

Abbey Nursing & Care Agency Limited

Abbey Nursing & Care Agency

Inspection report

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Date of inspection visit:
12 October 2016
13 October 2016
14 October 2016
17 October 2016

Date of publication:
16 December 2016

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 12, 13, 14 and 17 October 2016. The provider was given 48 hours' notice to make sure someone would be in. The last inspection was carried out in May 2013. The service met the regulations we inspected at that time.

Abbey Nursing and Care Agency is a domiciliary care agency which provides personal care and support to adults and children living in their own homes who have a variety of needs. The service is managed from an office located in Sale. At the time of this inspection 32 adults and one child were receiving assistance with their personal care.

The service had a registered manager. 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 told us they were happy with the care they received. Comments we received from people who used the service included, "extremely satisfied," "very satisfied" and "can't fault them at all." People and relatives felt there were enough staff to carry out visits and said the service was safe.

Staff completed safeguarding adults training as part of their induction, and this was updated regularly. Staff knew how to report concerns and were able to describe various types of abuse. Staff were confident any concerns they had would be taken seriously.

There were thorough recruitment and selection procedures to check new staff were suitable to care for and support vulnerable adults.

Risks to people's health and safety were assessed, managed and reviewed regularly. There were clear risk assessments relating to a person's medicines, mobility, nutrition and other areas of need in care plans. Medicine records were completed accurately.

People and relatives we spoke with said they were happy with the service and felt staff had the right skills to provide the care they needed. One person told us, "They know what they are doing."

Staff told us they received appropriate training and opportunities to shadow established staff before providing care on their own. Staff received regular spot checks, supervisions and appraisals.

People told us care staff were caring, friendly, helpful and respectful. People's comments included, "Staff are excellent and very friendly" and "They're so kind, they've got time for me." Staff had a good understanding of the importance of treating people with dignity and respect.

Staff spoke fondly about people who used the service and how they enjoyed their role. One staff member told us, "I absolutely love the job as I know I've made a difference to someone's life. Staff have a bond and a relationship with a client that is overwhelming."

Staff had access to detailed information to help them better understand the needs of people they cared for. This information included a person's life history, hobbies, preferences and daily routine. Care plans and risk assessments were specific to the needs of the individual and were reviewed regularly and whenever a person's needs changed.

People knew how to complain if they had a concern. People were frequently asked for their views about the service and these were acted upon.

The provider ensured the quality of the service was assessed and monitored by carrying out regular audits of all aspects of the care provided.

Staff told us they felt supported by the management team and felt able to voice any concerns they may have. Staff told us there was a positive culture at 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 and relatives felt there were enough staff to carry out visits, and said the service was safe.

Risks to people's health and safety were assessed, managed and reviewed regularly.

Staff had a good understanding of safeguarding adults and their obligations should any concerns arise.

There were robust recruitment and selection procedures to check new staff were suitable to care for and support vulnerable adults.

Is the service effective?

Good ●

The service was effective.

People and relatives we spoke with said staff had the right skills to provide the care they needed.

Staff received training to help them provide the right care and support for people.

Staff received regular supervisions and appraisals. Observations of care happened regularly.

Management and staff understood the Mental Capacity Act 2005 and how to apply this to people in their care.

Is the service caring?

Good ●

The service was caring.

People told us they were happy with the care they received.

People told us staff were caring and helpful.

People told us staff often did more than was expected of them.

Staff had a good understanding of the importance of treating people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before care was provided.

Detailed care plans were developed which were specific to the needs of individuals.

When people's needs changed this was discussed and care plans were updated to reflect this.

People told us they felt confident to express any concerns or complaints about the service they received.

Is the service well-led?

Good ●

The service was well-led.

The service had a registered manager. Staff told us there was a positive culture and they felt supported.

Systems were in place to assess the quality of care people received.

People's feedback was sought regularly and acted upon.

Staff told us they could approach the management team at any time.

Abbey Nursing & Care Agency

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.

The inspection took place on 12, 13, 14 and 17 October 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 someone would be in. The inspection was carried out by one adult social care inspector on 12 and 13 October 2016 and an expert by experience on 14 and 17 October 2016. 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 supported the inspection by telephoning people in their own homes to gather their experiences of the care and support being provided.

We reviewed information we held about the service, including the statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted the local authority commissioners for the service, the local safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with eight people who used the service and three family members. We also spoke with the provider's care manager, one care co-ordinator, four community support workers and the administrator. The registered manager was absent at the time of our visit, but the provider's care manager and a care co-ordinator assisted us for the duration of the inspection.

We looked at a range of care records which included the care records for three people who used the service,

medicine records for four people, recruitment records for three staff, and other documents related to the management of the service.

Is the service safe?

Our findings

All people and relatives we spoke with said the service was safe. We also asked staff if people who used the service were safe. One staff member said, "Yes people are definitely safe. They've got pendants to use if they need help and we help people get the equipment they need." Another staff member commented, "People are as safe as you can be in your own home. We reassure people by telling them who knows the code for the key safe and things like that."

People told us they received good care from consistent staff teams. The provider's care manager told us continuity of staff was achieved through small staff teams. People told us they liked having a regular team of staff.

The service provided support to people from 8am to 10pm seven days a week with a team of around 30 staff. People and relatives we spoke with felt there were enough staff to carry out visits, and spoke positively about the service. Comments we received from people who used the service included, "extremely satisfied," "very satisfied" and "can't fault them at all."

Staff rotas were done in groups according to location to try and keep staff in the same area and reduce travelling time. The care manager told us that groups of staff in an area usually covered sickness and leave, or they had their own bank of agency staff to use when needed. The care manager said they try and inform clients when staff have been changed but acknowledged this was not always possible, for example if changes were made late at night. The care manager told us, "We always cover staff shortfalls with staff on that client's team wherever possible. If not we send one of the care co-ordinators as they know all the clients or use our agency staff."

The care manager told us weekly rotas were available for people who used the service so they knew which care staff to expect. Rotas were delivered to people on a weekend for the coming week or could be emailed to people or family members if preferred.

People told us staff were mostly on time for calls and understood when staff ran late due to heavy traffic and other circumstances beyond their control. Call times were logged in records kept in people's homes. The care manager told us people who used the service were advised to contact the office if staff had not turned up after 15 minutes of their planned call.

Staff had a good understanding of safeguarding adults and their role in preventing abuse. Staff knew how to report concerns and were able to describe various types of abuse. They knew what signs to look out for such as changes in behaviour or bruises. Staff we spoke with said if they had any concerns they would raise them with the care manager or care co-ordinators immediately. Staff told us they were confident safeguarding concerns would be dealt with appropriately. Records showed staff had completed up to date safeguarding training.

Thorough recruitment and selection procedures were in place to check new staff were suitable to care for

and support vulnerable adults. The service had requested and received references, including one from their most recent employer. Background checks had been carried out and proof of identification had been provided. A disclosure and barring service (DBS) check had also been carried out before staff started work. These checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Risks to people's health and safety were assessed, managed and reviewed regularly. There were clear risk assessments relating to a person's medicines, mobility and nutrition in care plans. Any accidents or incidents that occurred during the delivery of care were reported by care staff to the office. Such incidents were then transferred to a person's care notes, logged on the service's computer system and accident/incident forms were completed by staff. Records showed accidents and incidents were reported and dealt with appropriately and analysed for trends, although no trends had been identified.

Where people needed support with medicines, the agency assessed and recorded the level of assistance they required. For example, whether someone needed a verbal reminder to take their medicines, physical assistance to open medicines, or whether they needed full support. Where people needed full support to take their medicines a medicines administration record (MAR) was in place for staff to complete. Twelve people who used the service required full support with their medicines. We viewed four people's MARs and found they had been completed accurately.

Is the service effective?

Our findings

People and relatives we spoke with said they were happy with the service and felt staff had the right skills to provide the care they needed. One person told us, "They know what they are doing." Another person said, "I've got equipment and they know how to use it."

Staff told us they received appropriate training and opportunities to shadow established care staff before doing calls on their own. A staff member said, "The training we get is good and I feel supported. They're always at the end of the phone." Staff also told us that if people who used the service received new equipment staff completed additional training so they could use such equipment safely and effectively. The registered office had an on-site training room which contained a bed, a chair and moving and assisting equipment so staff could complete practical assessments.

We looked at three employee's training records. We saw new employees received a comprehensive induction training programme to prepare them for their roles. The induction was completed over a few days and was then followed by a period of shadowing experienced staff. The care manager told us a staff handbook and key policies and procedures were also provided to inform staff about the conduct and standards of care expected of them. This was confirmed when we spoke with staff. They also confirmed they had completed a full induction training programme which had included all areas relevant to their role.

When we looked at staff training files, we saw a range of essential training was undertaken in safe working practices such as moving and assisting, food hygiene, nutrition, safeguarding, health and safety, and infection control. This training was refreshed annually to keep staff updated with current legislation and practice. Training specific to the needs of people using the service was also provided. This included courses on mental capacity, falls prevention, person-centred care and dementia awareness.

Records confirmed staff received regular spot checks or direct observations of the care they provided. Each spot check had a theme such as medicines, dignity and respect or the use of hoists. Staff told us and records confirmed they also received regular supervisions and appraisals. Supervisions are meetings between a staff member and their manager to discuss training needs, the needs of the people they support and how their work is progressing. This meant future training and development needs were identified for each staff member, and staff were supported with their professional development.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us no one

currently using the service was subject to any restriction of their freedom under the Court of Protection, in line with MCA legislation.

People also told us staff sought permission before providing care. We saw evidence that people currently using the service had consented to their care, treatment and support plans.

Staff told us people they supported had capacity to make their own decisions, although they did support some people living with the early stages of dementia. Staff received training on the MCA and understood the concept of ensuring people were encouraged to make choices where they had capacity to do so. Staff told us if there was a doubt over someone's capacity they would contact care co-ordinators or the care manager to refer the matter to the person's social worker and contact relatives. This meant staff knew how to seek appropriate support for people should they lack capacity in the future.

Each person who used the service had an assessment about their nutritional well-being. People received support with nutrition and making meals as part of their individual care package, where people had needs in this area. The care plans about this were personalised and included details of people's preferred way of being supported. For example, one person's care plan stated, 'I enjoy a cup of coffee and a glass of orange at bed time, dislike onions and raw vegetables and enjoy takeaways.'

Records showed care staff worked alongside other health care professionals. For example, staff told us how they worked with the community nursing team regarding a person's skin care.

People told us care staff supported them to access a range of medical appointments and social activities such as GP, hospital and optician visits.

Is the service caring?

Our findings

People and relatives we spoke with were happy with the care and support provided. People told us care staff were caring, friendly, helpful and respectful. People's comments included, "Staff are excellent and very friendly" and "They're so kind, they've got time for me."

The care manager had received positive feedback from a relative which stated, 'I have personally met all the carers involved in [family member's] care and have witnessed the manner in which the carers approach their work. Carers are mindful in maintaining [family member's] dignity, and always demonstrate this when providing personal care. Carers ensure that curtains are closed, that a cover is provided and that [family member] is given privacy when required. [Family member] doesn't have to ask, the carers do this automatically. The carers are reliable, proactive, well mannered, competent and respectful to [family member] and their home. The carers do not rush [family member], they demonstrate patience and an understanding of their situation and disabilities, allowing them the time they need to complete a task.'

Staff had a good understanding of the importance of treating people with dignity and respect. Staff described to us how they ensured people were respected by explaining to them what was happening, being discreet, and keeping people covered when doing personal care. A staff member said, "It's important to respect people's choices and give them dignity. I always knock on the door and ask if I can come in even if I use the key safe as it's their home."

People told us staff often did more than was expected of them and staff confirmed this. One staff member told us, "Staff are caring and go the extra mile. For example, I give one of the clients books and they enjoy discussing them when I call. Clients are our extended family." Another staff member said, "Staff go above and beyond what is expected of them such as when someone comes out of hospital and they need practical help or more support when their families go away."

Staff spoke fondly about people who used the service and how they enjoyed their role. One staff member said, "I really love working in care. We know our clients well and have a close relationship with them." Another staff member commented, "I absolutely love the job as I know I've made a difference to someone's life. Staff have a bond and a relationship with a client that is overwhelming."

A staff member said, "Staff teams are done according to where you live and they also try to match you with people who have similar interests." Each person's preferred staff team was recorded on the provider's computer system as well as whether they preferred male or female staff.

The care manager had received several thank you cards from family members. Comments included, 'Just to let you know how much my family appreciated your warm and caring love towards [family member] until her passing. I couldn't have wished for any better care,' 'We are so grateful to all the carers who looked after [family member] with such kindness and understanding,' and 'Thank you for the fantastic care and kindness you showed [family member]. You went way beyond what was expected of you and we know [family member] became fond of you. You were a great source of comfort to the rest of the family which was much

appreciated.'

Each person who used the service had a copy of the service user guide and the provider's statement of purpose in their care plan. These were kept in people's homes so they could refer to them at any time, and were available in alternative formats should people need it. The service user guide contained information about all aspects of the service, including how to make a complaint, how to contact the Care Quality Commission and how to access independent advice and assistance such as an advocate. Although nobody at the service had an advocate, this facility was available.

Is the service responsive?

Our findings

People and family members told us individual needs were assessed before the service was provided. The care manager told us they met with people and their family members and completed an assessment of the person's needs. A staff member told us, "The service makes a point of introducing themselves to the person and assessing their needs before we start delivering care." This ensured the service was able to meet the needs of people they were planning to support.

Each person's needs were then set out in care plans which included clear guidance for staff about how to support people with their specific needs, such as medicines, mobility and personal care. Care plans were quality checked by the management team and were reviewed and updated regularly. Care plans were 'person centred' which meant they included guidance for staff focused on the person's wellbeing and what they wanted to achieve from their care package. People kept a copy of their care plans in their own homes so they and their care workers could refer to them at any time.

Care plans were well written and contained information about people's daily routines and specific care and support needs. For example people's care plans included guidance for staff on whether the person liked a shower or bath and at what time, what the person's bedtime routine was and how they wanted to be supported. This meant staff had appropriate guidance on how to provide person centred care to people.

People we spoke with said the service was responsive to their needs and they felt able to contact the office about any issues. One person said, "Abbey Care is very flexible and they have changed my times according to my needs." Another person told us, "If I've had a fall they stay longer and they are very nice about it." A relative commented, "If there are any issues Abbey are proactive. They took the trouble to phone me about [family member's] heating. They are also very pro-active in contacting the pharmacy or the GP."

The service had received written feedback from one relative which stated, '[Family member] has regular carers. It is reassuring to know [family member] will see familiar faces that they can get to know and trust. Carers take the time to chat with [family member] which I am very grateful for, as there are days when carers are the only people they will see. [Family member's] mood and general wellbeing has noticeably improved since Abbey Care have been looking after them. After many years of experiencing poor care I now feel confident and assured that [family member's] needs are being met and that they are safe and comfortable in my absence. [Family member] and I are extremely grateful to Abbey Care and all the staff for the first class service they provide.'

Staff members told us how they had administered first aid and contacted 999 when they found a person unresponsive and contacted people's GPs when they were unwell and staff felt they needed "checking over." Staff told us any changes in a person's needs were communicated to that person's staff team via text message, for example if they had been prescribed antibiotics or needed to attend a medical appointment. All contact with people who used the service, their families and other agencies was documented on the provider's computer system.

The care manager had received feedback from the local authority's commissioning team which stated, 'We consider Abbey Nursing and Care Agency to be a proactive and flexible provider in their approach and service delivery.' When compliments were received these were passed on to staff via text message.

The care manager had also received feedback from a relative which stated, 'Communication between care workers, management, clients and family is excellent. Care updates, rotas and queries are communicated regularly and as required by telephone, email and text message. Abbey Care have care co-ordinators available 24 hours a day, seven days a week to deal with any queries. This service has proved to be invaluable, particularly out of hours, and has meant that the smooth running of [family member's] care package has been maintained, even when challenges have been presented. Changes in [family member's] medical care and medication have been put in place immediately and with accuracy and the co-ordinators have used their initiative when faced with unforeseen issues relating to [family member's] care. On the rare occasion a problem does happen, the care manager implements preventative measures to avert repeat occurrences.'

The provider had a complaints procedure which was included in the service users' guide and given to people at the start of their care package. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. Complaints could be made in person or over the phone to care staff, senior staff or the registered manager. This showed that procedures were in place and could be followed if complaints were made. No complaints had been received since the last inspection.

Nobody we spoke with had needed to complain but they all said they wouldn't have a problem calling the office if anything was wrong. Several people mentioned times when they had contacted the office and most people told us they knew the office staff by name. One person told us, "Every time I've been on the phone to them they've been so nice, nothing is too much trouble."

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager in place. On the days of the inspection visit the registered manager was not on duty, but the care manager and a care co-ordinator assisted us for the duration of the inspection. The management team consisted of the registered manager, who was also the director, and a care manager who was responsible for the day to day management of the service. They were supported by two care co-ordinators and a team of community support staff.

People's views about the service were sought by managers via spot checks on staff every three months. People and relatives were also asked to complete quality surveys every six months, the most recent of which had been carried out in June 2016 and completed by 15 people. Feedback from the most recent survey had been positive. Where minor issues had been reported, such as people requesting alternative calls, the care manager had contacted the person concerned and resolved the issue. This meant people's views were valued and any concerns were responded to. Comments from the survey included, 'We are very impressed with the service provided by both managerial and care staff. Thank you very much for your ongoing support' and 'The company is fantastic. I would recommend them.'

People told us managers and office staff were approachable and helpful. Several people told us they had experience of other care agencies and said that Abbey was the best they had used. A relative commented, "The management, effectiveness and competence of the co-ordinators and manager is remarkable."

Staff told us the service was well-run. One staff member told us, "The service is well managed. [Care manager] is always at the end of the phone and [registered manager] comes in regularly to do training etc. [Care manager] is fantastic, you can approach her with anything. All the clients love her." Another staff member said, "[Care manager] is very approachable. [Registered manager] is also available whenever when we need her." A third staff member said, "[Care Manager] is on the ball. They're fantastic. You can go to them with anything at all. [Registered manager] is also good. I can tell them anything and they'd fix it. They're always trying to get more training for staff and help staff further their knowledge." Staff told us there was a positive, open culture and they felt supported.

Staff meetings happened infrequently but staff told us they had regular daily contact with the agency where they were able to provide feedback about the service and if necessary, people's changing needs. They also said their views were sought during regular supervisions and appraisals. Staff clearly understood their role and knew what was expected of them. They told us they were very happy in their work, motivated and had confidence in the way the service was managed. A staff member commented, "Everyone gets on well here. We've got a nice team." Another staff member said, "This agency is really good."

The service had a number of quality assurance checks to make sure the service was safe and effective for people. Two 'spot checks' of individual members of staff were carried out every month to check care and support was being provided to people in the right way. The outcomes of these checks were recorded and any issues were raised with staff. Where further training needs were identified this was acted upon.

The views of people who used the service, their relatives, friends and health and social care staff who were involved with the service were regularly sought and acted upon. Feedback from the most recent survey in June 2016 included a comment from a relative which stated, 'We are very impressed with the service provided by both managerial and care staff. Thank you very much for your ongoing support.'

Regular reviews were also carried out on all aspects of care provided to ensure a good standard of care was being provided. The agency's computer system enabled the management team to plan their quality assurance schedule so all checks relating to people who used the service and staff were carried out on time.