Abbey Mortimer Care Services Limited

Abbey Mortimer Care Services

Inspection report

Unit 20
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Tel: 01268777646

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Abbey Mortimer Care Service is a domiciliary care service providing personal care to people in their own homes. The service was supporting nine people, but only seven with personal care, at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found
The provider did not have robust processes in place for the oversight of the service. They did not always follow good practice guidance in relation to staffing and recruitment during the pandemic or complete audits of the quality of the service provided.

There were not enough staff to support people with their care arrangements as some people had been left without a call and staff shortages meant calls could not always be covered. Recruitment of more care staff for the service was underway. Staff induction, training and supervision was not robust or consistent.

People's medicines were managed effectively day to day. However, audits of the medicine administration records were not always undertaken to ensure people were getting their medicines as prescribed.

The provider's infection prevention and control policy and procedure were not up to date in relation to COVID-19 and the pandemic. Staff had enough personal protective equipment and had received training in how to use it.

Risks to people's health and wellbeing had been assessed and recorded. Environmental risks to people and staff had been completed. People were supported to eat and drink enough to maintain a balanced diet. Meals and drinks of their choice were prepared for them.

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 told us staff were caring and kind. Staff knew them very well and were respectful of their homes and families.

Arrangements were in place for services to work together. People were supported to live independent lives and have access to healthcare support.

Staff had access to clear information about people's needs and wishes, which were written in a respectful way People had been involved in their care arrangements.

People's end of life care wishes were discussed with them as appropriate.

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

Rating at last inspection
This service was registered with us on 17 December 2019 and this is the first inspection.

Why we inspected
This was a planned inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well led section of this full report.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to staffing and good governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to put this in place and monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Abbey Mortimer Care Services

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 carried out by one inspector.

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

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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 May 2021 and ended on 14 June 2021. We visited the office location on 26 May 2021.

What we did before the inspection
We reviewed information we had received about the service. The provider was in the process of completing the provider information return, so it was not available during the inspection. 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.

During the inspection
We spoke with two people and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, care coordinator and three care staff. A professional also provided their view of the contact they had had with the service.

We reviewed a range of records. This included two people's care records and medicine records. We looked at two staff files in relation to recruitment and staff support. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. Information was provided as requested.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated as Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- There were not enough staff for the people using the service. There was a mixed response from people as to staffing levels, some saying staff turn up and arrive on time whilst others had experienced missed calls and short notice that their calls could not be covered.
- Staff were concerned about staffing levels and rota arrangements. A staff member told us, "There are not enough staff, I have been telling them for some time that they need to sort it out. I worry about the people." Another said, "The rota arrangements are shocking, I never know from one week to the next what I was working, and they kept putting on me to take more hours and to cover. I couldn't leave people without care."
- The registered manager and care coordinator told us they were part of the rota providing care to people as there were not enough staff to cover the care hours and for sickness and holidays. The arrangements for staffing the service were not well organised or sustainable.
- There was not an effective process in place to give staff the necessary introduction to people and ongoing support in their role. Some staff had experience in a caring role, whilst those new to care, were not always given enough time, information and support to care effectively for people. One staff member told us, "I went out a couple of times shadowing with a staff member, but when out on my own, I didn't know what I was doing. Another said, "Proper staff support is needed if staff are going to stay and get to know the work."
- Most staff had received an induction and completed training in the mandatory subjects relevant to their role and responsibilities. A staff member said, "The online training and whole process didn't really prepare you for caring for people."
- Bank staff provided their certificates of training from another job, which were verified as being relevant.
- Staff had checks on their competence in carrying out tasks such as medicine administration. Supervision was provided for some staff but not all and their experience of the quality of the support received from managers was not consistent.

We found no evidence that people had been harmed. However, we were not assured systems were robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were not always recruited safely. Audits on recruitment files had not been completed to show staff had been safely employed in the service. Since the inspection, a risk assessment had been completed, records were now up to date and a nominated person had been given responsibility for overseeing recruitment.

Preventing and controlling infection

● The provider's infection prevention and control policy and procedure were not up to date as there was no policy and procedure in relation to COVID-19 and the pandemic. The registered manager acted during the inspection to consider government guidance and put guidance in place.

● Staff had been recruited during the pandemic. Some staff were working in two different care settings which went against government guidance issued during the COVID-19 restrictions. The registered manager had not undertaken a risk assessment to consider, mitigate or reduce the risk of asymptomatic transmission of the COVID-19 virus. They were asked to manage this risk and provide the reasons for their actions and they have provided an explanation.

● Staff had enough personal protective equipment and had received training in how to use it.

● We were assured that the provider was accessing testing for people using the service and staff. Staff had also received both of their vaccines.

● We have also signposted the provider to resources to develop their approach.

Using medicines safely

●There was a system in place for the safe administration of people's medicines. A clear policy and procedure provided staff with guidance in how to manage people's medicines.

● It was recorded in people's care plan if they needed assistance with their medicines and their preferences and wishes for how they wanted to take them.

● The new electronic care planning system provided information, notification of changes and updates about people's medicines. For example, if a person needed antibiotics, this would be added and then all staff would know when and how these should be administered.

● Staff completed the medicines administration records (MAR) electronically. The registered manager told us this system worked well as it could be monitored daily to make sure people got their medicines.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe and knew how to raise any concerns. A person told us, "They [staff] make me feel very safe indeed." Another said, "I know they look out for me, any queries or worries I can call them."

● Staff told us they knew how to raise concerns about people's safety, however not all staff had received training in safeguarding people from abuse.

● The provider had an up to date safeguarding policy and procedure in place. Managers were aware of their responsibilities to respond to and report abuse to the relevant authorities.

Assessing risk, safety monitoring and management

● Risk assessments were completed with people to ensure they were kept safe. These included their mobility and any risk of falls, pressure care and risks to skin and the home environment. The assessments identified risk and support methods to minimise the risk for people and staff.

● People's needs and risk to their health and wellbeing were reviewed when needed. Any changes were communicated to staff via the electronic system which meant staff were up to date immediately with the changes to ensure people were kept safe from any harm.

● The new electronic management system was being implemented, transferring records from paper based onto the system. This was already working, with minor issues to be smoothed out, to ensure the service was managed safely and people's needs were being met. This included logging in and out of the person's house, tracking staff movement, visits and completed tasks.

Learning lessons when things go wrong

● Incidents, accidents and near misses were recorded. The care coordinator gave us an example of where a person was being assisted to move up the bed by the staff and the person's agency staff member. The

agency staff member did not wait until the count of three for them to be moved which resulted in the person receiving a minor injury. A staff meeting was held and the person's care plan and actions to take were discussed. Lessons had been learnt from this to prevent a reoccurrence.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated as Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had not always followed the relevant up to date guidance to ensure care was delivered effectively. This was in relation to lack of awareness of up to date COVID-19 infection control guidance and restricting workforce movement during the pandemic as already mentioned in the Safe key question. Good practice guidance had been followed in relation to recording some people's protected characteristics such as their spiritual and religious beliefs, age, marital status and sexual orientation but not their ethnicity and culture.
- People's care plans contained an initial assessment of their needs. This had been carried out with them and their needs and choices agreed. A social care professional told us, "The manager had been very considerate about [person's name] reluctance to have care provided. It was a painstaking process, but they eventually accepted support and the way staff worked with them was very effective."

Staff support: induction, training, skills and experience

- Staff were not always supported in their role through induction, training or supervision.
- There was not an effective process in place to give staff the necessary introduction to people and ongoing support in their role. Some staff had experience in a caring role. For staff new to care, they were not always given enough time, information and support to care effectively for people. One staff member told us, "I went out a couple of times with a staff member to meet people, but when out on my own, I didn't know what I was doing. The online training and whole process didn't really prepare you for caring for people." Another said, "Proper staff support is needed if staff are going to stay and get to know the work."
- Most staff had received training in the mandatory subjects relevant to their role and responsibilities. The registered manager was a trainer in first aid and basic life support and the care coordinator in moving and positioning people, so some training was completed in-house. Some staff were asked to only complete five basic subjects before they started work, which were online. This only included basic life support, moving and handling, medicines administration, health and safety and food hygiene. Other staff provided their certificates of training from another job which were verified as being relevant.
- Staff had checks on their competence in carrying out tasks such as medicine administration. Supervision was provided for some staff but not all and their experience of the quality of the support received from managers was not consistent.
- After the inspection visit, the registered manager and care coordinator devised an induction process which is due to be implemented.

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

● Where required, people were supported with their nutritional needs.
● People's care plans detailed the support they required with their eating and drinking and their preferences in snacks, meals and drinks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff worked closely with health care professionals for the benefit of people in the service and kept them informed about people's progress and any changes in their wellbeing. One social care professional told us, "We worked very closely with Abbey Mortimer Care Services and they liaised very well with us to get [person's name] to accept they needed support."
● People and family members were positive about the support they received. Comments included, "The staff have really helped me to be more mobile, as had the physio out to show me how to do exercises." And, "The manager made it easy for us to transition from the local authority care to them. It all worked well."

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.
● Not all staff had received MCA training. However, the staff we spoke with understood the principles of the MCA in relation to decision making, capacity and people's best interests. They knew how to support people who did not have capacity to make their own decisions.
● Information about people's ability to make their own decisions was written in their care plan. It identified if people had a representative or power of attorney to help them deal with their affairs.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Staff shortages meant planning and deploying staff did not always consider people's wellbeing. People and relatives told us they had experienced missed calls and times when they were told they would not have a call. A family member told us, "There has been a couple of times where the staff have not turned up. I have not been too worried as luckily [relative] is not alone." Another said, "It all started off so well, but recently not as good with calls being missed."
- People told us staff were kind and caring. One person said, "The staff are very good, excellent. They do everything I need and the times I want, they are spot on." A family member said, "Since Abbey Mortimer started, it has all worked well."
- People told us staff knew them well and knew how they liked to be supported. A person told us, "Very pleasant they [staff] are. All well dressed, come in and chat to me." Another said, "They [staff] have got to know me and how I like things done."

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

- People had been involved in discussing their care arrangements and agreeing their times, tasks, preferences and wishes. One person said, "I liked the manager when they came and did the visit, they made sure I had told them all they needed and then I met [name of staff], so it all happened."
- People's care plans contained a breakdown of how they liked to be supported during each visit. Th daily notes were written respectfully detailing how they had provided support on each visit.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were respectful in providing their care. One person said, "I don't need much care and what they do for me is really important. I am more than happy." Another told us, "They [staff] give me time and have helped with my confidence.
- People were supported to maintain as much independence as possible. A family member told us, "We did have four visits a day but these have been reduced now due to [relative's] steady improvement. This is all credit to Abbey Mortimer."
- All the staff were committed to providing a good service for people. "One said, "I like coming to work every day, when I see [person's name], they make me smile." Another said, "It's the people I see that make the job worthwhile."

Requires Improvement

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Requires improvement. This meant people's needs were not always met.

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

- Some people told us they did not always know who would be providing the care for them or their relatives. Some felt this was understandable given the pandemic whilst others felt that this was disruptive to their routine. Comments included, "No, I don't know who will be coming to see me. I like them all anyway." And, "I think [relative] has met them all but they would like to have a regular one." The registered manager had started reviewing this process as it required some improvement especially in relation to the rota arrangements.
- The provider was in the process of transferring care plans, risk assessments and all relevant information about the service onto a computerised system which was nearly complete. Staff had immediate access to all relevant information about people's needs. The system would also assist with rotas and calls so that they could respond in a timely way to changes to people needs and circumstances.
- People's care plans contained enough information about their physical, mental and health needs for staff to respond appropriately. The introduction to them and their circumstances was written in a nice clear style
- People's history and important relationships provided staff with an understanding of who they were. A professional told us, "The staff were thoughtful and caring. They tried to go slowly with [person's name] and respected their wishes and dealt with their change of heart about having care very well. [Person's name] had to go to hospital and then into a care home but the staff had been very mindful of her choices and decisions."
- Care records were personalised. The times needed, tasks to be completed, preferences and wishes were recorded. The daily notes were written clearly and the care coordinator told us they were working on getting the staff to complete these in a more personalised way for example, not just saying 'completed task' but about how the person was that day and their communication with them.

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.

- People's care plans contained information about their sensory and communication needs. For example, eyesight and hearing and any communication needs. The care coordinator told us they had not considered that anyone they currently provided a service for would want information in a different format, but now they would ask this as part of the assessment.

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's family, friends and social needs were recorded in their care plan. If a person needed support to follow their interests, the service would be able to support them.

Improving care quality in response to complaints or concerns

● The provider documented concerns raised by people and relatives. They had dealt with complaints appropriately and recorded the outcome. Lessons had been learnt from complaints and shared with staff. Compliments about the service were recorded and we saw two which said, "Thank you for the excellent care and cheerful visits which [relative] very much appreciated." And, "Just to thank you so much for going way above and beyond when [relative] hit his head. It is very much appreciated. "

End of life care and support

● The assessment process considered if people had any specific wishes for their future end of life care. Where recorded, it identified people's relevant funeral arrangements, their next of kin and any instructions, such as an order saying they do not wish to be resuscitated should they have a cardiac arrest known as a DNACPR.

● Staff had provided care for people at the end of their life. Staff were aware of the changes which affected people as they came towards the end of their life. A staff member said, "We had been caring for one person and we knew they were at the last stages. We organised for the district nurses to come in for their medicines, so they were not in pain. I managed to get in to say goodbye, and I knew they knew I was there. The staff were invited to the funeral by the family which was very moving."

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated as Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider did not have robust systems in place to monitor safety and quality. Organisational risk assessments had not been put in place to mitigate risks to people and staff, these included key policies and procedures in relation to infection control and COVID-19 and the management and deployment of staff during the pandemic.
- There was a lack of clear oversight of the management of the service. There was not a system in place to audit records to ensure they met the regulations for quality and safety. These included staff recruitment, staffing, infection control and medicines administration.
- The registered manager was not managing their time efficiently to put in place the necessary staffing and management systems needed. Due to ongoing staffing shortage and lack of planning, the registered manager was providing care, instead of managing the service.

We found no evidence that people had been harmed; however, the systems in place to monitor the quality and safety of the service were not effective. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People who used the service and relatives were generally positive about the management of the service. A person said, "I have not had cause to complain as long as they come when I need them." A relative told us, "The manager has sorted things out when needed."
- We received mixed feedback from staff about their experiences of working for Abbey Mortimer Care. Some expressed concern regarding the culture of the service not being equal and some staff being treated more favourably in relation to choosing hours they wanted on the rota. Comments also included, "I didn't feel supported in my role, I was just put in at the deep end and had to get on with it." And, "The managers put a lot of pressure on me to do extra calls all the time, I stopped being happy in my work."
- Some staff were very positive about the managers. One told us "The care coordinator goes above and beyond to care for people." Another said, "Lovely people to work for, always helpful and will always sort things out."

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 open and honest about their failings in relation to lack of oversight of the service. They had secured extra hours from the provider to develop and put in place more effective systems.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care;
● There was little evidence that people, their relatives and staff had been involved in developing the service. There was some evidence that lessons had been learnt and improvements made, such as writing in black ink on legal documents and learning from the moving and handling incident.

Working in partnership with others
● The provider worked in partnership with other healthcare professionals to ensure people's needs were being met. One family member said, "The professionals all worked together so that [relative] could be at home."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to monitor the quality and safety of the service were not effective. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed appropriately.