

Abbey Care Solutions Ltd

Abbey Care Solutions

Inspection report

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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 

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This inspection was announced and the provider had two days notice of our inspection.

Abbey Care Solutions is a domiciliary care agency supplying care services within a person's own home. Abbey Care Solutions provides care for people of a range of ages and with a variety of different care needs. At the time of our inspection 70 people were using the service.

A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. At the time of our inspection there was a registered manager in post.

Summary of findings

The service was previously inspected on 04 November 2013. At that time it was not meeting Regulations relating to the management of medicines. During this inspection on 12 August 2014 found that improvements had been made and the service was complying with the law. People told us that they felt safe with staff working for the service and had no concerns about how they were treated. They felt that staff worked in ways that ensured their health and safety.

People's needs were assessed with their involvement and care was planned and delivered in accordance with their wishes. This showed us that the service sought to work with people and support their needs in ways that they preferred.

Staff had the knowledge and skills that they needed to support people. They received training and on-going support to enable them to understand people's diverse needs and work in ways that were safe and protected people. Staff had a good awareness of emergency procedures so that they would act properly to support people in the event of an emergency.

When the service took on new staff they ensured that proper checks were carried out to ensure that staff were suitable to work with people.

The service had procedures in place to ensure that when people needed help to manage their medicines, this was done safely with proper records kept.

Staff spoken with demonstrated a caring approach to their role and told us that they enjoyed their work. They outlined their working practices which showed us that staff worked in ways that respected people's privacy, dignity and individuality.

Records viewed and people spoken with showed that people were able to complain or raise any concerns if they needed to. We saw that where people had raised issues that these were taken seriously and dealt with appropriately. People could therefore feel confident that any concerns they had would be listened to. However, the service needed to improve how they recorded and managed complaints so that they could learn from the issues raised and improve the service.

There were systems in place to monitor the quality and safety of the service. People told us they felt that the service was well led.

Summary of findings

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 safe.

People who used the service felt safe with their carers. People felt that there was a good level of consistency so that they received support from people that they knew.

People's needs were assessed. They received appropriate support to meet their needs, including assistance to manage their medicines.

Staff were recruited safely with proper checks undertaken.

Good



Is the service effective?

The service was effective

People and their relatives were happy with the care and support they received to meet their care and healthcare needs. People had been involved in saying what their care needs were and how they wished these to be met.

Staff had the knowledge and skills to meet people's diverse needs. Staff received an induction and on-going training and supervision to ensure that they were well trained and supported in their role.

Good



Is the service caring?

The service was caring.

People told us that they liked and got on well with their carers.

Staff enjoyed their work and had a good understanding of people's individual needs. They demonstrated a caring approach to their work.

Good



Is the service responsive?

The service was responsive.

People's care needs were assessed, planned for and monitored. Any changes were noted and, where appropriate, support sought from other professionals or agencies. This ensured that people received the care and support that they needed.

People were able to raise any complaints about the service, and these were acted on. The service did not always formally record people's concerns so that they had a full record and could learn from issues raised.

Good



Is the service well-led?

The service was well led.

The service had systems in place to monitor the quality and safety of the service.

People's views on the service were sought and their feedback acted on where possible.

Good



Abbey Care Solutions

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

This inspection was completed by an inspector, a pharmacy 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.

Before our inspection we looked at and reviewed the provider's information return. This was information we had asked the provider to send us to explain how they were meeting the requirements of the five key areas that we look at.

We reviewed other information that we held about the service such as notifications, which are the events happening in the service that the provider is required by law to tell us about, and information from other agencies.

As part of our inspection we spoke with 17 people using the service and 11 relatives. We spoke with three staff face to face and a further six staff over the telephone. On the day of our site visit to the agency office we liaised and had discussions with the registered manager for the service. We also contacted two local authorities who contract with Abbey Care Solutions to gain their views about the service.

We sent out 50 questionnaires to people using the service and 50 to relatives and friends. A total of 20 questionnaires were returned to us. We reviewed the information and comments that these contained.

As part of this inspection we reviewed eight people's care records. We looked at the recruitment, induction, training and support records for eight members of staff. We reviewed other records such as complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

People we spoke with said that they felt safe with the care workers that came to them. On questionnaires all people who responded told us, 'I feel safe from abuse and/or harm from the staff of this service.' People we spoke with said that their rights and dignity were respected and their privacy maintained.

At our last inspection of the service in November 2013 the provider was in breach of Regulations and improvements were needed to the way that people's medicines were managed. Appropriate records were not being maintained.

A pharmacy inspector accompanied us on this inspection to assess whether the service was now complying with the law and maintaining good practices. The medication and care records of four people were reviewed in relation to the management of their medicines. We found that records were well maintained and that staff were trained and regularly updated in medication procedures. We saw that appropriate policies and procedures were in place relating to medicines and that that medication records and practice were regularly audited to ensure consistency. This assured us that people's medicines were being managed safely and effectively.

We saw staff training records which showed that staff had received training in how to protect people using the service from abuse. The service had policies and procedures in place to guide practice and understanding. Staff we spoke with confirmed that they had undertaken training and were clear about how to recognise and report any suspicions of abuse. They were also aware of the whistleblowing policy which meant they could take any concerns to appropriate agencies outside of the service and organisation. This showed that staff were aware of the systems in place to protect people.

The provider told us on their provider information return that they had policies and procedures in place relating to the Mental Capacity Act 2005, (MCA,) and Deprivation of Liberty Safeguards, (DoLS.) They told us that staff had the opportunity to undertake training in these areas through the Local Authority. Staff we spoke with understood the importance of supporting people to make choices in their daily lives.

We saw from people's care records that an initial assessment of their individual care needs was carried out.

This included robust risk assessments for aspects of their care such as mobility, environmental risks, equipment and medication. This showed us that the service sought to understand and manage risk when supporting people. People's support plans and risk assessments were kept under review. Staff told us that if they had concerns about risk they could escalate these and people's needs would be reviewed and actioned in a timely manner. Staff we spoke with were able to describe how they would manage in an emergency situation such as a person falling or not responding when they arrived to carry out their visit. This assured us that risk was recognised, managed and that staff would take appropriate actions in the event of an emergency.

We reviewed the recruitment policy and the staffing records for four members of staff. We saw that there was a suitable recruitment procedure in place to ensure that people received support from staff that had been properly checked. References had been taken up, employment history checked and checks made with the Disclosure and Barring Service, (DBS.)

People who used the service that we spoke with had mixed views about staffing. Some said that the agency could do with more staff and have travel time allocated. One person said, "Carers do not have travelling time allowed – should they each be given a magic carpet? They are always in a hurry." Other people had issues with the timings of calls or staff's late arrival. It was however acknowledged that the agency always took these issues seriously and tried to resolve the situation. One person told us, "Things have improved drastically over the last few weeks following my complaint." On questionnaires a quarter of the people who responded told us that there could be issues relating to the timings of calls. Other people however were happy with this aspect of the service. For example, people told us, "The carers are usually on time and stay the allocated time. They always take their time with my (relative)" and, "The carers are great, they arrive when we expect them and do a good job."

The registered manager told us that they did keep time-keeping under review and calls were monitored through a logging in/out system. They told us that they did not take on more calls than they could manage with the staff that they had available, and that staff recruitment was

Is the service safe?

on-going. Staff we spoke with told us that timing between calls was not an issue and that they felt able to travel between calls and arrive in a timely manner for people using the service.

Overall we judged that sufficient staffing was being provided. The provider was proactive in recruitment to ensure that there were enough staff to meet people's needs.

Is the service effective?

Our findings

People told us that they found the staff caring and effective in their role. They felt that care workers were competent and able to meet their needs. People told us, "From the initial meeting they have been professional and extremely helpful. The care workers are brilliant and go out of their way to ensure that I have all my needs met" and, "I have no complaints at all about the service."

On a recent survey undertaken by the service most people who responded said that care workers 'always' carried out their duties according to the care plan. All who responded said that staff were polite, courteous and professional.

When we spoke with two local authorities who commission services from Abbey Care Solutions Limited they told us that they did not have any concerns about the service, they had not received any complaints and that feedback at reviews of people using the service had been very positive.

Staff that we spoke with demonstrated a good understanding of working practices and were knowledgeable about people's individual needs and preferences. Staff told us, "I had a good induction and training, and feel well supported." Staff confirmed that they had completed an induction programme at the start of their employment. One person told us, "It was very organised; I spent a week in the office doing all the training and learning the paperwork." Information in staff files showed us that staff also completed 'shadow' shifts with experienced staff. These were recorded and tasks, where successfully completed, had been checked off. This ensured that staff had the skills and competencies needed to undertake the role.

We viewed staff training records which showed us that training specific to their roles had been undertaken in areas such as dementia care, person centred care, medication, equality and diversity and moving and handling. We saw

from records that a number of staff had achieved a National Vocational Qualification, (NVQ,) in care at level two or three. This showed us that staff were supported to undertake training and develop their skills.

Staff files showed that spot checks (supervision of staff whilst they are working) were undertaken to monitor how well staff were performing. One member of staff told us, "They, (senior staff) come round and check that you are using the right equipment and working in the right way." From records viewed we saw that staff had the opportunity for occasional one to one supervision and that there was an annual appraisal system in place. One member of staff told us, "(The registered manager) and office staff are very supportive. We are like a family really; you can always pop into the office for a chat."

We saw that, where needed, people were assisted with their nutritional needs and that this information was included in their assessments, care plans and daily records. For example, we saw that one person had a care plan in place for diet and fluids. This recorded, 'Carers to encourage, monitor and record fluid and nutrition taken on visits. (Name of person) may need assistance to eat but try and encourage (name of person) to do this for themselves. Encourage fluids and record food and drink intake in care records.' We saw that this had been undertaken and records maintained. This showed us that the service was effective in identifying people's nutritional needs, planning for their care and recording outcomes.

People's assessments reflected any individual healthcare needs. Where these impacted on people's support needs information was included in support plans so that staff would be aware of these.

Staff told us, and we saw from records, that the service was responsive to people's changing needs. For example, one person was becoming frail and the service had liaised with the family and other professionals in relation to their care. Another example was given of where the service had worked closely with nurses and the person's doctor to monitor and manage the person's pain.

Is the service caring?

Our findings

People told us that they liked their care workers and found them caring. They made comments such as, “The staff are very good and personable”, “Staff do over and above their duties at times”, “They are all polite and gentle with my (relative) as they cannot do anything for themselves” and, “My (relative) is well cared for by kind and caring staff.”

We saw from recent thank you letters and cards received by the service that people felt that the service was caring and often gave extra to support people, for example making one person’s birthday special and being a support to relatives.

On surveys sent out by us most people using the service agreed with the statements: ‘The staff always treat me with respect and dignity’ and, ‘The care and support workers are caring and kind.’ Relatives told us that when care workers were carrying out personal care the person’s privacy was protected.

Staff we spoke with demonstrated a caring and positive attitude to their role. They explained and gave examples of how they worked in ways that were sensitive to people’s diverse needs and ensured that their privacy and dignity were maintained. For example, one member of staff told us,

“You always explain what you are going to do and make sure that the person is comfortable.” Another member of staff said, “I like the continuity, it’s good for us and good for people using the service. You really get to know people and know when something is wrong.”

People’s care records viewed showed that assessments identified any diversity needs such as culture, religion or language that needed to be taken into account when planning their care. We also saw in assessments that people had been asked about their social life, interests and personal history. This would assist staff in getting a fuller picture of the person and their needs.

Staff told us that they encouraged people to be independent as far as possible. Care plans viewed reflected that people’s needs and preferences might change day to day and that staff were to offer people choices and support their chosen routines. For example, one person told us that they varied their routines and that staff supported them in whatever they wanted to do.

People told us that they had been given information about the service. We saw that a service user’s guide was provided to tell people about what they could and could not expect of the service.

Is the service responsive?

Our findings

People who used the service and their relatives acknowledged that they had contributed to assessing their care needs and planning for their care. Most people said that they or their relatives checked their care plans to ensure that the agreed service was maintained.

People told us that they received care from a consistent group of care workers who usually arrived on time. A number of staff spoken with said that they had set 'runs,' which were established routes and people that they supported. This enabled them to provide support for a regular group of people who they got to know. Staff said that they had time to carry out the tasks required and to complete their visits in a timely manner.

People we spoke with confirmed that they were involved in the planning of their care and on-going reviews. The assessments included involving people by asking about their preferences and choices. We saw that when people started to use the service a review took place after 14 days to ensure that everything was satisfactory and that people were happy with the arrangements in place. The review showed us that people were consulted with and asked questions about the quality of the service.

The service had a complaints procedure in place. This was made available to people through the service users guide

which contained information about how to make a complaint about the service. It also included information about complaining to other agencies such as the local authority if they were not satisfied. From discussions with people it was clear that they were aware of how to make a complaint about the service. On surveys sent out by the Care Quality Commission as part of our inspection most people using the service said that they knew how to make a complaint and that the agency responded well to any issues raised.

When we looked at the service's complaints records we saw that two complaints had been recorded for 2014 and that these had been managed effectively. However, during our telephone interviews some people told us that they had raised issues with the agency regarding lateness of calls, or coming too early to assist people to bed. One person said, "This week we have complained to the agency twice about the poor service." They confirmed that the agency had taken action to address their concerns. These complaints had not been formally recorded. This showed us that although the service was responsive to people's concerns they were not always maintaining an accurate record. This could mean that the service would not have a full picture of all concerns being raised, be able to identify any persistent issues and make improvements when needed.

Is the service well-led?

Our findings

We had mixed feedback about Abbey Care Solutions Limited from people who used the service and their families. All of the people who responded to surveys sent out by the Care Quality Commission said that they were happy with the care and support that they received from the agency and that they would recommend the service to another person. Comments on our surveys included, “Whenever I have needed to phone the office, even out of hours, the service I have received has been second to none. I was recommended and would definitely recommend the service to others,” and, “My carer is very nice, I have no issues with this service.”

However, when we spoke to people using the service the response from some people was less favourable. One person said, “They are so disorganised.” People did however acknowledge that the service was always responsive to any issues that they raised and took immediate steps to make improvements.

Feedback from commissioners of the service was positive. They told us that when they undertook reviews of people’s care that no complaints or issues had been raised and that they had received very positive feedback about the service.

Staff we spoke with were positive about the service. Several spoke of ‘good teamwork’, ‘good communication’ and, ‘being well organised.’ One member of staff told us that they had worked for a number of care agencies and were very experienced. They said that they liked working for

Abbey Care Solutions Limited because it was, “Small and family orientated.” Another member of staff told us that if they made suggestions that they were listened to and ideas were, “Taken on board.”

From discussions the registered manager it was clear that they wanted to keep improving the service. For example, although there were not particular issues in these areas, they hoped to improve staff retention and morale through a reward and recognition scheme. Staff meetings had been infrequent, but they hoped to make improvements in this area to offer staff further opportunities to discuss practice and other issues.

The agency had systems in place to monitor the safety and quality of the service. Medication audits were being undertaken and staff practice monitored. The quality of care records was monitored. There were systems in place to record any accidents or incidents. People had individual care plan reviews on a regular basis. Risk assessments were also kept under review.

When we carried out our inspection at the office of the service we found it to be well organised. Everything that we required was readily available to us. The registered manager had a good understanding of all aspects of the service and a good knowledge of the needs of people who used the service. This showed us that although there may be some organisational issues to resolve to ensure that all people using the agency always got a timely and reliable service, the service was overall well led.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.