

Ms Nasrin Begum

Abbey Support & Services Limited

Inspection report

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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

This announced inspection took place on 8 August 2017. Abbey Support & Services provides personal care to people who live in their own homes in the community. There were 24 people receiving personal care at the time of this inspection.

The provider was also the registered manager at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We identified that the provider was in breach of two of the Regulations of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. You can see at the end of this report the action we have asked them to take.

There was a risk that people would not receive their medications safely. Staff administered medication to people however they had not received clear guidance to ensure that the medicines that they administered were safe for them to give to people. Records were not always kept to show that staff had given people the correct medicines.

People and their relatives told us that they felt safe. Staff were aware of their responsibility to keep people safe. Risks were assessed and managed to protect them from avoidable harm.

Staff had received training and guidance to understand how to recognise abuse and report any concerns that they may have. Safe recruitment practices had not been followed.

People received support at the times that they wanted to and could be assured that staff would provide the care that they wanted them to.

Staff had received training and supervision to meet the needs of the people who used the service. Staff told us that they felt supported.

People made decisions about their care and the support they received. Their consent was sought. The registered manager understood their responsibility to ensure people were supported in line with the Mental Capacity Act 2005 (MCA).

People's health needs were met and when necessary, outside health professionals were contacted for support. People were supported to have enough to eat and drink.

People's independence was promoted and people were encouraged to make choices. Staff treated people with kindness and compassion. People's communication needs were identified and supported. Dignity and

respect for people was promoted.

The care needs of people had been assessed. Staff had a clear understanding of their role and how to support people who used the service. People contributed to the planning and reviewing of their care.

People, their relatives and staff felt that the registered manager was approachable and action would be taken to address any concerns they may have. People were kept informed of changes to the service and their feedback was sought.

There were not always robust systems in place to check the quality of the service provided. The provider was not always following their own policies and procedures.

The registered manager was aware of their responsibility to report events that occurred within the service to CQC and external agencies.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

There was a risk that people would not receive their medicines safely.

Staff had not been recruited following safe recruitment practice.

Staff understood how to keep people safe from avoidable harm and report any concerns that they may have.

People could be assured that staff would arrive to provide their care at the agreed times.

Is the service effective?

Good 

The service was effective.

Staff had received training and support to meet the needs of the people who used the service.

People were supported to maintain their health and have enough to eat and drink.

People's consent had been sought. The registered manager understood their responsibility to ensure people were supported in line with the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good 

The service was caring.

Staff treated people with kindness and compassion.

People's independence was promoted and people were encouraged to make choices.

People's communication needs were identified and supported.

Is the service responsive?

Good 

The service was responsive.

Staff had a clear understanding of their role and how to support people as individuals. People were involved in planning and reviewing their care.

People told us that they knew how to make a complaint if they needed to.

Is the service well-led?

The service was not consistently well led.

There were not always robust systems in place to check the quality of the service provided. The provider was not always following their own policies and procedures.

People and their relatives felt the registered manager was approachable. They were asked for their feedback about the service that they received.

Staff felt supported by the registered manager and were clear of their role and the expectations on them.

The registered manager was aware of their registration responsibilities.

Requires Improvement 

Abbey Support & Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out the inspection on 8 August 2017. The registered manager was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection was conducted by one inspector with an expert by experience contacting people about their experience by telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, to detail what the service does well and improvements they plan to make. Before our inspection visit we also reviewed information we held about the service. This included previous inspection reports and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had feedback about the service.

We spoke with six people who used the service and with the relatives of six others over the telephone. We also spoke with a social worker for one of the people who used the service. We spoke with the registered manager, the general manager and four care workers. We looked at the care records of three people who used the service and other documentation about how the service was managed. This included policies and procedures, staff records, training records and records associated with quality assurance processes.

Is the service safe?

Our findings

There was a risk that people would not receive their medicines safely. The provider told us that no one using the service required staff to administer their medicines for them and that some people required staff to prompt them to take their medicines. However staff and people's relatives told us that there were times when staff did administer medicines for people. One staff member said, "We pop it and give it to them." We saw that records relating to people's medicines did not adequately guide staff in order for people to be assured that they would receive their medicines as prescribed. One person was usually supported to take their medicines by their spouse but occasionally staff supported them. There was no record for staff to follow so that they could be sure that the medication that had been dispensed was safe for the person to take. A medication error had occurred. The provider had investigated the error and taken action to prevent re-occurrence. However they had not implemented medication record sheets which they had identified as being important to aid staff in ensuring they administered the correct medicines to people.

These matters constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that staff administered their medicines. One person said, "Yes, I get my tablets first thing in the morning as soon as I have had my shower. I have my breakfast and then my carer will prompt me to have my tablets if I don't remember. I usually have them within a 30 minute period every day." Another person said, "My carers are very good at arriving on time, so I get my tablets on time. They always write in the records each day to say I've had them as well." A person's relative told us that the provider had arranged for a person's medicines to be ordered, dispensed and picked up when they had been unsure about how to do this.

There was a recruitment policy in place however this had not consistently been followed. We looked at three recruitment files. We found that some of the required pre-employment checks had not been carried out before staff commenced work. For example some staff members had previously worked in the care industry. Records that showed evidence of good conduct from previous employers had not been sought. We discussed this with the registered manager. After the inspection they provided us with assurances that they would ensure references were received from staff's previous employers before they would offer them a position with the service.

We recommend that the provider ensures that their recruitment policy is followed in line with their regulatory requirements.

People felt safe. One person's relative told us, "For me and the family, knowing that dad is being seen four times a day, gives us the assurance that he is safe to still live on his own in our old family home. None of us are near enough to get to him quickly in a real emergency, so the Agency have been his lifeline because he doesn't want to move into residential care." There were enough staff to meet people's needs. People told us that staff arrived at the times that they should to provide their care. One person said, "We've never had any problems about when the carers arrive. They are very reliable." Other people confirmed this. The provider regularly checked with people that staff arrived at agreed time

People were protected from risks relating to their care needs. Risks had been assessed and guidance provided to staff to help them protect people from avoidable harm. People felt safe when they were supported with their mobility. One person told us, "I have to use a hoist to get in and out of bed and I can't say as I enjoy it very much. But, I do feel safe because my regular carers take their time and they explain what they are doing every step of the way and they never begin lifting me until I tell them I'm ready." The support that people needed from staff to move safely had been assessed and guidance put in place for staff to follow. We did see that the risks associated with one person's breathing aid had not been formally assessed. We asked the registered manager to formally assess the risks and share guidance around these with the staff team. Risk associated with the environment had been assessed. Action had been taken to ensure that people received their care in an environment that did not put them or staff members at risk of harm. For example staff were guided to check for trip hazards and remove them when supporting a particular person.

Staff were aware of how to report any safeguarding concerns that they had about people's safety within the organisation and if necessary to external bodies. They told us that they felt able to report any concerns. One staff member told us, "We report to the office." They went on to explain that they understood that they could report concerns outside of the organisation if they felt that their concerns were not being addressed. The provider was aware of their duty to report and respond to safeguarding concerns. They had taken appropriate action when a concern had been raised with them. The provider had also raised concerns with the local safeguarding authority when they were concerned that a person posed a risk to themselves. There was a policy in place that provided staff, relatives and people using the service with details of how to report safeguarding concerns. This policy had been reviewed however did not include updated guidance around categories of abuse that came into force in 2015. The provider told us that they would review it and ensure that this information was included.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The Provider understood their responsibility to ensure that the service met the requirements of MCA. They had identified that one person's capacity to make decisions fluctuated depending on their condition. The provider had worked with the person and their social worker to agree what care the person would receive when they were unwell. This meant that the person's consent had been gained even when they lacked capacity to make specific decisions. We saw that one person had been assessed as lacking capacity to consent to care. It was not clear from the assessment which aspects of their care they lacked capacity to consent to. The registered manager told us that this person would let staff know through their actions if they did not wish to receive care and that staff respected this. We asked the provider to make a formal assessment of the person's capacity to consent to their care and if necessary ensure that a best interest decision was taken.

Some people had a lasting power of attorney agreement in place regarding their care and welfare and finances. This is a legal agreement that allows another person to manage a person's finances or make decisions on their behalf with regard to their care. We asked the registered manager to ensure that they had access to this document when decisions concerning health and welfare or finance were made. . This was important so that only people who have the legal right to do so could make decisions on a person's behalf.

People had consented to the care that they received. One person said, "My carer will always ask me if I'm ready for my shower in the morning, and if I'm not, she'll usually go and start making my breakfast for me while she waits." They went on to say, "I'm never forced to do anything that I don't want to." Staff explained how they ensured that people were consenting to their care. One staff member told us, "We ask." Another staff member explained how a person who was unable to speak would indicate if they were unhappy with the care that they were providing and they would then stop. The registered manager told us that they intended to formalise their recording systems to demonstrate how people had been asked for their consent and that this was checked with them regularly to ensure that they remained happy to receive support.

People were supported to have enough to eat and drink. Comments from people included, "My carers make my meals and get me my hot drinks. I think I eat and drink more now, than when I was looking after myself. They all have their ways of encouraging me to certainly drink more.", "I've never been a big drinker and as I've got older I have found myself drinking less. However, I know I can be prone to infections if I don't drink a certain amount every day so my carers are very good and they will always make me a hot drink as soon as they come through the door, and they always make sure that I've got a full glass of water next to me before

they leave.", "Yes, I have some biscuits and a glass of drink here next to me on my little table." We saw that staff were guided to encourage people to have enough to eat and drink and to pay particular attention to a person's changing condition as when they were unwell they were less likely to eat independently and required more prompting. The provider told us that at times they had purchased provisions for people when staff had identified that they were in need. For example if a person had returned home from hospital and had no one to do their shopping.. On person received their nutrition via Percutaneous endoscopic gastrostomy (PEG) feeding tube. The person's spouse usually helped them with this however the provider told us that there were times when staff supported them. There were not clear guidelines for staff to follow or records in place to show how much nutrition the person had received. We asked the provider to ensure that staff recorded and monitored what they gave people via their PEG feeding tube to ensure that people received their set recommended daily amount.

People were supported to maintain their health. We saw that people had been supported by staff to attend routine as well as emergency medical appointments. A person's relative confirmed that the provider had escorted a person when they needed to access the hospital for emergency treatment. They told us that they believed that if the provider had not done this the person's health would have continued to deteriorate. A staff member told us, "We have been told if our client is not well to report it to the family and the office." They went on to say, "Once or twice I have had to call a paramedic." The provider worked closely with healthcare professionals to ensure that they supported people's health care needs in line with their GP's guidance. For example where a person routinely refused their medication the provider informed their GP so that they could monitor the person's condition.

People were supported by staff who were suitably trained, and supported to meet their needs. One staff member told us, "I've done a few training (courses) with them." Another staff member said, "They train the carers very well." Training certificates confirmed that staff had completed a variety of training courses relevant to their role. Staff told us that they received regular training refreshers to ensure that their knowledge was kept up to date.

Staff told us that they received training when they started working at the service that enabled them to understand and meet people's needs. This included manual handling and safeguarding training. Staff also confirmed that they shadowed more experienced staff members before they supported people on their own so they could understand their support requirements. The provider told us that they observed new staff supporting people to use mobility equipment following their training to ensure that they were competent.

Staff told us that they felt supported. The provider had not carried out any formal supervision meetings with staff. However they told us that they did observe staff practice while they were supporting people. They did not keep formal records of these observations. The provider told us that they intended to implement a staff induction and supervision records in order to be able to demonstrate what support and training staff had received.

Is the service caring?

Our findings

People told us that staff were caring and that they were treated with kindness. One person told us, "Everyone at the Agency, from the carers, to the office staff, to the manager and the owner, treat me exactly how I want to be treated thank you." A person's relative told us, "The carers always make sure that they kneel down to talk to him and they will stroke his hand or give him a hug and I can see from his face how much he appreciates their care." Staff demonstrated a caring approach in our conversations with them. One staff member told us, "The clients are happy. That's all we want."

People felt that their views were listened to and that the things that mattered to them were taken into account. One person said, "I've never had a problem with any carers not listening to me. I can be quite fussy in my old age and do like things done a certain way, and I know that the carers are listening to me, because they make sure they do things how I like them to be done." Another person said, "I have no complaints, my regular carers know me and how I like things to be done." Staff were guided to support people to make choices and communicate. Staff offered people objects of reference or responded to their use of gesture when their abilities to speak were compromised. Some people using the service did not speak English. The provider ensured that they were supported by staff who understood and spoke their language. This was so that they could be sure that people would be understood and communicated with effectively. The provider told us that they intended to translate some of their policies including the complaints procedure and service user guide into other languages to help people better access these.

People gave us a number of examples where they felt the support they received went 'above and beyond' their agreed care package. This made them feel that the staff were exceptionally caring. One person said, "My carer will let me know what I've got in the fridge or the cupboard and I decide what I fancy from that. If I fancy something that I haven't got, my carers are lovely and will often pick it up for me, without being asked." Another person said, "At Christmas time, (Provider) brings round a present to all the clients and wishes us a happy Christmas, it's little things like that, that make a difference." Another person said, "Sometimes, they can be listening when I don't think they are! I must've mentioned the other day that I was running low on bread, because when my carer came back later on in the day, she had gone out of her way to buy me the brand of bread that I like. She knew my daughter wouldn't be here till the end of the week to do my main shopping and just wanted to make sure that I wasn't left without. They are all very good like this." A person's relative said, "I couldn't ask for more devoted carers, they go over and above, they really do."

People were treated with dignity and respect. One person said, "First thing of an evening, my carer will shut all the curtains, so I can get undressed without being seen by anyone." A person's relative gave us an example of how staff respect people's homes and their privacy. They told us, "When they arrive, they always ring the doorbell a couple of times before unlocking it, and as soon as they are through the front door they will usually call up so he knows it is them and doesn't get panicked. When they get up to his room, they always knock and wait for him to say they can go in." The staff members that we spoke with explained that they understood the need to treat people with respect and gave practical examples of how they promoted people's dignity.

People told us that staff supported them to maintain their independence and only stepped in when people asked them to. One person said, "They are always encouraging me to do as much as I can for myself." Staff demonstrated that they understood the importance of prompting independence. One staff member explained how a person they supported felt more confident to complete household tasks as they were reassured that staff were available to help them if they were struggling. Staff supported people to access the community or attend appointments. This was important as it helped people to remain involved in all aspects of their lives and helped them develop or maintain their confidence in these tasks.

Is the service responsive?

Our findings

People received care that was individualised to them. Their needs were assessed and people and their relatives were actively involved in the planning of their care. One person told us, "Yes, the social worker, (provider) and myself have discussed all the changes which have taken place this year." Another person told us, "I met (provider) she sat down and chatted with me and my daughter for quite some time. I was asked what time I would like my calls, if I preferred male or female carers and we talked about the length of the calls. I did feel fully involved in planning my care and I have the care plan here in my folder." People's care plans contained information about people's preferences and usual routines. This included information about what was important to each person, their health and details of their life history. We reviewed care records and found that people were receiving their care as advised in their care plan.

People's care was reviewed with them to ensure that it continued to meet their needs. One person told us, "My care plan has needed amending four times this year because of changes to my health. Each time, I have sat with (registered manager) and she has listened and gone away to update it. Who you would like looking after you and at what times is key and they have delivered everything they have promised me." One person's relative said, "I attend regular review meetings with my father, the agency and his social worker." Another relative told us, "Nothing changes without us being totally involved, and if I don't think something is right for dad, I will say! Thankfully, this has never happened." We saw that records had been reviewed when people's care needs had changed. However one person's plan had not been updated to reflect a change in their condition. We discussed this with the provider who assured us that they would update the record.

People had access to their care plan and these were kept in people's homes in order to guide staff to provide people's care as agreed with them. One person said, "I know that a copy of my care plan is here in my folder as well as a copy being kept in the office. I also know that most of the records that the carers fill-in are also held at the office." Staff confirmed that care plans were available for them to read and that they provided the necessary guidance for them to complete their role.

People's relatives were kept informed where appropriate. One relative said, "I have to say that communication is very good. I will always get a call either from somebody in the office or (registered manager) herself if there is anything they are concerned about with dad's care." Another relative said, "It works well both ways, I'm always called if mum isn't well or they have any concerns, and I have (provider's) number to call if I need to speak with them at all." We saw that records were kept of any communication between staff, the provider, people using the service, their relatives and professionals. From these we could see that actions had been taken to follow up on concerns or ensure the correct people were kept informed of changes.

People received their care at the times that they wanted it. One person told us, "When I started with the agency, I was asked what time I would like my visits and I told them and I must admit that, ever since, my carers have usually arrived within a maximum of 10 to 15 minutes of the time they should do. Considering the traffic, they are very reliable." The provider explained that people were able to change their call times, or cancel their calls to suit their plans; wherever possible this was facilitated. Where people cancelled calls the

provider ensured that someone from the office called the person later in the day to check that they didn't have any outstanding care needs to be met. We saw records to support this.

People told us that they would feel comfortable making a complaint. One person said, "I know how to make a complaint or raise any concerns because there is a leaflet about it in the folder. I have also in the past, phoned (provider), just to sort the odd thing out, before it has caused a real problem - the odd personality clash with a carer." Another person told us, "I have no complaints about how I am looked after whatsoever." A third person said, "I haven't really complained as such, it was more a conversation just about a particular carer who I didn't get on with particularly well, and once I'd spoken to (provider), she ensured that the carer didn't come back to me again and I was happy with that." No formal complaints had been received. The provider told us that everything had been dealt with as soon as it had occurred therefore no issues had ever become a formal complaint. People felt that their concerns were listened to and action was taken to address them.

Is the service well-led?

Our findings

The provider was not always following their own policies regarding recruitment and medication management. We reviewed the provider's recruitment policy and found that they had not followed the procedures described within. Such as obtaining suitable references. A medication error had taken place. This had been investigated by the provider and they had made recommendations to prevent reoccurrence. These were to implement a log-sheet to be put in place for medicines. All medication to be recorded on this sheet and signed by staff. This was to be submitted to the office on a weekly basis with the service user time sheet. We found that the log sheet had not been implemented and was not checked on a weekly basis.

The provider had arranged for an annual audit to take place. During this audit the provider checked if systems and processes were effective in ensuring people were receiving a high quality service. This audit had not identified the issues that we identified with regard to how medication systems were managed or staff recruitment systems.

There were not always robust systems in place to check the quality of the service provided. The registered manager did not formally check care records to assure themselves that people were receiving the level of care that they expected. For example we saw that staff were required to sign a column to state that they had prompted people to take their medicines. We found that this column had not been signed on the records that we checked. This had not been recognised or addressed by the provider. We were unable to review one person's daily notes from February 2017 as they had not been collected from the person's home. The provider informed us that they had checked these records when they visited the person. However they agreed that no formal checks had been carried out to ensure that the person was receiving the correct support.

These matters constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that the provider was approachable, they knew who they were and how to contact them. One person said, "They can sometimes be short of staff, in which case the owner will usually jump in and provide the care herself. I don't think this is a bad thing though, because it means that it helps her to understand us clients and what our needs are in a much better way when she is there providing the care herself, rather than when she is sitting in an office just looking at paperwork." Another person told us, "The owner is very helpful, friendly and approachable. She never makes a fuss if I need to contact her about anything." A social care professional confirmed that they found the provider to be approachable and that they took action when requested to do so.

People told us the service was well led. A person's relative told us, "I can't say as I can think of anything that they need to improve. They have provided good care to my wife for nearly three years now. We're both very happy." Another relative told us, "They are fantastic, they do a really good job." We spoke with a social worker who told us that the service was, "Really good." They went on to tell us that the provider communicated effectively with them and implemented changes to the care that the person needed in a

timely way and then feedback to them on the person's progress. Staff agreed that the service was well led. One staff member said, "The service is quite good I would say, I haven't had any problems at all."

The provider had asked for people's feedback on the service they received. One person told us, "We have occasionally filled in a survey and when we have a meeting with them, we're asked our opinions, but actually, there hasn't been much to suggest to them as we're fairly happy with everything." The provider conducted surveys with people who used the service and their relatives. This was to establish their views on whether they were happy with the support provided by their carers and what things could be improved. They were in the process of collating the feedback that they had received at the time of our inspection. We checked a sample of the responses and found them all to be positive. Example comments were "Very happy with the care." "Keeping me updated with my care letting me know when the carers are coming and what time."

Staff felt supported. They told us that they had access to the provider for advice whenever they needed them. Staff attended the office on a weekly basis. This gave the provider and staff a chance to speak and discuss any worries or concerns they might have. The provider used these visits as opportunities to update staff on any information they might need. Staff meetings took place. During the meetings staff were updated on changes to systems and processes, they were reminded of policies and procedures and they had an opportunity to raise concerns. We saw that during a recent meeting the provider had reminded staff of the provider's handling people's finance policy.

The registered manager was aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The provider had informed us about incidents that had happened. From the information provided we were able to see that appropriate actions had been taken. However we identified an occasion when we had not been made aware of a safeguarding event. The provider informed us that they would ensure we were notified in the future.

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 Regulation 12 (1)(2)(g) Medicines were not always administered or managed safely.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17(2)(a) Systems and processes were not in place to assess, monitor and improve the quality and safety of the service.