

Abbey Care and Nursing @Home Limited

Abbeycare and Nursing

Inspection report

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19 August 2019
20 August 2019

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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:

Abbeycare and Nursing is a service providing care and support to people through supported living and domiciliary care provision. The service is registered to provide personal and nursing care. Not everyone who used the service received personal care, nobody was receiving nursing care. The Care Quality Commission (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. At the time of the inspection the service was providing support to 52 people.

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

People said they felt safe using the service. Staff understood how to keep people in their care safe from harm. Where risks to individuals had been identified measures had been put in place to reduce or eliminate those risks. Safe systems were in place to ensure people got their medicines at the right times. Staff had been recruited safely and there were enough staff to provide people with timely care and support.

Staff received appropriate training and support. Staff provided people with support to meet their nutrition, hydration and health care needs. People's care needs were assessed before a service was offered, to make sure staff would be able to meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received support from staff who were kind and caring. People were involved in making decisions about their care and were treated with dignity and respect. People were encouraged to be independent and their equality and diversity needs were respected.

People's care needs were clearly identified in their care plans. Care plans were developed to make sure staff knew what they needed to do to meet those needs. A complaints procedure was in place and people said they would speak to the registered manager if they had any concerns.

People were supported by a team of staff who were happy in their jobs and well-supported by their manager. The registered manager completed a range of regular checks on the quality and safety of the service. People told us they would recommend the service to others.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was good (published 16 December 2016). Since this rating was awarded the registered provider of the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected:

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Abbeycare and Nursing

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of one inspector and an assistant inspector.

Service and service type:

This service provides care and support to people living in their own homes and 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 office for this service is in the Ecclesfield area of Sheffield.

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. This was because we wanted to visit people in their homes or telephone people's families and we needed support from the registered manager to arrange this. We also needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 August 2019 and ended on 20 August 2019. We visited the office location on 20 August 2019.

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 and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection:

On the 19 August 2019 we visited three people in their homes to ask their opinions about the care they received and look at their care records. During these visits we also spoke with a relative and care worker. We also attempted contact over the telephone with ten people who used the service and successfully spoke with three people and four relatives.

On 20 August 2019 we visited the office location to see the registered manager and other staff and review care records, staff files and policies and procedures relating to the service. We spoke with the provider, registered manager, deputy manager, a care coordinator, and two deputy team leaders who visited the office to speak with us.

After the inspection:

We continued to seek clarification from the provider to validate evidence found. We looked at training records.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from abuse and improper treatment. People and relatives spoken with had no concerns about their or their family members safety or well-being. Comments included, "I feel very safe when my care staff come," and "[Name of family member] feels very safe when the staff are there."
- Staff had completed safeguarding training and understood how to keep people safe. Staff told us they would report any concerns to the registered manager.
- The registered manager understood their responsibilities and worked with other agencies to ensure any safeguarding concerns were dealt with properly.

Assessing risk, safety monitoring and management

- There were systems in place to identify any potential risks to people.
- There were risk assessments in place for people which covered, for example, what mobility aids they used, together with any specific safety equipment. One relative said, "[Name of family member] has a few risk assessments like for bed rails. The agency take risk seriously."

Staffing and recruitment

- Staff were recruited safely, and appropriate checks were carried out to protect people from the employment of unsuitable staff.
- The service was adequately staffed which meant staff provided a person-centred approach to care delivery. People told us care and support was provided by a consistent group of carers. People said, "I have the same group of carers they come on time, never rush off and are reliable," "I know all my carers who come, we have a rota sent every week so I know who is coming," and "Staff are good, they are generally very punctual, if they are running a bit late they let me know but they never rush me."
- The registered manager kept staffing levels under review to ensure there were enough staff to meet people's needs and keep them safe.
- There were on call arrangements in place for outside office hours should people using the service or staff need advice or support.

Using medicines safely

- People's medicines were managed safely.
- Where people were supported to take their medicine, staff completed electronic medicine administration records (MAR's). The MAR's showed which medicines people were prescribed and when they were given.
- The MAR's were monitored in 'real time' and checked monthly by the registered manager and other senior staff at the office. This helped to ensure any errors were identified and action taken to reduce the risk of

them being repeated. The MAR's we looked at had been completed correctly.

- People and their relatives told us they had no concerns with the support they received with their medicines.
- Care workers received training on the safe management of medicines and records showed their competency was regularly checked.

Learning lessons when things go wrong

- Lessons were learnt following incidents or events affecting the well-being and safety of people who used the service.
- Records showed the registered manager regularly monitored and analysed any health or safety incidents involving people. This was used to check for any trends or patterns that may help to inform or improve people's care when needed.

Preventing and controlling infection

- People who used the service were protected from the risk and spread of infection.
- The service had an infection prevention policy and staff had received relevant training. Staff had access to appropriate personal protective equipment (PPE), such as plastic gloves and aprons to be used when delivering personal care.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager assessed people's care and support needs before a service was offered. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed. People and relatives told us, "We had an assessment when we started the service over five years ago and we have another assessment every year by the manager," and "All the family were involved in the review. The manager spent time with us getting to know [family member name]."

Staff support: induction, training, skills and experience

- Care workers told us that they received training to ensure that they had the skills to meet people's needs. Training included areas such as first aid, health and safety, supporting people with epilepsy and tracheostomy tubes, and moving and handling. Staff said, "The training we receive is brilliant. We are also being supported to complete specialised training, I am currently completing a really good training course in end of life care." Relatives told us, "The staff at Abbeycare seem really well trained," and "Staff seem to know what they are doing. They all receive training on how to care for me. I have some health issues that mean staff need to know what they are doing."
- New staff received an induction which included shadowing senior staff.
- Staff had supervision meetings with the registered manager and other senior staff. This allowed staff time to express their views and reflect on their practice
- Spot checks were undertaken on a regular basis. This is where a senior member of staff calls at the persons home just before or during a visit by a member of care staff, so they can observe them going about their duties and check that they are working to the required standard.

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

- People told us that they were supported to maintain their wellbeing and had access to health care professionals if this was needed. Staff told us that if they were concerned about a person's health they would relay these concerns to the office or speak with health professionals directly to ensure that the person received the care they needed. People said, "I know staff are getting a bit worried about my health at the moment. I have agreed they speak with my consultant to try and get me seen at the hospital again," and "The staff are really good, they really care about me. When I was in hospital a few weeks ago some of the staff came to visit me."
- The agency liaised with a range of health professionals such as district nurses, speech and language therapists, GPs and physiotherapists.

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

- People were supported to eat and drink and maintain a balanced diet as outlined in their care plan.
- Staff helped to make sure people received good nutrition and hydration. One person told us, "Staff always offer me a choice of food but try to encourage me to eat a healthy option."

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager said none of the people supported by the service had a Court of Protection Order in place at the time of our inspection.
- People told us care workers consulted them and asked for their consent before providing care and support.
- Care workers had received training on MCA. They understood the importance of promoting people's rights.

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

- People's and relatives views about the staff were positive. Comments included, "The staff are lovely, very kind, they sit and listen me as well," "Staff are caring, they are a good bunch," and "The care staff are brilliant."
- Equality was promoted within the service and staff knew how to support the cultural needs of people from different ethnic and religious backgrounds.
- Care records were written in a respectful way.
- Through talking to people, staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.
- Staff were knowledgeable about people's care and support needs. Staff were motivated and recognised that their contact with people may be the only individual the person sees on a given day. One person said, "I really look forward to the staff coming, they cheer me up."

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

- People and their families were able to contribute to their care planning.
- Reviews of people's care plans recorded people's comments and opinions. When people asked for changes to their care and support, we saw this was actioned. People and relatives told us, "We have a review of my care at least twice a year," "We have been regularly involved and included in [name of family member] care package and care plan. The manager comes, we meet with a social worker and we discuss all aspects of care and support [name] needs," and "I am fully involved in how I am cared for."

Respecting and promoting people's privacy, dignity and independence

- People told us care workers respected their privacy and dignity, for example by keeping them covered when supporting with bathing and showering. People said, "Staff are respectful in the way they talk to me."
- Staff understood the importance of respecting people's privacy and supporting them to be as independent as possible.

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People and their relatives were consulted about every aspect of their support. Care plans were person-centred and explained exactly how they people liked to be supported. A person told us, "You can look at my care plan and see how detailed it is. It talks all about my care and is accurate about my needs."
- Staff kept people's care under regular review. This helped to make sure people consistently received the correct level of care and support and meant people's care plans contained up to date and accurate information about the care they needed.
- People told us they were happy with the care and support they received.

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 'service user guide' and the registered manager confirmed information could be provided to people in a format of their choice. For example, large print, easy read and audio version.
- People's communication needs were addressed through the care planning process.

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

- The risk of social isolation was considered during the assessment process.
- People we spoke with told us about their activities and social interactions with friends and within the wider community. People were supported to go to the local cafes, shopping and to numerous social groups within the community. People were supported to maintain relationships with family members, if this was their choice.

Improving care quality in response to complaints or concerns

- The provider had a complaints process and people and relatives told us they would speak to the registered manager or staff if they had a problem. People and relatives said, "We have had the odd grumble, but it was soon sorted," and "I would not hesitate to speak with the manager if I was unhappy, I know they would deal with things."
- The service had a complaints log where all complaints were recorded. The registered manager responded to complaints according to the provider's policy in a timely way. Where learning was acquired through people's feedback, the registered manager shared this with the provider and staff, to ensure improvements

were made.

End of life care and support

- The service supported several people with end of life care.
- The registered manager and staff team were passionate about ensuring end of life care was carried out respectfully, with thought and in line with people's preferences and choices. One team leader described the training in end of life care staff received and were supported to have the skills and knowledge to support people in end of life care.
- The service had close links with the local Hospice and community palliative care teams. This ensured staff had the necessary help and advice to support people at the end of their life.
- Where people had consented to share this information, care files contained details of people's wishes and the support they wanted at this time of their life.
- One thank you card was complimentary about how staff supported their family member with end of life care.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff were clear about their roles. They received information on induction and throughout training about what was expected from them. New staff were introduced to people who used the service while shadowing the registered manager.
- Various quality checks were made to ensure people were receiving the service they wanted and that their needs were being met.
- The registered manager understood their responsibilities with respect to the submission of statutory notifications to CQC.
- The registered manager worked with commissioners of care, health and social care professionals and other stakeholders to ensure the quality of care was consistently good.

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 had met the regulatory obligations for their registration and in relation to their duty of candour responsibility. The duty of candour places legal responsibilities on organisations to be open and honest when things go wrong. The provider had sent us written notifications about any important events when they happened at the service to help us check the safety of people's care when needed. The provider was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise to people and give feedback if things went wrong.

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

- The registered manager and provider demonstrated an open and transparent approach and was passionate about promoting a person centred, inclusive and empowering culture.
- Everyone we spoke with said they would recommend the service. Everyone knew the registered manager by name and spoke very positively about them. Comments included, "[Named registered manager] is very good," and "All the managers at the office are good. You can contact them anytime and they listen."
- People told us they had regular contact with the registered manager and provider and any worries or concerns were dealt with immediately.
- Care workers told us the registered manager was supportive and regularly worked alongside them. They were confident the registered manager would always act in people's best interests and any issues they raised would be dealt with.

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

- People's views were sought through direct contact from the registered manager and other senior staff and annual surveys.
- Staff meetings were held where staff could discuss any issues and make suggestions to improve the service.

Working in partnership with others

- The service worked closely with relevant health and social care professionals. This supported them to deliver effective care to people.
- Care professionals we contacted and spoke with during inspection told us they had no concerns about the service. One care professional said, "The care staff should be commended, I observed care staff conduct themselves in a calm professional manner whilst maintaining the person's dignity."