

Abbeyfield Society (The)

The Abbeyfield Mid Sussex Domiciliary Care Agency

Inspection report

Westall House
Birch Grove Road
Horsted Keynes
West Sussex
RH17 7BS

Tel: 01825791157
Website: www.abbeyfield.com

Date of inspection visit:
16 January 2019

Date of publication:
21 February 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:

The Abbeyfield Mid Sussex Domiciliary Care Agency provides support for older people who need assistance with their personal care. They support people who live on site in a sheltered housing complex. The housing complex adjoined a care home owned by the same provider. At the time of the inspection one person was receiving the regulated activity.

People's experience of using this service:

People were provided with a care package that was centred on their needs, wishes and preferences. Care provided was responsive to people's changing needs and wishes. Care plans described the people's needs and preferences and staff were aware of the people's personal history and interests and relationships that mattered to them. People and their relatives were consulted about decisions and involved in planning their care.

People were involved in their care and support and were encouraged to be active in giving feedback about how the service was run. The service demonstrated good management and leadership and staff felt supported to raise any concerns they had.

We saw staff treating people with dignity, respecting their privacy and helping people to feel at ease with friendly banter and chatter.

People received safe care and treatment. Risks to people's health and safety were appropriately assessed and mitigated. Guidance was provided to staff on how to manage people's risks.

People's medicines were managed safely by appropriately trained staff.

Staff had been trained to recognise the signs of potential abuse and knew what action to take if they suspected abuse was taking place. Safe recruitment practices checked that suitable staff were engaged to work in the care profession. There were sufficient staff employed to meet people's needs. Staff were prompt in arriving at people's homes at the arranged time.

People's health needs were monitored well and staff were responsive in seeking treatment. A district nurse told us "Staff are very friendly, they are exceptional here, they take on any advice."

Staff supported people to have ready access to food and drink.

People were supported to have maximum choice and control of their lives. Staff enabled people to be as independent as possible. People were encouraged and welcomed to participate in the activities, events and use the amenities in the provider's care home adjoining the sheltered living block.

Staff were skilled and knowledgeable. They had received training that equipped them to fulfil their role and there were opportunities for additional training specific to the needs of people who may use the service in the future.

This service met the characteristics of Good. More information is in the 'Detailed Findings' below.

Rating at the last inspection: Good. The last inspection report was published on 30 June 2016.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care services.

Follow up: We will review the service in line with our methodology for 'Good' services.

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.

The Abbeyfield Mid Sussex Domiciliary Care Agency

Detailed findings

Background to this inspection

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

A comprehensive inspection took place on 16 January 2019 and was announced.

Inspection team: One inspector carried out the inspection.

Service and service type: The service is a Domiciliary Care Agency, it provides support for older people who need assistance with their personal care who live on site in a sheltered housing complex.

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 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.

What we did:

Before the inspection: We reviewed information available to us about this service. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

The registered provider had completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we looked at:

- ☐ Notifications we received from the service
- ☐ A person's care record, risk assessments and medication administration record
- ☐ Records of accidents, incidents and complaints
- ☐ Audits and quality assurance reports
- ☐ Other documents relating to the management of the service.

During the inspection we spoke to:

- ☐ One person using the service
- ☐ Three members of staff
- ☐ A District Nurse visiting the service who knew the one person receiving the regulated activity, they gave us permission to quote them in this report.

After the inspection: We received feedback on the service from a relative by email, they gave us permission to quote them in this report.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems previously implemented continued to be effective in identifying and reducing the risks to people.
- Staff continued to demonstrate a good knowledge of safeguarding procedures and the processes around reporting of concerns. Information about safeguarding and signposting to support was in the person's care plan in their home.
- We saw a person wearing their pendant alarm and told us that if they press it they get help quickly if they need it. Staff checked the person had their pendant alarm on when they had got dressed.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed to support people to be safe. The assessments identified potential risks to the person and how they and staff could mitigate these risks.
- People's needs and risks were assessed with the person before moving into the sheltered living complex and this information, such as risk assessments, were reviewed regularly and when a person's needs changed.
- Risks to people had been assessed based on their care and support needs. Any equipment needed to assist people in mobilising were recorded. For example, a person had a mobility assessment, the person needed two walking sticks and we saw staff checking that the person had the walking sticks within reaching distance.

Staffing levels

- Records, such as staff rotas, showed and staff told us that there were enough staff available to meet people's needs. Visits to people were consistently prompt.
- The service was staffed by a small committed staff group, periods of absence such as holidays were covered by bank staff from the adjoining care home who were familiar to people. A staff member told us "We all work as a team, like a family, if there's an emergency we cover each other." Staff told us "I don't ever feel rushed, there's enough staff and I feel confident that the manager has an eye on these things so that if people's needs increase the manager would arrange more staff."
- Staff recruitment practices were safe. Staff were only able to start working following satisfactory references, including checks with previous employers. Staff held a current Disclosure and Barring Service (DBS) check. Recruitment checks helped to ensure that suitable staff of good character were supporting people safely.

Using medicines safely

- People's medicines were managed consistently and safely by trained staff. Medicines were administered safely. We observed a person being supported by staff to have their medicine, this was done how the person

preferred and at their pace. All staff complete a medicines refresher course annually and their competencies were assessed. Spot check audits were in place to ensure that the procedure for medicine administration worked effectively and any issues could be identified and addressed.

Preventing and controlling infection

- Staff were seen using protective personal equipment and antibacterial hand gel to protect people from the risk of infection. All staff were trained in infection control and food hygiene.

Learning lessons when things go wrong

- Incidents and accidents were recorded and monitored through the provider's own recording systems. Records showed that help from health professionals had been sought immediately where needed. Staff monitored accidents and incidents to identify themes and trends.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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 and choices continued to be assessed effectively and comprehensive care plans were developed based on these assessments. A person's care plan was personalised with information relevant to the care and support provided.
- When visiting a person, the staff member helped them to shower, as the person and staff member walked into the bathroom the staff member checked with the person what they needed support with today and sought their consent throughout the visit and proceeded to explain what they were doing.

Staff skills, knowledge and experience:

- Staff told us they felt supported and had frequent supervision including an annual appraisal.
- Staff told us they received the training and support they required to care for people and completed a comprehensive induction. Staff completed the Care Certificate and were encouraged to pursue further training such as National Vocational Qualifications; these are work-based training qualifications.
- A district nurse told us "Staff have good skills and they are not afraid to get advice from us... staff source information, I see them teach and coach each other to develop their skills, staff are always trying to do the best for people, they're very caring."

Supporting people to eat and drink enough with choice in a balanced diet:

- People had a choice of meal according to their preferences and dietary requirements.
- We saw a staff member asking a person to choose what they would like for breakfast, the staff member stayed while the person ate and did their washing up for them, the person said, "Oh you are kind".
- The staff member checked the person had readily available drinks.
- The person joined another person living in the supported living bungalows every day to go to eat lunch in the adjoining care home dining room. The person showed us the weekly lunch menu in their home.

Staff providing consistent, effective, timely care within and across organisations:

- Staff met daily about the service and staff meetings were held every two months, records confirmed this.

Adapting service, design, decoration to meet people's needs:

- The adjoining care home and supported living 'bungalows' were joined by hallways so that people can move freely between their bungalow and the care home. The adjoining care home had spaces available to people living in the 'bungalows' such as lounges, a sun room, dining rooms, a library and a hairdressing area.
- When visiting a person, they were growing plants in their room, staff asked the person how the plants were

doing and offered to lift them so they could get more sunlight. Their 'bungalow' was personalised and had personal items such as photographs and their awards.

- The person's 'bungalow' we visited was well-presented and fresh smelling.
- A person had an environmental risk assessment, this identified the need for a non-slip surface in their bathroom which the home installed before the person moved to the service.

Supporting people to live healthier lives, access healthcare services and support:

- People's health needs were monitored effectively and they were supported to access the health care services they needed. A relative told us "They are very caring, friendly and supportive, providing lots of reassurance to <Relative>. They keep a close eye on his medical issues and general well-being and will raise any concerns directly with me. I feel very reassured that they have the initiative to call his Doctor directly if they feel it is necessary".
- A district nurse told us that staff were very attentive and notice changes in a person's health quickly. The district nurse also told us that staff had learnt how to support the person with a catheter, staff had learnt from the nurse how to care for it and followed the nurse's advice.
- When we visited the person, staff knew of the person's recent health issues and checked with the person on how they were feeling.
- The person had a Hospital passport in their home and in their care plan in the central office, this document travelled with a person if they were admitted to hospital, this included information about any health needs, contact details for loved ones, medicines and food likes and dislikes.
- The person had recently had an infection, the GP recommended that staff monitor fluid intake and output, staff acted on this recommendation and stopped monitoring when no longer required.

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. We checked whether the service was working within the principles of the MCA and staff understanding of the requirements of the MCA. Staff were trained in the mental capacity act and dementia awareness. Staff knew what actions to take if they had concern about a person's wellbeing or capacity changing.
- Where people had Power of Attorney arrangements for finance and property or health and welfare in place these were well recorded.
- Where appropriate best interest decision meetings had been held for people previously supported by the service. For example, records showed for one person a meeting involving the person, a relative and health and social care professionals had been held about two decisions affecting their care.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- A staff member told us "I want that person to feel that they are number one...I put my parents in their position and I treat clients as I would want my parents or me to be treated." When visiting a person, we saw that before the staff member went to help them have a shower they went into the bathroom to check the radiator was on so the room was warm before the person went in.
- A relative told us "I feel relaxed knowing this team are looking after <Relative> and feel very confident that <Relative> is receiving excellent 1:1 support and know that he is very happy with that care.... cannot praise the staff enough or be more appreciative of the care the team provide <Relative>."
- Staff were trained in equality and diversity, this was renewed every year. Staff treated people as individuals, a staff member told us that if a person declines personal care from them they will work other staff and the person, the staff member said, "It's about what works for them, not us."

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

- Care plans were reviewed regularly and as and when a person's needs changed. The person and appropriate relatives were involved in reviews of their care plan on each occasion, records confirmed this.
- During a home visit, we saw that people were completely involved in decisions relating to their care and that their views were listened to and acted upon.
- A relative told us "I talk regularly with the team about <Relative>'s care...They are very proactive and will make suggestions/recommendations if things can be made easier for <Relative name>."

Respecting and promoting people's privacy, dignity and independence:

- People were supported by staff that were attentive, kind and caring. Staff and people were seen to enjoy each other's company. Staff had a good understanding of their needs and wishes. Staff ensured people's privacy and dignity.
- The adjoining home ran a weekly shop in-house to encourage people to shop for toiletries and food items. The adjoining home had a hairdressing salon which the person using the service used every month, records confirmed that the person accessed this amenity.
- When visiting a person with a staff member the staff member encouraged the person to open their curtains and checked that the person had their walking sticks near to where they were sitting to make sure they could get out of their chair and walk around safely. After the visit the staff member told us "I always ask them what they would like to do themselves, I want them to maintain control of what happens and keep their independence."
- Staff told us how they protected people's privacy and dignity, we observed staff treating people with respect and protecting their dignity and were sensitive to this.

- Staff were respectful when speaking about people. Staff were considerate of the equality and diversity needs of people including protected characteristics. Care staff actively considered people's cultural or religious preferences. All staff were trained in equality, diversity and inclusion.
- The provider was proactive in ensuring that they complied with Accessible Information Standards. These are standards introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The service adapted information to meet people's needs, for example alternative formats were available to people on a recent people's survey.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care:

- People were continuing to receive care in a personalised way. Care plans reflected people's needs and preferences. A relative told us "They take the time to chat with him, to check he's ok in himself. They take an interest in him as an individual." The relative also told us "<Relative> was receiving the care at home service where he lived before ... when the service was closed down we had been so impressed with the care provided (and staff), we made the decision as a family, with <Relative's> full involvement, that it would be good for him to continue receiving that 1:1 support by moving in. It was a big decision for <Relative> having lived where he was for over 20 years but knowing he could continue to receive the care from the same members of staff made that decision very easy for him. He didn't want anyone else to provide that care."
- For the one person receiving the service, staff celebrated the person's career achievements and knew what mattered to them. The person showed us their awards from their career in their home. Staff cared for the person in a way that showed they valued the person's cultural preferences and social history. In the person's care plan, it said they liked reading and the staff member checked they had today's newspapers and asked about today's news.
- Staff and the person had genuine friendly interactions. On our visit the person told us "<Staff member's name> is very good, she's my favourite."
- People were supported to maintain relationships that mattered to them. Visitors were welcome at any time.
- When we visited a person, they showed us the activities schedule available in the adjoining care home. Activities such as chair exercises, mindfulness, pet as therapy dog visits, crosswords, music for health, food and drink tastings were available as structured activities. The person knew what activities were available and staff reminded them every day what activities were available. The care home held seasonal celebrations and events and photographs were seen of the person receiving the service participating in a Christmas event and a cocktail evening. A staff member encouraged the person to attend the Christmas dinner by being their 'plus one' and attending with them and the person was encouraged to invite their friend to a cocktail evening.
- Staff completed daily notes for a person after each visit, these reflected on the person's mood state, how the person had slept, their plans for that day as well as tasks completed on the visit.

Improving care quality in response to complaints or concerns:

- The provider had a complaints policy that was provided to people in a booklet. No complaints had been made at the time of the inspection. The registered manager told us that managers from the providers other homes are available to carry out independent investigations if there is a complaint.
- Records of compliments were seen for example one compliment card was seen that said, "I cannot thank you enough for your care and kindness for <Relative>, you and your team truly brilliant."

End of life care and support:

- At the time of the inspection no one was in receipt of end of life care.

Staff were trained in end of life care and death, dying and bereavement.

Where the service could no longer meet the needs, people had the option to move to the care home adjoining their supported living home. The provider had supported people to do this in the past, people were able to transfer to the home where the surrounding, staff and people were familiar to them.

Where an advanced care decision had been made to not resuscitate there was appropriately signed Do Not Attempt Resuscitation (DNR) documents on file in the central office and in the person's home. In people's homes these were accessible for emergencies with the person's hospital passport, we saw this in a person's home.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility:

- The registered manager had clear values and vision for the service. The registered manager told us their values are to deliver "the right care from the right people at the right time". The registered manager also told us "We take great pride in how well we know the people, we're always thinking how can we make our service better?" These values were shared by staff and seen when interacting with people.
- Staff were positive about their workplace and complimentary about the support they received from the registered manager, staff told us "<Registered manager> is fab, I can go to her about anything" and the coordinator for the service, "<Coordinator> is brilliant as well." The staff member told us that the registered manager had built up their confidence at work with their support and guidance. Another staff member told us "The manager is very approachable. I feel confident that if I raised concerns they would follow them up and deal with any problems."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The service had a registered manager in post. 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.
- There was a positive culture where staff and management took pride in the care and support that they provided.
- The registered manager and coordinator worked well together to ensure the day to day running of the home was sustainable for the service had clear contingencies in place to cover absences and the staffing levels were supported by bank staff from the adjoining home.
- People's confidential information was kept secure.

Engaging and involving people using the service, the public and staff:

- Staff were seen to be engaged and involved. Staff groups met frequently and regular supervision was carried out for all staff.
- Staff were engaged with the service and with their roles, staff told us "I love my job, really love it." Another member of staff who worked as Bank staff for the service told us "I couldn't ask for a better place to work."
- The registered manager told us they have a small committed group of staff that work well together and go above and beyond, they told us "My staff are amazing, I can't ask for better staff."
- The registered manager told us how important it was to have good relationships with people's family's.

The activities programme showed that events such as quizzes are held monthly where family and friends are involved. At the time of the inspection the registered manager was organising a meeting with relatives and people to talk about future building works.

Continuous learning and improving care:

- People's views of the service had been surveyed. Five people responded positively about the service, this included the one person receiving a regulated activity.
- The registered manager carried out an annual quality monitoring audit. Recommendations and actions taken were recorded. Records of a provider-wide risk management audit, incorporating all the provider's services, showed issues identified and actions taken to resolve them.
- The provider was introducing a new Quality Assurance Monitoring System. The registered manager told us that this system is tailored to each service and allows audit and assessments to be formalised. We will be able to assess how effective the system when we next inspect.
- The registered manager carried out a range of audits to improve the quality of the service. The registered manager carried out a care plan audit every six months, the registered manager also delivered care to check that any changes in a person's needs or wishes were reflected in the care plan. The registered manager also carried out a staff file audit, where gaps were identified the registered manager took steps to resolve.
- The registered manager understood their duty of candour, they told us that they encourage staff to be open and honest, they also told us "I put my hands up if something's gone wrong, we apologise to people and tell their family then we do what we can to improve and prevent it from happening again."

Working in partnership with others

- Records showed that staff communicated effectively with a range of health care professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.
- A district nurse told us "The manager is very astute, they have a good handle on people's needs and take on advice."