

Abbeyfield Society (The) Abbeyfield Malmesbury Care at Home

Inspection report

Burnham Court
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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

Abbeyfield Malmesbury Care at Home is a care agency that provides care and support to people who live at Burnham Court, a housing complex. There are 49 apartments within the complex and at the time of our inspection a care and support service was provided to 20 people.

People's experience of using this service and what we found

Improvements had been made to the management of risk, and medicines were managed safely. Staff were aware of their responsibilities to identify and report a suspicion or allegation of abuse. There were staffing vacancies and some people were being supported by agency staff. Attention was being given to the recruitment of new staff, and safe recruitment practices were being followed.

People were supported by staff who were valued and well trained. People were assisted to have enough to eat and drink. Staff supported people to access healthcare services as required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were complimentary about the quality of staff. Staff treated people with care and compassion and systems were in place to monitor this. People were encouraged to make decisions about their support and their privacy and dignity was promoted.

The service was responsive to people's needs. The times of people's support had been discussed with them and formalised, so all support was now at set times. Improvements had been made to people's support plans. The information was detailed and reflected people's needs. The service was able to provide end of life care but at the time of the inspection, no one required this. People knew how to make a complaint.

Improvements had been made to the quality auditing systems, so they were more effective. There was a positive ethos, which focused on independent living. Recent changes had been introduced to people's visits and they now had a designated time, unless it was an emergency. Previously people were supported when they requested assistance. The registered manager was working with people to adjust to these changes. There was a commitment to continually improve and the service worked well in partnership with others.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 18 October 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbeyfield Malmesbury Care at Home on our 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 ●

Abbeyfield Malmesbury Care at Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own apartments within Burnham Court, a 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

This inspection was unannounced.

We visited the office location on 15 and 21 October 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this

information to plan our inspection.

During the inspection

We spoke with seven people and seven relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, care coordinator and care workers. We viewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We contacted seven health and social care professionals for their feedback about their experiences of the service. Four health and social care professionals responded.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement.

At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks were identified and well managed. A screening tool was used to identify risks to people's safety. This included areas such as falling and choking. The information showed what action was being taken to enhance safety.
- An electronic monitoring system had been introduced to monitor people's support. This minimised the risk of missed visits.
- Schedules of people's support had been formalised and given to staff. This enhanced reliability as staff knew who they were supporting, and at what time.
- People told us they received a reliable service that minimised risk. There were no concerns about missed or late visits. One person told us, "They arrive and always spend the right amount of time with me. They never hurry me, I can do things in my own time."

Systems and processes to safeguard people from the risk of abuse

- Safeguarding formed part of the provider's mandatory staff training plan. Records showed staff had completed this training.
- Safeguarding was discussed at each one-to-one meeting staff had with their line manager. This enabled clear awareness, and an opportunity to raise any concerns they might have.
- Staff knew how to recognise potential abuse and poor practice. They said they would have no hesitation in raising a concern if needed.
- People told us they felt safe. One person said, "Yes I feel safe. The staff make me feel important and look after me well, which makes me confident with them." A relative told us, "The care has changed my life completely. I have full trust in the carers and I know they will be in touch if they were worried about anything."

Staffing and recruitment

- There were enough staff to support people safely yet there was a reliance on agency staff. One person

confirmed this and said, "The use of agency does make the service wobble a bit." The registered manager told us the current situation was not ideal but the same agency staff were requested, to ensure consistency.

- The registered manager told us focus was being given to recruitment to enable a full staff team. They said the service previously provided to those in the community, had been withdrawn. This had enabled them to deploy all staff to people within Burnham Court.
- People and their relatives told us more staff were required at times. They said support was sometimes interrupted with others needing assistance. One relative told us, "I think they should have a runner to answer these requests, rather than disturbing carers on the job, as this could be a safety issue." The registered manager confirmed such occurrences would be minimised, once the ethos of the service was fully embedded.
- Safe recruitment was being followed. Records showed information was gained about the staff member's conduct and a disclosure and barring service (DBS) check was completed. This helped the registered manager make an informed decision about employing the staff member.

Using medicines safely

- People's medicines were safely managed but guidance for staff about medicines to be taken 'as required' was not always sufficiently detailed. This did not ensure the medicines were given to maximum effectiveness. This was addressed by the second day of the inspection.
- Staff had appropriately signed the medicine administration record (MAR) to show they had given people their medicines as prescribed.
- Staff had received training in the safe management of medicines, and their competency had been assessed.
- People and their relatives were happy with the assistance staff gave with medicines. A relative told us, "All his medicines are given to him in the correct way, by watching him take them and this is written down in the folder. There has never been an issue."

Preventing and controlling infection

- Communal areas, including corridors, lounges and toilets were clean and well maintained.
- Records showed staff had completed training in infection control.
- Staff had access to disposable protective clothing when required. People confirmed this was worn and said staff were always presentable and clean.

Learning lessons when things go wrong

- The registered manager told us a large amount of reflective practice had been undertaken since they had been in post. They gave us examples of this, which included the introduction of regular welfare checks of people, following a person's fall.
- One member of staff told us the medicine administration records had been amended to make them easier to follow. They said this had minimised the risk of error.

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. At the last inspection this key question was rated as good.

At this inspection this key question has remained the same. This meant 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 were fully assessed before being offered a service. The assessment process enabled people to explain what support they needed, and when.
- Assessments included areas such as people's mobility, oral health and communication needs. The information was used to develop people's support plans.
- People and their relatives told us support was reassessed as required. This included amending the length of a person visit, in response to changing need. A relative told us "When [family member] was being discharged from hospital her care package had to be changed, so we were supported by Abbeyfield and [other services] to make the right decisions."

Staff support: induction, training, skills and experience

- Staff received appropriate training and support. All training had been reviewed to ensure it met the needs of the service.
- Staff were happy with their training and said more face to face sessions had helped their learning. They told us they had completed mandatory topics such as moving people safely and bespoke training related to people's needs.
- People told us staff had the knowledge and skills to support them effectively. One person told us, "Yes, they know what they are doing, I have a hoist and any new staff get shown how it works. I think they have in house training as well."
- Records showed staff received structured, one-to-one meetings with their line manager. This enabled staff to discuss their training needs, performance and any concerns they had.
- Staff told us they felt more supported now that the current registered manager had joined the service.

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

- People had enough to eat and drink. They could choose to eat in the restaurant, have meals delivered or receive staff assistance with meal preparation.
- Staff told us when assisting people, they always gave a choice of food, dependent on the time available. People confirmed this. One person told us, "They always ask what I fancy and if I am unsure, they will give me a couple of suggestions."

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

- People were supported to make and attend healthcare appointments if required.

- Information about people's healthcare needs and any support required, was detailed in their support plan.
- Records showed health care professionals were often contacted following a review of a person's support. This included a podiatrist and continence nurse.
- Staff worked alongside health and social care professionals when needed, to implement any advised treatment. One relative confirmed this and said, "The care team met with the physiotherapists and we agreed an increase in care time, so that the carers could help [family member] with her exercises. This worked so well that [family member] no longer needs any care visits."

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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- People told us staff asked for their consent before undertaking any intervention. One person told us, "They ask permission before doing anything and give me choices about what I am going to wear."
- Records showed people had consented to action being taken to promote safety. This included removing rugs to minimise the risk of a person falling.
- Staff had undertaken training in the MCA and understood the need to assume capacity and involve others in best interest decisions, where required.
- Details of the main principles of the MCA were identified on the key fobs staff were expected to carry. This enabled the information to be easily accessible for reference, when required.

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. At the last inspection this key question was rated as good.

At this inspection this key question has now remained the same. This meant 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

- There were various systems in place to ensure staff treated people with kindness and compassion. This included staff training, observational checks and role modelling.
- The registered manager told us only staff with the right values and attitude were recruited. They said this enabled caring, compassionate care to be routinely delivered.
- People gave positive feedback about staff. One person told us, "They are extremely kind and have a good listening ear, I love them all very much." Another person said, "Carers are great, really nice people and they care."
- Staff told us they knew people and their preferences well. One member of staff told us this enabled them to address the smallest detail. This included positioning a person's clock at the right angle for them to see.
- The registered manager and care coordinator were positive about the staff team. Specific comments were, "I'm so proud of them as they really held it together when things weren't so good" and, "They've done a great job and are now going from strength to strength."

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

- People were involved in the development and review of their support. One person told us, "The communication is very good. I feel well-informed of what is going on."
- Care quality meetings were held with each person. These meetings enabled people to give their views about the service they received. One staff member told us the meetings were effective, as they enabled people to talk about any changes they wanted to their support.

Respecting and promoting people's privacy, dignity and independence

- People told us their rights were promoted and they were supported professionally but in a nice manner. One person said, "My personal care is done, no fuss and no embarrassment." Another person said, "My dignity is kept, and I have never felt uncomfortable."
- Staff showed a clear understanding of how they promoted people's rights. This included recognising and respecting people's individuality and ensuring sensitivity during personal care. One staff member told us they always had to be aware of family members walking into the person's apartment, so promoting privacy was key.
- People's care records were securely stored, and staff were aware of their responsibilities to ensure confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as requires improvement.

At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection, the provider had failed to ensure support plans were sufficiently detailed to reflect people's needs, and care records were not person centred. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People's support plans had been rewritten in a new format. The information was detailed and clearly reflected people's needs and the support they required.
- The service was responsive to people's needs and preferences. This included starting a care package with seven visits a day, to support a person following their fall. The visits had reduced and stopped altogether, once their independence had been regained.
- Specific timings for people's support had been introduced. One relative told us, "Recently the visit times were more set, and this caused me concern, but to be honest it works much better as [family member] now knows what time they are coming."
- People and their relatives told us staff stayed for the duration of their support and would sit and chat if they had time left. A relative told us, "They know [family member] so well and know what pleases her. They will often do more, for example they will empty bins or tidy the kitchen."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of their responsibilities regarding the AIS. They said documentation was available in different formats to aid communication.
- People's communication needs were detailed within their support plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to access the community and use the communal areas of the housing complex,

to spend time with others.

- There were community groups such as bridge and art, for people to join in with if they wanted to.
- Some social activities and parties were arranged to minimise social isolation. This included a prosecco and strawberry evening. The registered manager and a member of staff told us they were planning to give social isolation further focus, due to its importance.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint. They told us they would inform the registered manager if they were unhappy and there was a suggestion box in the reception to post any concerns.
- People were given a copy of the provider's complaint procedure when they started to use the service. This was within the agency's welcome pack.
- The registered manager told us they encouraged people to raise a concern, if they were not happy with the service. They said they aimed to address concerns quickly, so they did not escalate.

End of life care and support

- The registered manager told us end of life care would be provided if the service could meet the person's needs. No one was receiving this type of support at the time of the inspection.
- The registered manager told us staff would work alongside other agencies to ensure best practice guidance was followed.
- People and their relatives told us end of life care had been discussed with them. One relative told us, "We have spoken, and a plan is in place, but we know the staff will carry out the right care when it is that time. The discussion was received very well by us and glad it was highlighted, as we never really wanted to address it."

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, the provider had failed to ensure a robust quality auditing system was in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The auditing systems had been improved, to include people's support and their support plans. There were health and safety checks and night visit checks to ensure staff were fulfilling their responsibilities. One member of staff told us, "They're always checking. They check everything all the time."
- Improvements had been made to the management structure of the service. There was a newly appointed care coordinator and two senior care staff. These positions enabled better staff support and additional monitoring of the service.
- Work had been undertaken to ensure greater organisation within the service. This had included formalising staff roles and responsibilities. One member of staff told us, "It's so much better now, we know where we are. It's organised and has made such a difference."
- Staff told us communication between management and the staff team had improved. A 'read and sign' system had been introduced, which ensured staff read any required information. This included updates of people's support and changes to policies and procedures.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive ethos, which focused on independent living. However, there was some conflict over the service people had been offered in the past, and what they were receiving now. For example, people were previously supported when they requested assistance, whereas they now had a designated time, unless it was an emergency. The registered manager told us they were aware of this and were working with people to adjust to the changes.
- People, relatives and staff told us the registered manager was approachable and gave them time. They said the registered manager listened and encouraged their views.
- People confirmed they received good outcomes. One person told us, "It's the best place to be as it has

such a high quality led service and that's why we have the best carers."

- A range of compliments had been received about the service. This included, "Our whole family have been delighted with the quality of home care provided to my [family member]" and,

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities regarding the duty of candour. They said they had an open approach, listened to people's views and would address and report anything that had gone wrong.
- The registered manager was committed to providing people with a good standard of support. They said they would not manage a service that was less than good.

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

- There were various systems to enable people to be involved and give their views about the service. This included surveys, meetings, reviews and care quality visits. One person told us there was a committee, which fed people's views back to the registered manager.
- Records showed people had been asked to complete a customer satisfaction survey following the employment of a new chef. This had encouraged people to give suggestions about the meals they wanted on the menus.
- A newsletter had recently been introduced. The registered manager told us people and their relatives were being encouraged to give suggestions for its content.

Continuous learning and improving care

- The registered manager and staff told us they had come a long way, since the last inspection. They said they had worked hard to address the breaches in regulation, as well improve care practice and the culture of the service.
- Staff confirmed the service had improved significantly since the appointment of the new registered manager and care coordinator. One member of staff told us, "We know we are doing things right now. We know where we are and what's expected. It's so much better. We're back on track."
- Health and social care professionals told us the service was receptive to any help, guidance and support.

Working in partnership with others

- The registered manager and a staff member told us meetings had recently been held with local health and social care services. This had enhanced relationships and enabled better ways of working. A health and social professional confirmed the meetings had worked well.
- Contact details of outside agencies, were shown on key fobs staff carried. This enabled the information to be readily available and gave staff permission to raise concerns outside of the service if need be.
- The service was able to gain advice and support from other departments and locations within the organisation. The registered manager told us they regularly met with other managers and had good contact with training providers, to keep up to date with best practice.