

Abbey Nursing & Care Agency Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Abbey Nursing and Care agency is a domiciliary care agency providing care to people living in their own homes, so they can live as independently as possible. At the time of our inspection the service was supporting 36 people with personal care.

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's medicines were not always managed safely. One person had not always received their medicine as prescribed, and medication administration records were not always completed accurately in line with national guidelines. Medication audits had not identified concerns with people's medicines.

The provider could not demonstrate that all care workers had completed training which enabled them to meet people's care needs in a safe manner.

Audits and checks were in place; however, these were not always effective at identifying concerns. There was a lack of robust oversight with aspects of the service. The provider has been in breach of regulation 17 (good governance) three consecutive occasions, which demonstrates a lack of continuous improvement and effective leadership.

People were involved in the development of their care plans and relatives were involved where this was appropriate. The plans generally contained person-centred information. However, some staff told us they did not always have time to read people's care plans. Staff told us they got to know people during visits to their home and delivered care in line with their preferences. People and relatives told us staff generally knew people well, but there were concerns raised about newer members of staff not knowing people as well. People told us this did not impact on their level of care as newer staff were generally accompanied by more experienced staff on care calls.

Risks to people were assessed, and appropriate plans were in place to keep people safe. One person did not have a plan in place regarding a specific medical condition, but the registered manager made arrangements to complete this immediately. However, there were no systems in place to effectively analyse incidents to ensure learning could be implemented to prevent reoccurrence.

There was some mixed feedback from staff about the management of the service. Some staff felt the management team were not supportive and communication needed to improve.

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.

There were enough staff to meet people's needs. There were some concerns raised by staff and relatives regarding staffing levels, but the registered manager told us they had halted new packages of care until recruitment had been completed. People told us they had good relationships with the staff that supported them. People were treated with dignity and respect. Staff supported people to be as independent as possible and express their views about the service and their care.

People told us they felt safe with the care provided by Abbey Nursing and Care Agency.

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 requires improvement (published 5 December 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

At this inspection we have identified breaches in relation to the management of medicines, staff training and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 well-led.

Details are in our well-Led findings below.

Inadequate ●

Abbey Nursing & Care Agency

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and one 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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 27 November 2019 and ended on 3 December 2019. We visited the office location on 3 December 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and seven relatives about their experience of the care provided. We spoke with six members of staff including the registered manager and care workers.

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

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Using medicines safely

- One person had been administered a medication which was not on their medication care plan. We checked the person's medication administration record (MAR) and found three occasions where the person had been given the medication. We spoke with the registered manager who told us the medication had been stopped by the GP and should not have been administered.
- MARs were not completed in line with best practice guidelines. We found times of administration missing and codes incorrectly used.
- One person had a MAR with a three-week gap in administration dates. We could not establish if this person had received their medicines during this time.

We found no evidence people had been harmed however, the provider had failed to ensure the safe administration of medicines. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure all safeguarding incidents were investigated effectively. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider was no longer in breach of Regulation 13. However, further improvements were needed to ensure there was more robust oversight of all incidents so opportunities to learn lessons were not missed.

- The provider had a system to record accidents and incidents. Individual incidents were managed appropriately, and actions were taken to ensure people were safe. However, there was a lack of effective oversight of incidents and there was no clear analysis of patterns or trends.
- People and their relatives told us they felt safe. Comments from people and relatives included, "I feel safe. I trust the carers and they are nice," and "[Relative] is safe. It's simple, reliable and a regular service. They've built up a relationship with my relative and are always on time."
- Staff were clear on the potential signs of abuse and how to raise any concerns they might have.
- Records showed that any potential safeguarding allegations had been reported, recorded and investigated in a timely manner.

Staffing and recruitment

- Safe recruitment processes were followed. However, we found one staff member had an inappropriate reference check. The registered manager agreed to address this.
- Overall there were enough staff to safely meet people's needs. Some concerns regarding staffing levels had been raised by relatives and staff, however, the registered manager had recently halted new packages of care whilst recruitment was underway.
- There were some mixed views about the timing of calls with some people and their relatives telling us staff were sometimes late. However, most people told us they were contacted when staff were going to be late, so they could make arrangements if needed.
- Some people told us there were occasional missed calls. There was an electronic call monitoring system in place, but this was unreliable and often didn't work. The registered manager told us they had raised this with the company. When the call monitoring system failed to work, we were told staff rang the on-call number to log their calls instead. However, this system was not always effective at monitoring missed calls.

Assessing risk, safety monitoring and management

- Care plans contained a wide range of risk assessments with information to support staff in safely supporting people. However, one person with a medical condition did not have a care plan or risk assessment regarding this. We spoke with the registered manager who made arrangements to complete this immediately.

Preventing and controlling infection

- There were arrangements to reduce the risk of infection. People and their relatives confirmed staff wore protective equipment such as gloves.
- Staff told us they had infection control and food hygiene training and knew how to reduce the risk of infection. We saw best practice guidance available for staff on safe food preparation, storage and infection prevention.

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- There were gaps in training for some care staff. The training report showed not all staff had completed training deemed mandatory by the provider, including safeguarding, fire safety and moving and handling. Some care staff were also due refresher training which had not been completed.
- Staff and relatives raised concerns about training. Some staff felt they had not received appropriate training to enable them to carry out their job confidently, and some relatives told us they didn't always feel newer staff were well trained. One relative told us staff had attended care calls and told them they were not trained to do certain elements of the care needed. However, people told us this had not impacted the quality of their care.

The provider had failed to ensure staff had received appropriate training for their role. This is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff did complete an induction which was aligned to the care certificate. The care certificate is a nationally recognised set of standards. Staff also had their competency checked.
- We received mixed feedback from staff regarding support they received in their role. Most staff told us managers were approachable and supportive when concerns were raised. However, some staff told us it was sometimes difficult to contact managers for support and there was a lack of communication. One staff member told us they did not know what they would do if an incident occurred during a care visit as they had never been told the process to follow. The registered manager told us they would work to address these concerns.

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

- People's nutritional needs were met. Where people were supported with this aspect of their care they told us they were happy with the support they received.
- Most people's preferences regarding food and drink were recorded, but the level of detail varied, and some people's care plans had no information about the persons likes and dislikes. However, care plans for people who required very specific, specialised diets contained very detailed information.

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

- Staff checked on people's well-being and were confident what they would do if they had any concerns about people's health. Relatives said staff alerted them to changes in their family members well-being.

- People's healthcare needs were met. Staff worked well with healthcare professionals to ensure people had access to health services they needed.
- Where healthcare professionals provided guidance to staff, this was followed.

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.

- Consent to care and treatment was sought and recorded in line with the principles of the MCA 2005.

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

- People's needs were assessed before they started to use the service.
- Nationally recognised tools were used to continually assess people's needs.
- Best practice guidance was available for staff on arrange of topics to support them to deliver care in line with standards and the law.

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

- Feedback from people and relatives about the care received was mostly positive. One person told us, "I wanted to go for the best, not second best. I have three carers who come on a regular basis and they are great. I am very satisfied with the service. One sometimes brings me a little bar of chocolate and they share their hopes and dreams with me."
- Some staff told us they did not have time to read people's care plans before supporting them. However, people and staff told us they got to know people during care visits, and people told us staff supported them with in line with their needs and preferences.
- Most people and their relatives told us they were well looked after. Comments included, "Staff look after me well. They're kind, caring and considerate," "I can't fault the care, it's good," and "Staff are lovely and kind."

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

- People were given the opportunity to express their views and in making decisions about their care through the care planning process and regular care reviews. Their relatives were involved where this was appropriate.
- People told us they were able to make day to day choices about their care, and this was reflected in their care records.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful and protected their dignity and privacy. One person said, "Staff always respect my privacy, especially when helping me in the shower."
- People told us that staff encouraged them to be as independent as they could be, and records reflected this.

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

- Care plans generally contained a good level of person-centred information. People told us most staff knew their routines. One person said, "They [staff] know me well. they make sure things are the way I like them."
- Staff got to know people during care visits, and established their routines through discussion with them and their relatives. Important information relating to people's needs was communicated between staff before care calls took place.
- Care plans were regularly reviewed and updated with people and their relatives.

End of life care and support

- No one was receiving end of life care at the time of our inspection.
- The provider had an end of life policy in place to provide support to staff, but people did not have end of life information in their care plans. People and relatives confirmed their end of life wishes had not been discussed with them. We spoke with the registered manager about this who told us if they were supporting someone with end of life care they would put end of life care plans in place at that time.

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.

- People's communication needs were identified, recorded and highlighted in support plans. Staff were aware of these and supported people's communication needs.

Improving care quality in response to complaints or concerns

- A complaints system was in place and information on how to complain was made available to people in their service user guide. We saw improvements had been made since the last inspection and the registered manager responded to people's complaints formally.
- People and their relatives told us they felt comfortable raising any concerns and knew how to. Most people told us their concerns were listened to and management were responsive to issues they raised.

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 requires improvement. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection the provider had failed to ensure effective quality assurance processes were in place. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17. This is the third consecutive time the provider has been in breach of regulation 17.

- There were checks and audits in place. These had not been effective in identifying the shortfalls found at this inspection. For example, audits completed on MAR charts had failed to identify a person being administered a medicine incorrectly on three occasions.
- There was a lack of effective oversight of training. Some staff had not completed some training, and other staff had not completed refresher training identified as required on the training report. We received feedback from staff and relatives regarding some concerns with training for staff.
- Systems were not robust enough to ensure learning from incidents was identified to further reduce risk to people.
- There was no effective system in place to monitor missed calls. The provider was working to address issues with the electronic monitoring system, however, no effective processes were in place to ensure missed calls were identified effectively.
- There was a lack of drive for continuous improvement. There had been a lack of improvement with some areas since the last inspection.

The provider had failed to effectively assess, monitor and improve the quality of the service provided. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We received some mixed feedback from staff regarding the support from management. Some staff felt the management team were approachable and supportive, but other staff told us the support was sometimes lacking.
- Staff told us how they promoted a person-centred approach to people's care and support. This included

involving people discussions about how they wanted to be supported.

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

- Most staff felt their concerns and suggestions were listened to. However, one staff member told us they had raised concerns in the past and nothing was done about them.
- Most staff told us communication with the office could be improved. We were told it could be difficult to contact the office to raise issues, and when messages were left for managers in the office they were not always responded to. Some staff told us they did not always receive rotas in a timely way and did not always know where they were due to be until the day before. Staff told us this sometimes made it difficult for them to organise their time.
- The provider had arrangements in place for gathering the views of people and others.
- When referrals to other services were needed, we saw that these referrals were made in a timely way.

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

- People and their relatives told us the registered manager and staff were open and honest with them.
- The registered manager had discussed concerns raised with people and their relatives.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure the safe management of medicines.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure the systems in place for monitoring the quality and safety of the service were effective
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure all staff received appropriate training.