

End of life care and support

- The staff team supported people at the end of their life according to their wishes and preferences. People were supported to stay in their own home if they chose to do so and extra support was provided as needed from specialist services such as Hospice nurses. Staff knew how to support people at the end of their life.
- Training in end of life care was provided for all staff, which helped to ensure they fully understood how best to support people. The service also had a 'champion' trained in end of life care whose expertise and knowledge was used to provide additional information, advice and training to all staff.
- A person at end of life had expressed a wish to return to their own home to die. The provider was able to



meet this wish by providing a live-in carer within 24 hours so the person could be safely discharged from hospital. The person passed away peacefully in their own home within a matter of days. The provider received feedback from the family to say they were extremely grateful the person got to spend their final day with the people they loved, and not in a care home where they couldn't be with family at the end.

# 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.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved 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 continued open and inclusive culture achieved positive outcomes for people. The provider and senior managers had a good understanding of their responsibilities towards the people they supported and demonstrated a passion for delivering person-centred care. Staff were positive about the management of the service.
- There continued to be a strong emphasis on improvement. Innovative systems were continuously trialled and implemented. The provider was committed to ongoing development for the whole staff team. During lockdown some staff were not able to do front line work. The provider offered additional online training including specialist courses to help keep staff up to date and engaged.
- The provider was extremely robust in their approach to keeping staff safe during COVID-19 and developed strategies to retain staff and maintain their wellbeing. Staff advised to shield by the government were supported and paid whilst shielding. The provider had regular welfare calls with staff shielding and on their return to work assessed any risks and health concerns to help ensure their safety.
- The provider's continued responsiveness and distinctive leadership was reflected in the commitment from the entire staff team. They continued to focus on improving and enhance the lives and wellbeing of people, particularly during COVID-19 restrictions. The provider recognised people may feel concerned and sent out regular newsletters giving advice and offering support. A person told us, "As soon as it became serious, they sent out a letter outlining the precautions they were taking."
- Relatives told us they felt the service had a person-centred culture. One person said, "They provide a very good service and I would recommend them to anyone." Another person told us, "They provide excellent care and they have the right people (staff) in place." A relative told us they would recommend Abbots Care Limited because, "My [family member] is very happy with the care they are receiving."

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

- The provider continued to operate very effective and robust quality assurance systems that enabled them to closely monitor the quality of the services. Checks were completed daily and monthly by staff and managers to identify areas to improve the service and to maintain the health and wellbeing of staff and people.
- The provider had introduced a new process for responding to medication errors in response to an increase in errors reported. The incident form automatically generated from a medication error was shared immediately with the training department. The staff member was provided with additional training

specifically around the error they had made. The staff member's competencies were re-assessed before returning to medicine administration tasks. The provider reported, "This has improved on the level of medicines errors we were receiving."

- The provider continued to operate an exceptionally robust and effective system to monitor late or missed calls. The 'alerts team' monitored calls between 7 a.m. and 22.30 p.m. daily. An on-call duty team managed any emergencies outside these times. Visual updates on the digital system gave the provider a 'live' overview of all visits. Senior care staff provided cover for sickness or annual leave. This system produced a very effective management of staff across the service. The provider reported this had been especially beneficial during the pandemic where a high number of staff had to sometimes self-isolate with no notice.
- The provider continued to maintain a fleet of cars to support the smooth and effective running of the service. This had been introduced because the provider identified difficulties in recruiting staff who had vehicles suitable to take people out to access their chosen activities. This enabled staff to support people to attend social events, meet with friends or to accompany them to appointments. The provider also loaned these cars to staff if their cars were not available for any reason, this helped to maintain consistency of staff for people.
- The provider continued to find ways to recognise achievements of the staff team. Care staff awards were introduced in November 2020 which all care staff were encouraged to attend. The provider told us, "The awards recognized the amazing work our Care Workers had done during COVID. We asked people who use the service and staff to nominate staff for the awards."
- The registered manager had been awarded the first ever Chief Nurse for Adult Social Care Gold Award. This external award recognises the exceptional contribution by an individual with a distinguished career in nursing or social care.

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

- People and relatives gave very positive feedback about the service. A person told us, "I am very happy with them and will not change. They are brilliant as far as I am concerned. They are a brilliant company and have fantastic care workers." One relative commented, "Great service and care provided to my [relative]." Another relative told us, "They (management) are there to support their team. They have put the right team in place for my [family member]."
- People, relatives and staff were encouraged to contribute their views both informally and through a range of systems. This included a communications group made up of office staff, care workers and a representative from people who use the service to review and identify ways in which the service could further improve.
- The provider introduced news bulletins as well as monthly newsletters. The news bulletins were a quick method for getting out new guidance and support to staff during the pandemic. The provider told us, "We sent bi-weekly bulletins at the height of the pandemic to offer support as well as the ever-changing guidelines on infection prevention and control and government COVID rules. The Newsletters include a chance to celebrate good practice and share good news stories."
- An Abbots Care Wellbeing App had been developed for the staff team where they could indicate daily how they were feeling. The provider told us, "We developed this during COVID as a response to offering support and guidance when staff were in challenging environments. We are also able to give appreciation through the app which can also be given in the form of a voucher."

Continuous learning and improving care

- The provider proactively developed a vaccination strategy to inform and educate. Staff were spoken with individually to identify their concerns. The provider launched an education drive, sharing myth-busting information and holding webinars where staff could ask questions. The provider created a video and shared

communications continuously, via email bulletins and social media. Staff were paid for their time and mileage relating to the vaccine. The provider then offered one to one meetings with every staff member still reluctant to take the vaccine. As a result of the provider's strategy the vaccine uptake for Abbots Care staff improved from 60% after the first round of conversations with staff, to 96% at present.

- The provider supported improvements in the quality of service people received by introducing a bonus scheme for care staff. The scheme measured punctuality, the time spent supporting people and people's feedback each quarter. If staff met their targets, they received a quarterly bonus. The provider reported they had seen improvements in punctuality and feedback from people since introducing this scheme.
- Abbots Care Limited (Hertfordshire) had an advisory board made up of local community partners, housing associations, NHS colleagues, local authority membership and people who used the service. This board looked at ways the service could be further improved. The provider had memberships to key organisations in the care sector and received important information and updates. This helped to ensure they stayed up to date with best practice and guidance.
- The provider continued to demonstrate a strong emphasis on continuous improvement and was driven to achieve an excellent service through reflective practice. For example, regular staff supervisions and observations focused on specific areas of care. This was closely monitored by the senior management team which helped ensure staff worked safely and demonstrated a respectful attitude.

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 provider understood their responsibilities under duty of candour and continued to notify CQC of incidents they were legally obliged to. The provider's 'no blame' ethos encouraged staff to be open and take responsibility for any errors. The provider reviewed any concerns and complaints for themes and shared these with people who used the service and the staff team.
- Staff understood the importance of their roles and responsibilities. They were able to clearly describe what concerns required reporting.

Working in partnership with others

- The provider had continued to maintain excellent relationships with outside agencies to improve care outcomes for people. Extremely positive feedback was received from a wide range of health and social professionals, this demonstrated an open and collaborative approach to improve people's care experience. A representative from the local authority told us, "I have been working closely with Abbots for several years and found them to be person-centred in their approach to the people we jointly support. Feedback from people I talk to about the care they receive is predominantly positive. People report feeling cared for, listened to and that carers are helping them achieve the things that are important to them."
- Another example where the provider had continued to work extremely successfully in conjunction with outside agencies was 'Barrier rounds' developed to help ensure people who had tested positive for COVID-19 could be safely discharged home from hospital, thus releasing hospital beds. The barrier rounds were conducted by staff who only visited these specific people, reducing the COVID-19 being passed on. A local authority representative told us, "Depending upon the prevalence of COVID-19 amongst people being discharged from hospital, Abbots have been able to flex up and down the number of staff supporting on barrier rounds, and have contributed very well to the overall continuity of care for people they support. Without their initiative to set these rounds up we would not have been able to support COVID-19 discharges."
- Feedback from external professionals was unanimously positive. One professional told us, "My overall experience is of a care provider who cares for the service users they support and enable. They do this in my opinion by developing their staff's knowledge and skills, communicating clearly with professionals and

partners while placing the person they care for at the centre of their care plans and decision making."

- A representative from the local authority commissioning team told us they had a good working relationship with the provider which helped to achieve the best outcomes for people. They said, "Nothing is ever an issue for the Abbots team when we request monitoring information and they are always willing to help where they can when emergency situations come up in terms of capacity or failure of other providers to ensure there is no risk to service users. Abbots received an 'Excellent' rating in our last monitoring inspection."
- It was evident the service had maintained an excellent track record of delivering personalised care, which provided people with upmost confidence in the service. Many people and relatives we spoke with said they would not hesitate to recommend Abbots Care Limited (Hertfordshire) to anyone needing support at home.