

Mrs Danielle Maguire

# Abuv & Beyond

## Inspection report

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Date of inspection visit:  
09 December 2021

Date of publication:  
24 February 2022

## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Abuv and Beyond is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects the service being received by people provided with 'personal care.' This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection the service was supporting 42 people with personal care.

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

There were enough staff to meet the demands of the service, although recruitment practices were not sufficiently robust. There had been some shifts covered by the management team when staffing levels had been impacted by the COVID-19 pandemic. People felt safely supported and well cared for, and said there were consistent staff to meet their needs.

Infection prevention and control measures, such as consistent use of Personal Protective Equipment (PPE) were in place. Staff engaged in regular COVID-19 testing, but recording of this was not robustly completed.

We found gaps in recording of medicines, although people told us they had the right support for their medicines.

Staff training had been completed online, but due to the COVID-19 pandemic there had been no face to face training in practical tasks. The provider had begun to source practical based training for all staff.

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.

Staff had a caring approach. They knew the people they supported and there was clear information about how to meet their care needs at each visit. Care records lacked specific information to guide staff to support people where they had specific health needs and the risks that may be associated, or signs of concern.

Quality checks were carried out, although some systems and processes were not sufficiently robust and there were gaps in recording. The provider told us this was in part due to the hands-on care roles which needed to be undertaken by the management team during the COVID-19 pandemic. We have made a recommendation for the provider to consider ways to monitor the visits to people, to ensure they take place as planned and for the agreed duration.

The service was family run and the registered manager was clear about the need to separate professional and family roles in order to have an objective approach. Positive feedback overall was given about the management team and care staff were clear about their roles and responsibilities. During the COVID-19 pandemic, staff and the management team worked together to ensure visits to people were not missed.

The service was registered with us on 17/12/2019 and this is the first inspection.

We found evidence the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider has given us some assurances that the issues identified through the inspection process were already under discussion and plans being considered for improvement.

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 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 not always well-led

Details are in our well-led findings below

**Requires Improvement** ●

# Abuv & Beyond

## 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 carried out by one 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.

#### 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

This inspection to the office location was announced. Inspection activity took place between 9 December 2021 and 7 January 2022. We visited the office location on 9 December 2021 and completed our review of the inspection information by 7 January 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. 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. We took this into account when we inspected the service and made judgements in this report.

We used all of this information to plan our inspection.

#### During the inspection

We spoke the nominated individual and the registered manager. We spoke by telephone with two people who used the service and eight relatives about their experience of the care provided.

We reviewed a range of records. This included two people's care records and two people's medication records. We looked at staff files in relation to recruitment and staff supervision. We reviewed records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at records requested to be reviewed off site, relating to the running of the service. We spoke with five staff by telephone and local authority partners.

# 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.

### Staffing and recruitment

- Recruitment procedures were not robust enough to ensure staff were suitably employed. One member of staff's application form did not correlate with their completed DBS check and another member of staff worked at the service prior to one reference being received.

We found no evidence that people had been harmed, however systems were not robust enough to ensure staff had had their background checks verified. This placed people at risk of harm from staff who may not be suitable to work with vulnerable people. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection and confirmed future recruitment checks would be more rigorous.

- People told us they trusted the staff who supported them and said there were enough staff to meet their needs. Relatives told us staffing levels were consistent and reliable.
- Staff told us there were enough staff with enough time for each care visit as well as time to travel in between visits.
- When there had been staffing pressures the management team had taken the role of care staff and directly been involved in care delivery.

### Assessing risk, safety monitoring and management; Using medicines safely

- Risk assessments were not always in place or lacked information where people had specific health conditions, such as diabetes. This meant staff did not have full guidance about what to do to recognise and mitigate any such risks. The provider gave assurances they were in the process of improving documentation throughout the service.
- People and relatives said staff helped them safely when using equipment. One relative said, "They help my [relative] into the stair lift and are really careful, reassuring him." Another relative said, "The carers use a stand aid with [relative], they explain step by step and I'm sure it helps [them] feel safe."
- Medicines were not always recorded thoroughly and there were gaps in documentation. The provider said they had recognised this was an area to improve and they were in the process of making recording more robust.
- Staff were confident to support people with medicines; they completed on-line training and had their competency checked to ensure people were safely supported. The management team used staff quizzes to test staff knowledge, although some of these were not fully completed.

- People told us they had their medicine when they needed it and they trusted the staff to support them.

#### Learning lessons when things go wrong

- The management team told us they reflected on the pressures experienced during the COVID-19 pandemic to make improvements to the service.
- The registered manager had responded to concerns raised by a family and made changes to the way staff communicated with one another.
- The provider told us they had experienced some concerns where people were discharged from hospital without their knowledge, and they had taken since steps to ensure communication was more robust so people had their support needs met without delay.

#### Preventing and controlling infection

- Infection prevention and control measures were known by staff, such as the consistent use of PPE.
- People said staff worked safely in the COVID-19 pandemic and wore PPE as necessary. One relative told us, "The carers always wear full PPE, gloves, masks and aprons."
- The management team were up to date in their understanding of vaccinations and COVID-19 testing was regular, although recording of staff tests was not completed. The registered manager confirmed this was addressed immediately after the inspection.

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

- Safeguarding procedures were clear and understood by staff who were confident to identify and report concerns if they thought a person may be at risk of harm.

# 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 rating 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.

Staff support: induction, training, skills and experience; Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

- Staff gave us mixed views about their induction, training and supervision; some staff said they were fully prepared for their role and had enough training and support, whilst other staff gave contrasting information.
- Regular training was recorded on the training matrix, although face to face training had not been provided and the provider said this was due to the COVID-19 pandemic restrictions. They told us they were sourcing practical training for staff and had begun to offer this, such as first aid and medicines training. The registered manager said they were also working with the local hospice to improve staff's knowledge of end of life care.
- People and relatives told us staff knew what they were doing. One relative said, "The carers seem to be trained to look after people." Another relative said, "The carers seem to have the right skills."
- People's needs and choices were assessed by the provider before care commenced and they worked closely with other professionals and family members to make sure care needs could be met.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's nutritional needs were discussed with them. Where people needed support with their meals, staff knew their preferences.
- Relatives were happy with support given for meals where this was needed. One relative said, "The carers help [relative] with all meals. They will get [relative's] breakfast, make a sandwich for lunch. In the evening they will look in the freezer and cupboards, and ask what [relative] fancies for tea."
- Staff told us they were mindful of people's dietary needs and would always make sure people had been supported to have enough to eat and drink. Staff knew individual dietary needs and how to support people if they had diabetes, although documentation in care plans did not always contain enough information. The provider agreed to address this.
- The provider was trying to improve communication with the local hospitals when people were ready to be discharged, so that there were no disruptions to their continuity of care. They told us this had been challenging due to hospitals being very busy, and so they were being proactive and persistent in their approach.
- There was evidence of working with other professionals to support people's care, such as district nurses and GPs.

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 were consulted and supported to make choices for themselves. Staff understood people's rights and they worked within the principles of the MCA to ensure these were upheld.
- People's mental capacity was regarded and recorded, and the provider understood the need to engage in best interest decision making where necessary.

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

- Staff were committed to providing support in line with the needs of each person, recognising their individual needs
- Staff understood how to support people in person-centred ways and relatives spoke highly of the care offered to their family members. One relative said, "My [relative] loves the carers, [they] see staff as family, they are so kind and caring and will do anything for my [relative]." Another relative said, "When the carers have done everything for my [relative] they ask if they can do anything for me, if I would like any help."
- People's views had been sought and they had been fully consulted and involved in decisions about their care and support.
- One relative said they were included in discussions about their family member's care and asked whether things could be done differently. They told us, "We have a care plan in the house. [The provider] came to see us and we wrote it together."

Respecting and promoting people's privacy, dignity and independence

- Staff were very aware of how to promote people's independence.
- Staff supported people well and knew the importance of enabling people to do things for themselves. One person said, "The carers are very caring; they take their time and let me do what I can. They help me in the shower and cover me up as I step out."
- People's privacy and dignity was respected; people and relatives spoke positively about staff approach. One relative said, "The carers are good with [relative's] privacy; they will keep the door and curtains shut while they are helping [them] have a wash. They are very conscious of things like that." Another relative said, "My [relative] is a private person. The carers work round that when they change [my relative's] clothes."

# 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's care and support, wherever possible, was organised according to their preferences and there was a clearly recorded set of tasks for staff to complete at each visit. Staff were confident they knew each person well, although care plans did not always contain detailed or accurate enough information to help guide staff with specific tasks. The management team gave assurances this was an area they were aware of and looking to develop further.
- People and relatives said their care plans were agreed and reviewed together, so support was as personalised as possible.
- People and relatives told us care times were mostly in line with their needs and care was reliable and consistent, with the same staff attending people's visits. One relative said they found the morning call was not early enough and they were working with the management team to ensure this was more reflective of their needs. Another relative said they would prefer a male carer and the management team were trying to recruit positively. Other people were happy about staff being flexible to stay the right length of time and longer if needed.

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 management team were aware of the Accessible Information Standard and their responsibility to make sure people had information in a way they could understand. This was determined at the pre-assessment and assessment process.

Improving care quality in response to complaints or concerns

- The complaints procedure was understood by people and relatives.
- People and relatives were confident any complaints or concerns would be addressed. One relative said, "I can call the manager whenever I want to. If I wanted to complain I would speak to her, but I really can't complain about anything." Another relative said, "I have never had to complain about anything, but if I was concerned I would call the office. I can talk to them."
- The management team maintained a record of complaints which showed these were attended to, although the outcomes were not always fully recorded. The provider said this would be reviewed as part of their planned documentation review.

# 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 rating of this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent, which did not always support the delivery of high quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits and quality checks were in place, although were not robust enough to identify and act upon areas to improve, such as care records, risk assessments and gaps in medication records.
- The management team shared the completion of quality checks, although there were no defined areas of responsibility to demonstrate clear oversight of the service.

We found no evidence that people had been harmed, however systems and processes to monitor the quality of the service were not fully embedded. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us during the COVID-19 pandemic, managers' roles had merged with care and support roles in people's direct care. They told us this had resulted in documentation not being as thoroughly completed as they would have liked. They said they were seeking to re-establish the management roles more clearly moving forward, as part of their continuous learning.

- The management team had no formal means of monitoring staff calls, how long staff stayed at each visit, and whether they arrived safely. They told us they relied on people raising a concern if care staff did not turn up but were looking at ways to establish a more secure system, as this did not allow for people who could not verbally raise a concern. There had been no incidents of missed calls, however, we recommended the provider prioritises this in order to be assured calls are being made on time and not missed.
- The service was family run and the provider told us there were clear professional boundaries in place. There was clear direction for staff, and they understood their roles and responsibilities. An on-call service was available to staff to offer guidance and support outside of office hours.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes 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 management team were aware of the culture within the service and the need to ensure a clear divide between work roles and private roles where staff were related to each other.
- Most staff were confident to approach the management team to discuss any matters and they had good teamwork support.
- The registered manager understood their responsibilities in relation to the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives told us they could discuss the needs of their family members with staff or the management team at any time. Relatives said they had not formally been asked to complete a survey and give feedback, but felt their views were sought in informal ways. Relatives and people said they would recommend the service.
- Staff gave mixed views about feeling involved and supported in how the service was run. Some staff said the management team were understanding in their approach to work-life balance, whilst other staff did not feel this was so.
- The provider told us they were planning to seek feedback through surveys and use feedback from their first inspection to help them drive improvement. They welcomed the idea of working closely with similar organisations to share good practice examples and ideas.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes to monitor the quality of the service were not robust enough to ensure risks were fully identified, documented, mitigated and monitored.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recruitment procedures were not sufficiently robust to demonstrate staff had all background checks before working with vulnerable people.