

Abbey Care Direct Ltd

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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 ●

Summary of findings

Overall summary

This inspection took place on 10 August 2016 and was announced.

Abbey Care Direct Limited provides a domiciliary care service. It is registered to provide personal care to people living in their own homes. The service provided personal care to 39 people on the day of our inspection.

A registered manager was in post and was present during 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.

People were supported by staff who understood how to protect them from any harm and abuse. Staff provided safe care to people within their own homes. Staff knew how to and were confident in reporting any concerns they may have about a person's safety. Risks to people and within their environment were considered and assessed. Systems were in place for staff to follow which helped to protect people against these risks.

People were supported safely by staff that they were familiar with. Safe recruitment processes meant that checks were completed on potential new staff before they started work. This was to make sure they were suitable to support people living in their own homes.

People were supported by staff who had the skills and knowledge to meet their care needs. Staff received the training and support they needed to enable them to carry out their roles and responsibilities. Where required, training was arranged to ensure staff met people's specific and individual care needs.

Staff asked people's permission before they helped them with any care or support. People's right to make their own decisions about their own care and treatment was supported by staff.

People were supported by staff who knew them well and were caring in their approach. Staff made sure people were involved in their own care and asked them how they wanted things done. People felt listened to by staff and were treated with dignity and respect. People were encouraged and supported to maintain their independence as much as they were able to.

Staff provided people's care how they wanted it and in a way that was individual to them. Staff responded to changes in people's needs and their care was adapted to meet these changing needs.

People and relatives were encouraged to give their opinions on the support they received. Where people had raised concerns or complaints these were looked into and resolved quickly.

People and relatives thought all staff were friendly, caring and approachable. The quality of care people received was monitored and improvements made where identified. Staff understood and were supported in their roles and felt involved in the development of the service.

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.

People were supported safely within their own homes. Where risks to people and their environment were identified plans were put into place to help reduce these risks. The provider's recruitment process helped to make sure staff were suitable to support people in their own homes.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's needs effectively. Staff asked for people's consent and encouraged them to make their own decisions prior to supporting them. Where needed, people were supported to have enough to eat and drink and access healthcare services in order to maintain good health.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff they were familiar with and had opportunity to build positive relationships with. People were involved in the planning of their care and were encouraged to identify how they wanted their care delivered.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was individual to them and responded to changes in their needs. People's care needs were reviewed and discussed with them regularly. People had opportunities to and were encouraged to give their opinions on the care they received, including making complaints.

Is the service well-led?

Good ●

The service was well-led.

People gave positive feedback about the service and how it was run. Staff were confident in their roles and worked for the benefit of the people that used the service. Systems were in place which monitored the quality of the service staff provided.

Abbey Care Direct 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 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 10 August 2016 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office.

The inspection team consisted of one inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the service. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the service. We used this information to help us plan our inspection of the service.

During the inspection we spoke with 10 people who used the service and four relatives. We spoke with six staff which included deputy managers, the care co-ordinator, care staff and the registered manager. We viewed four records which related to consent, people's medicines, assessment of risk and people's needs. We also viewed records which related to staff training and recruitment and the management of the service.

Is the service safe?

Our findings

People felt safe when receiving their care in their own homes. They told us they also felt safe with the staff that supported them because "they know what they are doing". Staff understood their role in keeping people safe within their own homes. They told us they had received training and were able to give examples of when people may be at risk of harm or abuse. One staff member told us that because they supported the same people they got to know them well. They felt they would be able to recognise changes in a person's behaviour which may indicate they were being harmed or abused. Staff knew they needed to report any concerns they had about a person's safety to their line manager. We saw appropriate actions had been taken by staff and the registered manager when there were concerns a person could be at risk of abuse. The registered manager had followed local protocols and reported their concerns to the local authority.

People were protected by staff from the risks associated with their care and their environment. One person told us they received a phone call each morning to check they were alright as their care call was later in the day. Risks to people's safety had been considered and assessed. We saw that where risk was identified there were plans in place which detailed how staff were to help reduce those risks. One person had been assessed as being at risk of skin breakdown. Their care plan detailed how staff were to monitor and report on this to ensure their skin was kept healthy. Environmental risks had been assessed and staff were given information on where to turn off utilities and where smoke alarms were located. The registered manager told us staff checked fire and carbon monoxide alarms monthly and reported back to the office staff if there were any problems. One staff member told us they completed, "on the spot" risk assessments when they entered and left a person's house. They explained they did this to look out for any trip hazards, make sure the oven and fire were off if needed and the property was secure.

People were supported safely and their needs met by sufficient numbers of staff. People told us it was rare for staff to be late to their care call. If staff were going to be late people were contacted by the office staff to let them know this and the reason. Relatives told us it was usually traffic or being held up at the last person's house that would make staff late. People told us they were regularly supported by the same care staff. One relative told us that their family member received a list of which staff would be coming which reassured them because they knew who to expect. Staff told us they worked in the same local areas and generally supported the same people. One staff member told us this was important for people because they got to see a familiar face who they could build trust with. The registered manager told us they did not accept new care packages for people unless they knew they had enough staff to provide the care.

People were supported by staff who had received appropriate checks prior to starting work with them. This helped to ensure potential new staff were suitable to work with people in their own homes. Staff did not start work until the required employment history, references, identity and criminal checks had been completed. The registered manager had introduced a safe recruitment policy and procedure which was audited by one of the directors. They told us this was introduced to ensure all required identification, employment and background checks were completed and correct in accordance with their regulatory requirements.

Not everyone we spoke with needed support with their medicines. People that were supported told us they had no problems and that staff signed their care plans to show what they had done. Staff told us people's preferences on how they preferred to take their medicine were recorded in their care plans. One of the deputy managers had recently spoken with each person individually to complete a new medicines preference form. People had been encouraged to say how they liked to take their medicine and what their preferences were in relation to this. Only staff who had received training administered medicine. Staff told us this training was kept up to date to ensure they were competent to support people with their medicines. Records relating to medicines were checked by the registered manager to ensure they had been completed correctly. Where discrepancies were found these were addressed with individual staff where needed and all staff were made aware of where improvement was needed.

Is the service effective?

Our findings

People were happy with the care they received. They felt staff knew how to care for them and that they had the right skills and knowledge to meet their needs effectively. They were happy with the time spent on each call and told us staff completed all the tasks they were required to. One relative said, "They are well trained and know exactly what they're doing." Another relative told us staff assisted their family member with exercises the physiotherapist had given them. They told us that staff knew what they doing to support them. Staff told us they received the training they needed before they supported people. They had received specific training from a specialist nurse in order to effectively meet the needs of a person who had recently been discharged from hospital. They told us that they had valued this input as it gave them the confidence and skills to be sure they were doing things right.

People were supported by staff who had received the training they needed to support them effectively. Staff spoke positively about the level of training they received and felt it equipped them to meet people's needs effectively. One staff member said, "They push training on you, but in a good way." They told us the registered manager encouraged them to complete training to ensure their skills and knowledge were kept up to date to meet people's needs. One staff member told us about an incident when they had put their first aid training into practice. When reflecting on this incident they told us they dealt with this incident confidently. This was because they had received the skills and knowledge to do so through their first aid training. Staff also received regular one to one time with their line managers. They told us they valued these as they had the opportunity to raise any issues or concerns they had, discuss training needs and receive feedback on their practice. Staff told us the communication within the team was good and they were kept updated on any changes in people's care needs that they needed to be aware of. This was important for staff to meet people's needs effectively

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 told us staff asked them for their consent before they supported them. Staff and the registered manager told us that everyone who used the service had the capacity to give their consent to the care they received and make their own decisions. Staff told us they had received training in the MCA. They understood how to support people to make their own decisions. They told us they would speak with the registered manager if they had any concerns about a person's capacity to consent. The registered manager understood their responsibilities under the MCA and was clear on the process they would need to follow if a person was being deprived of their liberty.

Where required people were supported to maintain a balanced diet and to have enough to eat and drink. People we spoke with had varying amounts of support with eating and drinking. They told us that staff would prepare meals for them and they were given choices based on what food was available. All the people we spoke with told us that care staff did not leave their homes without ensuring they had access to a drink. Staff would also make sandwiches and snacks if needed for people to eat later in the day. We saw that risks

associated with eating and drinking were taken into consideration and staff followed plans put in place by dieticians and speech and language therapists.

People were supported, where needed, to access healthcare services and maintain good health. We saw that the service worked with local healthcare professionals to ensure people received and had access to the required services. One relative told us staff always contacted the doctor on behalf of their family member when this was needed. One person had been referred to the district nurse team and occupational therapist when their mobility was reduced to ensure they had the equipment they needed. The registered manager told us they would arrange appointments with other healthcare professionals if this was what people needed.

Is the service caring?

Our findings

People were cared for by staff they were familiar with. Each person we spoke with thought staff had a caring and kind approach when they supported them. One person said, "I get the best care." Staff were friendly towards people and their relatives. One relative said, "Staff are wonderful, lovely, always smiling. They are staff I can trust." People and their relatives told us that because they usually saw the same staff they were able to build good relationships with them. One staff said, "Because we work in the same areas we get to know people. We get to know how they're feeling, build relationships with them, get to know how they like things and how they like things doing."

People told us they liked the care staff that supported them. They spoke about staff as being, "a real treasure", "lovely" and "super". If they felt they did not get on with any staff they had spoken with the registered manager. They told us they had felt listened to and their wishes had been respected and different staff now supported them. One relative told us it was important for everyone in the household to "gel" with the staff that came into their home. Staff told us it was important people got on with them and they got on well with the people they supported to make sure positive relationships would develop.

People told us they felt involved in their own care and treatment and in making decisions about how they wanted their care delivered. People told us they had access to their care plans which detailed how their care was to be delivered. One relative told us staff took their time when helping their family member and did not rush them. They said staff spent time talking with their family member and involving them in what was happening. They did this by talking about what they were doing and going to do. Staff understood the importance of involving people in their own care. They spoke about always talking with people and keeping them informed about what was happening. One staff member told us they supported a person who had limited verbal communication. They said, "They can understand what we say so we still talk with them. We'll use signs and gestures to make sure they are able to communicate with us." People who were new to the service were contacted regularly for the first month. The registered manager told us this was to ensure they were actively involved in planning and being involved in their own care. It was also an opportunity for the registered manager to confirm people had the information they needed and they were happy with the staff that supported them.

People and their relatives considered that staff were respectful to them and maintained people's dignity and privacy when they supported them. People felt staff were respectful of their privacy and dignity, especially when helping them with any personal care. One person said, "My dignity is respected at all times when I am being showered." People told us staff kept them covered, shut the bathroom door and always knocked on doors before they asked to enter a room.

People told us staff encouraged them to be as independent as possible and only helped them when it was required. One person told us that staff supported them but did not do things for them if they were able to do it themselves. They said, "I like to have a shower each day and I want to do what I can for myself. The care staff lets me do what I can on my own making sure I am safe first." Staff spoke about the importance of encouraging people to remain as independent as they could be within their own homes. One staff member

said, "They want to stay in their homes so we help them as much as we can to make sure that happens."

Is the service responsive?

Our findings

People received care and support that was individual to them and was responsive to their needs. They told us staff provided their care the way they wanted it and they did not feel rushed by staff. They felt their preferences were respected and staff knew how they liked things done. People and their relatives told us that when there were changes to their care needs staff were quick to respond. One relative told us care staff had called their family member's doctor when they had become concerned about them. They said, "The staff always let me know if there are any problems or changes."

People and their relatives told us that staff regularly discussed their care with them to make sure it was still meeting their needs. They told us they felt involved in the development and review of their care. People were aware of their care plans and told us a member staff came out to them to go over and update as required. One person said, "I don't know exactly but it seems to be quite often that we look at my care plan." One of the deputy managers met with people regularly to review their care plans. They told us they discussed people's care with them to find out if anything had changed in terms of the care and support they required. Care staff would inform managers if they felt a person's plan of care needed reviewing sooner. We saw staff had identified a change in one person's mobility which had started to deteriorate. The person's care needs had been re-assessed and by working with other professionals, equipment was put into place to ensure this person was able to stay in their own home.

People were encouraged to give their opinions about the care they received and to raise any concerns or complaints. They told us they talked with staff about their care and would speak with managers if needed. One relative told us staff always asked them and their family member if, "everything was ok" with the way care was provided. People completed questionnaires which asked them about the care they received and the staff that supported them. One person told us they had completed one, "not so long ago". The registered manager confirmed questionnaires had been sent to people and their relatives recently, in July 2016. Not all responses had been received when we completed our inspection. We saw the registered manager had responded to individual people where they had raised an issue. The registered manager told us that once all questionnaires had been received they would analyse the information and use it as an opportunity to improve the service where needed.

People and relatives we spoke with told us they had not needed to make any complaints about the service they received. They told us they would contact the office staff if they needed to make a complaint and felt happy they would be listened to. We looked at the system in place for monitoring and reviewing complaints. The registered manager had dealt with complaints in line with their own complaints system. Complainants had been responded to following investigation of their complaint and all complaints we looked at had been resolved and the complainant satisfied with the outcomes.

Is the service well-led?

Our findings

People and relatives all gave positive feedback about the service and how it was run. They knew who they needed to speak with if they needed information or had any questions about their care. One Person said, "If I ever need to speak to the office I don't wait long for the phone to be answered and whatever I want is sorted." The registered manager told us they would provide cover and complete care calls if needed. This was also an opportunity to get to know people and their relatives and get feedback on the quality of care they received. Staff told us the culture of the service was about teamwork and supporting each other.

Staff felt supported in their roles and found the registered manager approachable and supportive. They felt there was good communication from all managers at Abbey Care Direct Limited and there was a consistent approach in how the service was run. One staff member said, "Managers speak to you as an equal, not as a boss." Although staff generally worked on their own they told us they still felt involved in the service and what happened. Meetings were held regularly where staff had the opportunity to share practice and discuss any concerns within the service. They also received feedback and information such as new staff or changes to procedures. Information was also shared with staff through a weekly newsletter.

The registered manager had been in post since February 2012. They told us they had worked at the service for a number of years prior to this. Because of this they told us they were familiar with the systems and processes in place at Abbey Care Direct Limited. We found they did not fully understand when they were required to submit statutory notifications to us. The registered manager confirmed that although they had made a referral to the local authority regarding a safeguarding concern they had failed to notify us of this concern. The registered manager acknowledged they had not done this. Three deputy managers supported the registered manager. They had clear responsibilities and understood their roles in contributing to the management of the service. The registered manager told us they also were supported by the directors of the service, one of whom was present at the premises most days. In the absence of the registered manager one of the directors had overall responsibility for the management of the service including the submission of statutory notifications.

The service had quality assurance systems in place which assessed and monitored the quality and safety of care provided. The registered manager said, "I think we've done more this year in terms of progression. We have moved forward because we now have a good team in place." The registered manager monitored feedback from people, complaints and compliments. Senior staff observed staff practice and actions were taken where poor practice was observed. The registered manager completed checks on care records which staff completed and information from accidents and incidents were monitored. All information was analysed by the registered manager who took necessary actions based on their findings. Following issues with some care records staff had been given specific responsibilities with regards to checking people's care records. The registered manager told us this had worked well and they had seen an improvement. The directors monitored the service and completed their own quality checks. They were also kept up to date on what happened at the service and the registered manager's findings from their quality checks.