

Abbey Care Solutions Limited

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Inspection report

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Date of inspection visit:
20 September 2019
23 September 2019
30 September 2019

Date of publication:
24 October 2019

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

Abbey Care Solutions Ltd is a domiciliary care agency. It is regulated to provide personal care for children, older people, younger adults and people with dementia, mental health issues, physical disability or sensory impairment. At the time of inspection 70 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People told us they received a good service and felt safe. People told us they received their medicines safely. Accidents and incidents were recorded and analysed, and risk assessments were in place. Appropriate numbers of care staff were designated to deliver the care and support people required. The registered manager followed established recruitment procedures to ensure staff employed were suitable for their role.

Staff told us they had received appropriate training which supported them to carry out their role. Staff told us they could seek advice from the registered manager and senior 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; the policies and systems in the service supported this practice.

People were supported to maintain good nutrition and hydration. Staff supported people to access healthcare services when required. People and their relatives told us they were happy with the service provided. Staff had developed positive relationships with people.

People and their families were involved in the care planning and reviews of their care. A complaints procedure was in place and people told us they knew how to complain.

Quality assurance systems were in place to ensure all aspects of the service delivery were continuously assessed and monitored.

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

Rating at last inspection

The last rating for this service was Good, (published 02 March 2017).

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.

Abbey Care Solutions Ltd

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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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

We spoke with seven people who used the service and one relative about their experience of the care

provided. We spoke with six members of staff including the registered manager. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted four professionals who were connected to the service

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

- There were processes in place to protect people from the risk of abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm and had received relevant training in this subject.
- People told us they felt safe as the staff supported them in the right way. One person told us, "I have no sight and therefore rely very much on my carers and I trust them very much. I know they make sure there are no obstacles in my way and will always replace things in position, so I know where things are."

Assessing risk, safety monitoring and management

- The registered manager had risk assessments in place for each person which focused on minimising the risk of harm whilst still making sure the person's needs were met. Risk assessments were in place for people in areas such as mobility, falls, and pressure area care.
- Staff were knowledgeable about people's needs and any associated risks and told us they would always visit with a more experienced member of staff who knew the person well if any particular risks were identified. One staff member told us, "There is always a more experienced carer to show me how to hoist and use the slide sheets. I have just had a manual handling refresher as well."

Staffing and recruitment

- Staff told us there were enough staff on duty and where two staff were required this was always arranged. Care co-ordinators understood people's individual support needs well and what skill mix of their staff was required to keep people safe.
- People confirmed staff were there to support them when they needed help. One person told us, "They are good carers on the whole and are usually on time. They will ring me up from the office if they have been delayed so at least I know." Another person said, "They are usually on time; I need them earlier on a Tuesday as I go to a day centre and they have never let me down. They never rush me, and they stay the full time, we chat along and know each other really well now."
- In the providers information return [PIR] the registered manager recorded, "We only take on work if we feel we can meet the service users' needs and only if we have capacity without putting carers under pressure."
- Appropriate recruitment checks were conducted prior to staff starting work at the service, to ensure they were suitable to work with vulnerable people.

Using medicines safely

- People received an assessment of their needs and were supported to take their medicine safely as prescribed.
- Staff followed best practice guidance to help people to manage and administer their medicines and

provided prompts where people were independent. One person said, "They will put my tablets into an egg cup, and I can manage them from there. I have quite a few tablets in the evening and don't like them too late, the girls know that. They always wear gloves and make sure they sign the book."

- Audit were carried out to ensure any errors with medicines such as recording were promptly acted on. However, we did find some gaps that had not been accounted for or explained within the audit process. We discussed these with the registered manager who explained these were usually when relatives had administered medicines, or the person had gone out. The registered manager agreed these reasons should be recorded or explained in the audit process and sent us information confirming the actions they had taken to improve the audit process.

Preventing and controlling infection

- Personal protective equipment was readily available to staff when assisting people with personal care. Stocks were held in the agency office and care staff could collect supplies whenever they visited the office.

Learning lessons when things go wrong

- There was evidence learning from incidents and investigations took place and appropriate changes were implemented. For example, the registered manager intended to introduce a specific turning chart following a safeguarding investigation.

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

- People's needs were assessed prior to receiving care from the service, and a care plan was drawn up and agreed with them. We saw people's preferences, likes and dislikes were clearly identified within the assessment process.
- A review was held after 14 days to confirm with people that their care was being delivered as planned.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained, and who received the guidance and support they needed to deliver care effectively. One person told us, "They are 100% well trained and make me very comfortable."
- The registered manager ensured all staff received an induction which was linked to the standards in the Care Certificate and shadowed more experienced care staff before they supported people on their own. The Care Certificate is an identified minimum set of standards health and social care workers adhere to in their daily working life. One staff member said, "Training did prepare me for the role. They were very supportive with helping me to put my training into practice."
- Staff had regular staff meetings, supervision and an annual appraisal to discuss all aspects of the running of the service and any support or training needs they may have.

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

- Staff supported people with the preparation of food where they required such assistance. There was information in care plans instructing staff how to support people with their dietary needs. One person said, "The staff will go to the freezer and I then decide what I want to eat, they never make assumptions."

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

- There was information recorded to show staff had contacted district nurses and GP's on people's behalf when they were unwell.
- Care plans included relevant information about people's healthcare needs including their GP's, allergies, communication and other important information.

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 supported by staff to make day to day decisions about their care in accordance with the principles of the Mental Capacity Act (MCA). One person told us, "They ask me first if I am ready to start, the regular ones know where everything is and get on with things, but they never take liberties. They let me do things at my own pace and don't take over. I feel in control."
- We did identify one person where more information from their wider care team was required to support a best interest decision. The registered manager confirmed following the inspection they had contacted the person's social worker, so this best interest decision could be reviewed.

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 were treated kindly by staff. One person told us, "All the staff are very caring. I have got to know my regular girls really well and we have a nice rapport, if ever I am sad, they will comfort me. They are lovely, I have no complaints." A relative said, "On the whole they are all very good, but one stands out [named carer] she is absolutely lovely. We have had an odd one arrive who has not been before and does not know the routine, but they do all understand (relative's) condition and would tell me if they found any problems with their skin or anything."
- Staff were provided with information about people's personal histories, what was important to them and what might concern them. They had a good understanding of people's preferences. A staff member said, "I see the same people, so we get time to build a relationship and we can have a chat."

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

- People told us they were involved in decisions about their care and support. One person said, "When we had the first contact with the company someone came and set up the care plan and the staff write in it every visit."
- People had the opportunity to complete an annual survey about the quality of service they received, we noted people's responses were positive about their care and support. The service used an independent impartial feedback service.
- The registered manager and staff understood the importance of involving people in decision making. We saw communication with people and their relatives when their wishes or needs had changed.

Respecting and promoting people's privacy, dignity and independence

- People and relatives we spoke with told us their privacy and dignity was always respected. One person told us, "The staff are really nice and treat me with dignity and respect. They always make sure my modesty is covered when they are washing me."
- Staff promoted people's independence. One person said, "They are all very good, they encourage me to do things for myself. They are caring although there is an odd one who are not as easy to get on with, but you get that anywhere. I have only ever refused to have one in the past as I felt they talked to me like I was a child. They have never sent them again."
- Staff promoted people's independence. One person said, "They are all very good, they encourage me to do things for myself. They are caring although there is an odd one who are not as easy to get on with, but you get that anywhere. I have only ever refused to have one in the past as I felt they talked to me like I was a child. They have never sent them again."

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

- The service responded to people's changing needs and offered a flexible service where possible. The registered manager told us, "I feel we are accommodating to our service users and care workers and try to be as flexible as we can to accommodate people's needs and feel we have a great team. I feel we provide good continuity of care and we are supportive." A person told us, "I think someone came once to check the book and asked if I was happy with everything. They are quite a flexible company and will come earlier if I ask them."
- Care plans contained people's care needs, preferences, likes and dislikes with guidance for staff. Care plans were reviewed to help ensure they continued to accurately reflect people's needs.
- Staff knew people very well. One staff member said, "[Named person] likes things done quietly, when we do their laundry they like it in a basket that has been wiped. Another person likes their hair done in certain way. I always make sure people are comfortable before I leave."

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 registered manager was aware of the requirement to provide people with accessible information but had not been required to do so for any of the people receiving support or their families.
- Where people had a specific communication need this had been noted and how the person needed staff to communicate with them to promote their understanding. A staff member told us, "I work every day so really get to know people. My newest client is non-verbal so has just shown me how they want things done. I now know how they like things which is good."
- The PIR stated, "We cared for a service user who was unable to communicate verbally so we used an [electronic tablet] to communicate. We have translated into Italian and use an Italian speaking care worker where possible. We provide communication training so care workers know the best way to communicate."

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise a concern. They told us the office phone was usually answered quickly and enquiries were dealt with well. One person said, "Whenever I have rung the office the phone has been answered quickly and whoever I have spoken to has been polite and dealt with whatever I needed."
- We found where people had raised issues these were responded to in line with the provider's complaints

policy.

End of life care and support

- At the time of inspection, no end of life care was being delivered. The registered manager was aware of what was required to support people who may need to receive end of life care. A staff member told us, "We have had end of life training, but we usually go with a more experienced staff member if we are caring for someone at end of their life."

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.

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

- People and their relatives told us the service was well run and managed. One person told us, "I would recommend the staff I have come to me. On the whole I am very happy." Another person said, "I would definitely recommend them they have been brilliant for me. I do have a couple of favourites they look after me so well, they are excellent."
- All staff provided positive feedback about their experiences working at the service and the support that was provided to them. One member of staff said, "I would be happy for a family member to use this service, it is a great team. [Named registered manager] is the manager and I feel supported by her and [assistant manager]. It is a well-run business." Another staff member said, "They make me feel valued as a carer."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager understood their legal duty to be open in the event something went wrong with the delivery of a person's care.
- Audits were completed to ensure the quality of the service, action was taken to resolve any issues found. The registered manager told us following this inspection additional time is now given to ensure medicine audits were comprehensive.

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

- People's views and feedback on the service were sought using surveys and telephone monitoring. We saw feedback from these surveys and actions implemented.
- Staff received supervision of their performance and regular team meetings. Staff were provided with an opportunity to feedback their views and managers listened to them. One staff member said, "We have on site checks, supervision and staff meetings. They are very good with me and listen to what I have to say."
- All staff received training in relation to equality and diversity.

Continuous learning and improving care; Working in partnership with others

- Following the results of the last independent survey where it had been highlighted people were unaware of how the service worked in partnership with other agencies and organisations. The service intended to add some information into their service user guide to make people more aware of this.

- The registered manager worked with other professionals to achieve good outcomes for people.