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Abbey Care

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 31 July 2018 and was unannounced. Abbey Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults, people who were living with dementia or mental health conditions.

The service has a registered manager. They were present throughout the inspection visit. 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.

This was the first inspection since the service registered with CQC on 31 August 2017, the provider had been registered with CQC previously at a different location. On the day of the inspection there were 130 people receiving home care from Abbey Care.

Not all records were complete and accurate. The provider was in the process of updating their systems and this meant that some records were not complete. We identified this as an area of practice that needed to improve and become embedded within practice.

People told us that they were happy with the standard of care provided. The people and relatives that we spoke with were consistently positive in their praise of the staff. People's comments included, "They are friendly and professional," and "They are a great bunch, really good at their work, which they clearly like."

Risks to people were identified and managed to support them to remain safe. Staff understood their responsibilities regarding safeguarding people from harm and abuse. There were enough staff to ensure that people received the visits they needed within the planned timeframe.

Staff received the training and support they needed to be effective in their roles. People told us they had confidence in the skills of the staff. Comments included, "The staff are really good, they are very skilled." Staff understood their responsibilities regarding obtaining consent from people. People were supported to maintain their health with access to health care services and support with nutrition and hydration needs.

People said that staff were caring and kind. Staff had developed positive relationships with people and spoke about them with warmth and affection. People were supported to be involved in making decisions about their care and support. They told us that staff respected their privacy and protected their dignity. One person said, "They are very careful to make sure I'm not embarrassed about personal care. "

Care plans were holistic and provided detailed guidance for staff in how to provide care in a personalised way. People's needs and preferences were considered. Staff noticed changes and care plans were adjusted

to ensure people's needs were met. The provider had a system for managing complaints and people were confident that their concerns would be listened to. People were supported with end of life care and staff worked effectively with other agencies and family members.

There was strong leadership and staff spoke highly of the registered manager. People described a well run service. The provider had introduces an electronic care planning system which provided them with facilities to monitor the quality of the service. They used this and other quality assurance systems to ensure that standards of care were maintained. One person told us, " I have a team of carers and they are all marvellous, I couldn't ask for more."

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.

Risks to people were identified and managed. Staff understood their responsibilities with regard to safeguarding people. Staff had the equipment they needed to keep people safe and to prevent the spread of infection.

Recruitment procedures were safe. There were enough suitable staff to provide all the visits that people needed.

People were supported to receive their medicines safely. Lessons were learned when things went wrong.

Is the service effective?

Good

The service was effective.

Staff had received the training and support they needed to be effective in their roles.

People were supported with nutrition and hydration and were able to access health care services. Staff used technology to support care provision.

Consent to care and treatment had been sought in line with legislation. Staff worked effectively together and with other agencies to deliver effective care.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and protected their dignity. People's confidentiality was protected.

Staff were kind and caring. They knew people well and spoke of them with compassion and warmth.

People were supported to express their views and to have control over decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People were receiving care that was personalised to meet their needs.

Complaints were responded to and resolved in a timely way.

People were supported with effective end of life care plans.

Is the service well-led?

Requires Improvement

The service was not consistently well- led.

Some records were not complete and accurate. The provider was updating their systems but this was not yet embedded.

There was a clear management structure and staff understood their roles and responsibilities.

Leadership was strong and the ethos of the service was understood by all the staff.

Abbey Care

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 was planned to check 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.

This inspection took place on 31 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in and that staff would be available to talk with us.

We visited the office location on 31 July 2018 to see the manager, to interview staff; and to review care records and policies and procedures. The inspection team consisted of 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 service. The expert by experience spoke to people and their relatives by telephone to gain their views on the service.

Before the inspection we reviewed the information we held about the service. We considered the information which had been shared with us by the local authority and others, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We spoke with ten people and three relatives on the telephone. We spoke with a health care professional by telephone. We spoke with the registered manager, the provider and five staff members. We looked at a range of documents including policies and procedures, care records for
12 people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed three staff records including recruitment, supervision and training information as well as team meeting minutes and we looked at the provider's information systems, including for the allocation of care visits.

This was the first inspection since the service registered on 31 August 2017.

Good

Is the service safe?

Our findings

People and their relatives told us that they felt safe with the care staff from Abbey Care. One person said, "I am very nervous of having falls, so having a carer with me for washing and dressing makes me feel much safer." Another person told us, "I used to feel very unsafe in the shower but I don't now I have a carer with me." A third person said, "I have black outs sometimes and the carers know what to do." A relative told us, "I am not able to visit as often as I would like, but my mind is at ease with the care that Dad is having."

Risk assessments were completed to identify risks and hazards and to guide staff in how to keep people safe without restricting their freedom. There was clear guidance in care plans to support staff in how to mitigate the risks and support people to remain safe in their home. For example, some people had poor mobility. One risk assessment identified that the person's mobility was limited and described how they could only manage to walk a few steps unaided. There was a clear description of the equipment that the person used and the support they needed. Another person needed support to move around and their risk assessment and care plan identified that two staff were needed to support the person to move. There was a clear description of the equipment and how this should be used.

Staff members were able to describe how they supported people to take positive risks whilst maintaining their safety. One staff member gave an example of how they had supported someone to transfer from one chair to another. They explained that the person had poor mobility, but was keen to be as independent as possible. The staff member described how they had explained the risks to the person and then made sure that they were positioned so that if the person did fall they would support them to fall safely and not hurt themselves.

One staff member described how the first visit to a person's home included an environmental risk assessment. This included an analysis of the person's home and identified risks that might be hazardous for either the person or a staff member. For example, assessments considered risks of trip, slip or fall for either the person or the staff member and noted whether there was adequate lighting. The presence of smoke alarms were identified and a staff member told us this included checking if the alarm was working.

People were protected by the prevention of infection control. Staff demonstrated good knowledge in this area and had attended training in infection control procedures. One staff member described the importance of using Personal Protective Equipment (PPE) and washing their hands thoroughly. They told us, "Equipment is always available, it's issued to us when we request it and we keep PPE with us."

People were supported to receive their medicines safely. Medicines were ordered, administered and stored safely. We do not inspect how medicines are stored in people's homes. People told us they received appropriate support with their medicines. One person said, "They help me with my medicines, I have gel in my eye and I can't do that myself." A relative told us, "They give all dad's medications and it works well." The provider was using an electronic system to plan visits and to provide clear information to staff including instructions for people's medicines. The registered manager said, "Staff have to log into the system when they arrive and they can only log out again when all the tasks have been logged as completed or a reason for

not completing a task is included." The registered manager explained that this system had improved their ability to monitor the administration of medicines with a daily auditing system.

There were enough staff to cover all the care visits safely. People told us that the staff were usually punctual and stayed for the required duration of the visit. One person said, "They are pretty good with time, and stay till everything is done. Another person told us, "They are very good, they are always on time and they don't rush." A third person said, "The carers are within a reasonable time and they do all that I want them to do, which takes about 25 minutes." A relative told us, "They arrive pretty much on time, which with four visits a day is very good, and they stay as long as they should." Staff members said that they had enough time to travel between visits and to provide the care that people needed. One staff member told us, "Travel time is usually adequate, it feels comfortable. I never have to cut corners or rush." Staff said that there were adequate care workers employed to cover all the visits and that they covered for each other when staff were absent. One staff member told us, "There are enough staff, if anyone is off sick we are still in a position to be able to cover all the calls." We observed how visits were allocated to staff members on the provider's electronic rostering system. This showed that travelling time between visits was included and the duration of people's visits matched the planned time and duration within their care plans.

There were clear contingency plans in place to ensure people received the visits they needed in the event of an emergency. For example, during periods of bad weather such as heavy snow, it was hard for some staff members to travel to every person. The registered manager told us that they had a business continuity plan in place which meant that staff would be transported to calls in four-wheel drive vehicles to ensure their safety and to ensure that every person received the visits that they needed. The registered manager said, "Last time we had snow we made sure that everyone had their calls, in fact some people had additional calls to ensure they were safe and to deliver meals to them."

Recruitment checks were completed to ensure care workers were safe to support people. These included checks having been undertaken with the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Other information obtained included proof of the person's identity, references and a photograph. Records were also in place that confirmed care workers vehicles were safe to use when traveling to visit people in their own homes and that they had the required insurance to drive.

Staff demonstrated that they understood their responsibilities with regard to safeguarding people. They were able to describe signs that might indicate abuse and knew what action to take. One staff member said, "I would report any concerns without a hesitation. It's our job to keep people safe." Another staff member said, "I would talk to the office straight away and they would report it to the Local Authority, to social services." Records showed that safeguarding alerts had been made appropriately.

Incidents and accidents were monitored and investigated to ensure that lessons were learned when things went wrong. For example, when a person had fallen this was reported by the staff member who was present at the time. The risk assessment for the person was reviewed to ensure that guidance for staff remained consistent with the person's needs and that staff had the training they needed to provide care safely.

Good

Is the service effective?

Our findings

All the people and their relatives who we spoke with told us that they had confidence in the staff. One person said, "They are exactly what I need and they seem to have good experience and training." Another person told us, "They seem well trained and I haven't had a novice yet." A third person said, "They know everything they need to know and are good at the job." People commented that staff were capable, skilled and had a good understanding of people's needs.

Staff told us they received the training and support they needed to be effective in their roles. One staff member said, "We have training in different ways, some is on the computer, some is face to face and some is more hands-on, shadowing people." Another staff member said, "Training is often on the job, depending on how it affects individuals." The registered manager told us that new staff received a thorough induction depending upon their individual experience. A staff member told us, "I received a very good induction and shadowed other carers until I felt confident in what I needed to do." Staff told us that they could request additional training if they felt it was relevant. One staff member told us, "I identified that I needed training on catheter care and it has been organised." The provider had a training plan to show when staff had completed training and to identify when refresher courses were due. This confirmed that staff were receiving regular updates and that they had received training in a range of subjects that were relevant to the needs of people they were caring for. For example, staff had completed training on nutrition and fluids, diversity and equality, person centred care and death, dying and bereavement.

Staff told us that they felt well supported and received supervision from a manager. Supervision is a mechanism for supporting and managing workers. It can be formal or informal, but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. One staff member told us, "I have been amazed by how supportive they are. I get supervision and when I come into the office they always check how things are. If you are worried you can talk to anyone in the office." Staff competency was monitored through supervision and with spot checks when supervisors would make unannounced visits to monitor how care was provided to people.

People's needs and choices had been assessed in a holistic way to take account of people's physical and mental health and their social needs. Appropriate assessments were undertaken to identify how to achieve effective outcomes for people. For example, some people had been assessed as being at high risk of developing pressure sores due to reduced mobility. Their care plan included clear guidance for staff in how to maintain skin integrity and who to contact if they noticed changes to the skin or were concerned. A health care professional told us that staff communicated effectively and described how this helped to ensure good outcomes for people. They told us, "If the staff have any queries or concerns they will phone me for advice."

The registered manager described how the use of technology supported staff to provide more effective care. The provider had introduced an electronic care planning system which enabled staff to receive information in a timely way. For example, when a change was made to a care plan this information was emailed to the staff members who were attending the visit to ensure that they had the most up to date information.

Similarly staff members were able to record voice messages and sent emails to inform office staff of any updated information. One staff member told us, "Having access to information in this way has been a big change. It means we can highlight any concerns instantly and things get addressed more quickly. It's good for us and for the people we care for."

Staff had a good understanding of equality and diversity. This was reinforced through training and the registered manager ensuring that policies and procedures were read and understood. The Equality Act covers the same groups that were protected by existing equality legislation - age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership (in employment only) and pregnancy and maternity. These are now called `protected characteristics´. Staff we spoke with were knowledgeable of equality, diversity and human rights and told us people's rights would always be protected.

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.

Staff demonstrated that they had knowledge and an understanding of the MCA because they had received training in this area. People were given choices in the way they wanted to be cared for where possible. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. One member of staff told us, "If people don't have capacity we help them to make appropriate decisions, like what to wear, by offering choices." Another staff member said, "We have to assume capacity and if someone says "no" we respect their wishes. I would never try and force someone to do something." A third staff member said, "We consult with families to decide what is in people's best interests." Some people had been assessed as lacking capacity to make some decisions and care records confirmed that family members had the legal authority to make decisions on the person's behalf. People and their relatives told us that staff always obtained their consent before providing care or support. Their comments included, "They always ask," and "They ask every time, even though he can't respond."

People were supported to have enough to eat and drink. Staff told us that they had enough time to support people with their meals where this was part of their planned care. One person told us, "I have ready meals and the carers sort out breakfast and lunch and they microwave my supper and it works well." Another person said, "I choose and they help me with it." A third person told us how staff reminded them to have plenty of fluids, saying, "They are very meticulous about making sure I drink." A relative told us that staff were conscious of people's fluid intake, "Especially in the hot weather."

Risk assessments identified any risks associated with nutrition and hydration. For example, a care plan noted how one person had a reduced appetite and preferred small portions of food. It noted that the person's weight had remained stable. Care plans identified the level of support that people needed with eating and drinking and identified the assistance that was required from staff. If people had specific dietary needs or requirements this was noted. For example, food intolerances and allergies were identified. People's religious or cultural needs were also noted as were their specific preferences. For example, one person preferred a specific flavour of juice, another required no sugar in their drinks due to their health condition and a third person required a special diet.

People were supported to access the health care services they needed. People, and their relatives, told us that they were confident that staff would notice and take appropriate actions if they were unwell. One

person said, "They can tell how I am, and they check with me, if they were really worried I expect they would call the Doctor." Another person told us, "They recognise my good and my bad days, and I am sure if bad got worse they would take action." A relative said, "I can rely on them to notify me if Dad is not so well."

Staff told us that they were able to support people if they were unwell. One staff member said, "I would see what the matter is and I would record on the system and call the office. If needed I would ring 999." During the inspection we observed telephone conversations between staff members and office staff regarding people's health needs and noted that immediate actions were taken. For example, we heard information being passed to health care professionals who were involved in one person's care.

Good

Is the service caring?

Our findings

People all spoke very highly of the caring nature of the staff. One person said, "They are very, very kind and they treat me with a lot of respect." Another person told us about their regular care worker saying, "I feel we have become friends and the respect and kindness are always there. The little extras that she does show that she cares." A third person said, "They are really kind and the respect me as a person." Relatives also spoke highly of the staff, saying, "They are all very kind and treat both of us with respect," and "My husband is treated very nicely and kindly."

People told us they felt included in planning their care and that they were able to express their views and make decisions about the care and support. One person said, "My husband and I are in control of what is done." Another person told us, "There is a care plan and my husband and I were both involved in drawing it up." A relative said, "My wife and I were both consulted."

Staff told us that they involved people in decisions about their care. One staff member said, "We ask people how they like things to be done, it's led by them really." Records showed that people had expressed their views about their care. For example, one person's care plan included details of their morning routine and the preferred order that they liked to do things. Another care plan had been reviewed and a change of time had been included following discussion with the person.

Staff knew the people they were caring for well and understood their needs. One staff member described a person they cared for regularly with affection and spoke about their wicked sense of humour. Another staff member spoke with compassion about the challenges that one person had faced and spoke about the bond and trust that had developed between them over time. People confirmed that staff knew them well. One person told us, "They understand me and my needs very well." Another person said, "I have complete trust in them." A third person said, "They are marvellous, they make me laugh, a real tonic."

Staff demonstrated a good understanding of the importance of respecting people's privacy and confidentiality. One staff member said, "Sometimes people want to know what's been going on if I am a bit later then usual. I just tell them I have been held up. We can't talk about other people."
Another staff member told us, "We get information through on our mobile phone, so we have to be careful not to disclose anything. It protects people's confidentiality." People told us they had confidence that staff maintained their privacy. One person said, "They treat me and my home with respect and never pry into anything." Another person said, "I trust their discretion." A third person told us, "They never talk about anyone else to me so I think they are careful."

Staff described good practice when supporting people with personal care. They described how they checked that people had the privacy they needed and how they supported people to do as much as they could for themselves. One staff member said, "It's important for people's dignity. I try and ensure they don't feel too exposed. I treat people as I would want to be treated." People confirmed that staff supported them in a dignified way saying, "They are very mindful of privacy and respect that they are in your home." One person told us, "The staff are amazing, never embarrassing me and always treating me with courtesy."

Good

Is the service responsive?

Our findings

People were receiving care that was personalised according to their individual needs. People and their relatives told us that staff were responsive and recognised when they were unwell. One person said, "They recognise my good and my bad days." Another person told us, "They know me very well and they would see that I was alright." A third person said that staff would notice any changes, they said, "We would talk it through and I would call the Doctor if I needed to." People's relatives were also confident that staff would notice changes in people's condition. One relative said, "They certainly notice any deterioration and they tell me so that I can talk to the Doctor."

Records showed that staff reported changes and informed people when they had concerns. For example, a staff member contacted the office to ask them to let the District Nurses know about a change in a person's condition. A health care professional told us that staff were always responsive. They said, "If staff have any concerns they will phone me. I know they are competent, so I feel confident that they are ringing me appropriately."

The registered manager explained that care plans were flexible when they needed to be. Saying, "Sometimes staff have to react quickly to changes, we allow them to be flexible so that people get the care they need. For example, if they need to stay with someone longer we will cover their next call to ensure that people aren't kept waiting." One person confirmed that staff were able to be responsive. They told us, "I think they are as flexible as they can be and they help as much as they can."

Assessments and care plans were holistic and detailed. They focussed on the individual needs and wishes of people. Care plans were personalised and included details that were important to people. For example, one care plan described a particular mug that someone preferred to use and identified where it was kept. Another care plan described particular interests that a person had. Staff members were aware of this and said that the person liked to discuss their interests with them.

Care plans and assessments included people's physical and mental health as well as their social needs. A new staff member described being given time to read thorough people's care plans before attending their visit and explained that the information helped them to provide more personalised care. People told us that staff were focussed on providing high standards of care and described the benefits of having good continuity of care. One person said, "Most of them know me and my preferences very well." Another person said, "It's really good having the same people."

Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and all staff we spoke to knew the needs of each person well. For example, staff told us about a person who had particular religious beliefs and described how they had worked differently with this person to accommodate their needs. Records confirmed that care arrangements were changed to meet people's religious needs, for example, the time of an evening call was amended during a specific religious period to enable the person to follow their religious beliefs.

Another person had difficulty communicating with staff because their first language was not English. The registered manager told us that staff had developed a chart with pictures and phonetic words so that they could communicate with the person in their own language. Another person had been matched with a carer from a similar ethnic background to support they communication and ethnic needs.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. The provider was aware of their responsibilities and had taken action to ensure that people's communication needs were met. One person had severe auditory sensory loss and found it difficult to communicate using the telephone. Staff were supporting communication between the person and their GP by arranging appointments on behalf of the person. With the person's permission, they had shared information about their communication needs and agreed that any communication with the GP could be passed on via Abbey Care staff.

People were supported to plan for end of life care. Their particular wishes were recorded and staff were aware for example, if they had an advanced care plan in place. A health care professional spoke positively about communication with the provider and described the staff as "Fabulous people." They told us they had received positive feedback from relatives about the support that staff had given to family members when caring for a people at the end of their life. The health care professional told us, "When looking for care to support someone to die at home I always pray that they have got space because I know they are reliable and good at what they do."

The provider had a system in place for recording complaints. People told us that they knew how to complain and they were confident that their concerns would be taken seriously. One person said, "I complained at the beginning and it was dealt with immediately." Another person told us that they had complained about the time of their call and the matter was resolved quickly. A third person said, "They listen and take notice of what we say."

Requires Improvement

Is the service well-led?

Our findings

People spoke highly of the management of the service. Their comments included, "It seems to be well led, I can't think of any improvements." "It is a good business, well run," and, " I do think it is well managed." Despite these positive comments we did find some areas of practice that needed to improve.

The provider had introduced an electronic care planning system and was in the process of transferring information from paper files to the electronic system. This meant that some records were not complete. For example, a manual handling risk assessment and care plan were not in place on one person's care record. We discussed this with the registered manager who confirmed that the risk assessment and care plan was being updated as part of the transfer process. Whilst we did not identify any negative impact for people, this is an area of practice that needs to improve, so that accurate records are maintained as the new system becomes embedded.

The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

The provider had a number of methods to gather feedback from people and their relatives about the quality of the service. A questionnaire was sent to people on an annual basis and analysis of the results had taken place and indicated that people were highly satisfied with the care provided. The registered manager said that individual feedback was sought from people through regular review meetings and during any telephone contact with people. They explained that this enabled them to make changes where possible to suit people's needs and preferences, such as for changes to visit times.

The provider was using a new electronic care planning system to monitor quality on a daily basis. They described the need to introduce the system to ensure the sustainability of the service and to support continuous improvement. Quality assurance reports could be generated from the system to identify shortfalls, such as visits being delivered outside of acceptable time limits. The registered manager said that this had been helpful when responding to concerns of complaints from people using the service.

The system identified real time activity enabling office staff to monitor that care visits were being delivered as scheduled and that staff were arriving safely at their destination. The registered manager described a number of improvements that had resulted from use of the new system, including more effective co-ordination for visits that required more then one staff member. Staff communication had also been improved with the technology providing a facility to send updates electronically to mobile phones, so that staff had instant access to information.

Staff spoke highly of the support they received from managers. One staff member said, "I have been amazed at the level of support, compared to other providers, it's fantastic." Another staff member said, "You have always got back-up if you need it. All the office staff are supportive." The registered manager provided strong

leadership and had a hands-on approach. Staff told us that they regularly delivered care visits as did all the office staff.

The provider's statement of purpose described the aims and objectives of the service as being to provide a consistently high standard of holistic care. Staff understood the ethos of the service and people told us that they felt that this was embedded within their practice. One person told us, "The staff are lovely people, highly motivated and really nice, they really care."