

Abbey Care Direct Ltd

Abbey Care Direct Limited

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

About the service: Abbey Care Direct Limited is a domiciliary care agency. They provide support to people within their own homes, so they can live as independently as possible. At the time of the inspection the service was providing personal care to 33 people who were living in their own homes.

People's experience of using this service:

Staff told us they had appropriate training, knowledge and support to keep people safe. Staff could tell us how they managed risk while respecting the person and supporting their dignity.

People and relatives felt confident in staff, they told us there was a caring culture within the service and staffing levels were appropriate.

We looked at how the management team planned their rotas. Staff were given travelling time between visits to ensure people received their allocated and appropriate support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care plans had been developed with people and their relatives being involved throughout the process. These were reviewed to reflect people's current needs. The management of risk was included within the care plan to minimise the likelihood of preventable harm occurring.

Staff files we looked at showed the registered manager used the same safe recruitment procedures we found at our last inspection. Staff told us training was ongoing and they received refresher training to update their knowledge.

There was a complaints procedure which was made available to people and their families. People we spoke with told us they had not made a formal complaint. The service continued to have good oversight of relevant procedures through monitoring and auditing to ensure people received effective support and the service was well led.

The management team used a variety of methods to assess and monitor the quality of the service. These included questionnaires to seek their views about the service provided.

The service worked in partnership with outside agencies, health and social care professionals to ensure people received timely healthcare support.

Rating at last inspection: At the last inspection the service was rated good (published 31 August 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any issues or concerns are identified, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Abbey Care Direct Limited

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

One Inspector and one Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience had experience of supporting older adults.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults.

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 4 days' notice of the inspection site visit because it is small, and we needed to be sure that they would be in. Inspection site visit activity started on 13 May 2019 and ended on 15 May 2019. We visited the office location on 13 May 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before our inspection, we checked the information we held about Abbey Care Direct Limited. This included notifications the registered provider sent us about incidents that affect the health, safety and welfare of people who received support.

We also contacted the commissioning and contracts departments at Shropshire County Council and

Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. This helped us to gain a balanced overview of what people experienced when they received support at Abbey Care Direct Limited.

We looked at information the provider sent us in the Provider Information Return. 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. All the information gathered before our inspection went into completing our planning document that guides the inspection. The planning document allows key lines of enquiry to be investigated focusing on any current concerns, areas of risk and good or outstanding practice.

During this inspection, we visited four people in their own homes. We spoke with five people and three relatives on the telephone. We spoke with the registered manager, deputy manager and three carers. After the inspection site visit we received feedback from two health care professionals about the service provided. We looked at the care records of five people, recruitment of two staff members, service training records, and records relating to the administration of medicines and the management of the service. We looked at what quality audit tools and data management systems the registered manager had.

We used all the information gathered to inform our judgements about the fundamental standards of quality and safety of the service delivered by Abbey Care Direct Limited.

Is the service safe?

Our findings

Safe – this means we looked for evidence that 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

- The service had safe, effective safeguarding systems in place and staff spoken with had a good understanding of what to do to make sure people were protected from harm. Staff demonstrated a good level of awareness about protecting people from poor practice or abuse and could say who they would inform if no action was taken by the registered manager. One staff member commented, "You do learn lots, such as, who to report to and what to look out for."
- Staff told us that they had safeguarding training, and this was repeated yearly.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. They kept health and social care professionals updated on ongoing safeguarding concerns.
- Staff told us everyone they supported had a care plan and risk assessments. People we visited showed us their care plans which guided staff on how to support them safely.

Assessing risk, safety monitoring and management

- Care plans highlighted potential risks around moving and handling but did not guide staff on how to provide additional rescue support should their health deteriorate. We mentioned this to the registered manager who amended the care plan immediately.
- Potential environmental hazards or risks were identified and documented within the care plan so staff and people being supported were safe. One person told us, "I do feel safe when they are showering me."

Staffing and recruitment

- The registered manager followed safe staff recruitment procedures. Records we looked at showed that Disclosure and Barring Service checks were completed, and references obtained from previous employers before staff worked alone supporting people.
- The service had appropriate staffing levels and deployment strategies to keep people safe. Staff told us they had enough time to meet people's needs and staff rotas were organised in geographical areas.

Using medicines safely

- Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the service had systems to protect people from unsafe storage and administration of medicines.
- Staff received medicine training and competency observations to ensure they administered the medicines safely.
- People received appropriate support, so they could choose to self-administer medicines or receive support from staff.

Preventing and controlling infection

- Staff told us they had access to gloves, hand gels and aprons as required. This helped prevent the spread of infections. One person told us, "They wear plastic aprons and gloves for my benefit." A second person said, "They are very strict about wearing gloves."
- The registered manager ensured infection control procedures were maintained with effective staff training. They completed audits to protect people and these included assessing carers are wearing protective equipment and the correct footwear.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted, and action taken. The registered manager told us, "We review accidents as they happen. We look to see if it's a one off or a near miss that needs investigation."

Is the service effective?

Our findings

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

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 were assessed before they received support from Abbey Care Direct Limited to check their needs were understood and could be met by the service. One person told us, "The care plan makes it all very clear." A second person said, "They worked with me with the care plan."
- The management team applied learning effectively in line with best practice. This led to a good care for people and a good quality of life.
- Staff reviewed care records were regularly reviewed and updated them when changes occurred. This meant people's support was up to date to ensure they received the right care and support that was required. One staff member commented, "The care plan is step by step instructions. It's brilliant."

Staff support: induction, training, skills and experience

- New staff work alongside (shadowed) a mentor for a minimum of two weeks. One staff member commented, "I liked my shadowing, it made me feel comfortable."
- Training was forecast for the year and included face to face, e learning and spot checks in the workplace to assess competency.
- The management team strengthened staff experience and support through supervision. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their role and responsibilities. Meetings were provided regularly and covered, for example, professional and personal progress, and training needs. Staff we spoke with confirmed they had regular formal supervision sessions. One staff member commented, "Supervisions help me improve by discussing issues or safeguardings." A second person told us they had informal supervision regularly (as well as formal supervision) as they visited the office between client visits.

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

- People we spoke with told us they were happy with the support they received with their meal preparation. People told us they were encouraged to eat and drink regularly. One person told us, "They sit with me while I eat." A second person stated, "They make my breakfast and always leave me a drink."
- People were supported to have meals of their choice. One staff member told us, "We cook people what they want and always leave people with drinks."
- Staff informed us they had completed food and hygiene training to ensure they were confident with meal preparation.

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

- The service worked with local community health providers to deliver ongoing care. One person told us, "I

was chuffed to pieces there was someone to meet me when I came out of hospital."

- We saw evidence the registered manager engaged with health professionals to ensure people received positive outcomes. For example, they consulted with GP's on people's treatment plans. One person told us, "This is the healthiest I have been."
- Members of the management team attended social worker reviews to ensure people's care met their needs and was effective.
- We found evidence the registered manager and management team was referencing current legislation, standards and evidence based guidance to achieve effective outcomes.

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

- Staff visits were planned in geographical areas to ensure people received the support they required at the time that had been agreed.
- Electronic call monitoring had been introduced to monitor staff visit times and allow oversight of the service delivered.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Where people are deprived of their liberty in their own homes' applications must be made directly to the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

We found the registered manager had a suitable understanding of the procedure. When people lacked capacity to make decisions we saw they had taken action to consult with appropriate people to support in the decision-making process.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- We saw evidence the registered manager and staff had maintained a positive relationship and consistently offered continuity of support to people. One person told us, "I like all the carers. They all treat me with respect and are kind to me."
- People and relatives, we spoke with and visited confirmed staff were kind, respectful and sensitive to their needs. "One person said, "I look forward to them [staff] coming, and I am sad when they leave."

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

- People and their relatives told us they were involved in the creation of their care plans. We saw consent forms had been signed to authorise the support identified.
- People and their relatives were encouraged to offer feedback on the service they received. The registered manager sent thank you letters to people who had completed questionnaires. Feedback included, 'All the carers are very good, I couldn't find better.' And, 'I think you all deserve a medal, thank you for your kindness.'
- Staff told us they had enough time on each visit to meet people's needs. They stated the registered manager ensured rotas allowed enough time for the care and support to be appropriately and people were not rushed. One staff member told us, "I always make time to chat and ensure people do not have any issues." A second staff member said, "You always have to involve the person in what we do."
- Information was readily available about local advocacy contacts, should someone wish to use this service. An advocate is an independent person, who will support people in making decisions, to ensure these are made in their best interests. The registered manager told us, "There is no-one with an advocate, we know advocacy services and we can put people in touch."

Respecting and promoting people's privacy, dignity and independence

- People told us they received support that promoted their dignity. One person commented, "They see me to the bathroom and then back to the lounge or bed whichever I choose."
- Care plans guided staff on how to provide physical and emotional support with staff offering reassurance where appropriate. One person told us, "They are my friends now. The chats are the best part of the visits."
- Staff understood their role in providing support to maintain people's independence. One staff member said, "I work to keep people at home. That's why I love my job."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service had created a positive flexible culture where staff recognised the value of companionship. Staff collected shopping and accompanied people on activities in their own time." One person explained how staff collected things from the shop before visits. They said, "They all do that for me." A second person told us, "The chats and companionship has helped me back to health." One staff member commented, "People know me well and I know them well.
- The service's pre-assessment processes were thorough to ensure the service was right for the person and the service could meet the person's needs.
- Care plans identified unique considerations staff needed to be aware of to ensure responsive support was delivered. For example, people requested and received female only support. Care times varied depending on the support required. The service worked alongside health professionals to ensure the support was tailored to people's needs.
- Staff told us care plans held comprehensive information on each person. We saw care plans consistently had step by step guidance for staff to follow.
- Care plans documented how people could accessibly receive information. For example, when people needed to wear their glasses and if they were hard of hearing.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure which was made available to people they supported and their families. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately.
- The people we spoke with knew how to make complaints. They felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service. One person told us, "I have no complaints. I am not a complaining sort but if I did I would ring headquarters."
- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. This included regular reviews of their care and arranged meetings for people who were supported by the service and their relatives.

End of life care and support

- The service is a domiciliary care agency. The aim of the service is to make independent living a reality by working with the people to overcome the obstacles of day-to-day life. The registered manager told us the service at present does not support people with end of life care.
- There was no-one receiving end of life care at the time of the inspection. One staff member told us, "We have received training on end of life care. It gives you knowledge and more confidence. It makes you confident in your job."

Is the service well-led?

Our findings

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

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 their duty of candour responsibility

- Feedback we received was complimentary about the registered manager and management team. They said the registered manager was approachable, available and always and operated an organised service. One person told us, "[Registered manager always sorts something out if I have a problem. Nothing is too much trouble." One staff member said, "[Registered manager has boosted my confidence and helped me believe in myself."
- The management team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone who received support and outside agencies who were involved in Abbey Care Direct Limited.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

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

- People spoke positively about how the service was managed. They informed us the registered manager was visible and had a good understanding of people's needs and backgrounds. One staff member told us, "[Registered manager] is aware of everything that is going on."
- The registered manager understood their role in terms regulatory requirements. For example, notifications were sent to CQC when required to report incidents that required had occurred and required attention.
- The service had on display their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.

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

- People told us they and their relatives were involved in how their support was delivered and they spoke positively about the support they received. One person said, "They do everything I want."
- There was a strong culture of teamwork within the service. The registered manager and staff spoke positively about working at Abbey Care Direct Limited. The registered manager told us, "
- The service had systems and procedures in place to monitor and assess the quality of their service. These included seeking views of people they support and relatives through satisfaction surveys. The feedback was positive and included, 'They [care staff] have a very caring. Considerate. helpful, watchful. kind gentle way of assisting.'
- Staff meetings were held regularly and regular spot checks at people's homes carried out to ensure the

service was monitored and continued to develop.

Continuous learning and improving care

- The registered manager was committed to ensuring continuous improvement. Accidents and incidents were investigated, and actions recorded where improvements could be made.

The management team completed a range of quality audits to ensure they provided an efficient service and constantly monitored Abbey Care Direct Limited performance. These for example included, medication, care records and spot checks. This meant improvements could be made to continue to evolve and provide a good service for people.

- The service had introduced electronic call monitoring. This gave the registered manager oversight of the service delivered and ensured quality standards were maintained. Staff told us they had received they had received feedback on their performance based on the analysis of information received through call monitoring.

Working in partnership with others

- There were good relationships with other services involved in the person's care and support. The service liaised with community health and social care professionals and family members to ensure people's needs were met. This included risk management with GP's and managing people's ongoing health concerns with district nurses.