

Ms Nasrin Begum

# Abbey Support & Services

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We carried out an announced inspection of this service on 29 July 2013. Four breaches of legal requirements were found. This was because the provider did not ensure that the planning and delivery of care ensured the welfare and safety of people using the service. The provider did not make suitable arrangements to ensure that service users were safeguarded against the risk of abuse. The provider did not operate an effective recruitment process. And the provider did not have suitable arrangements in place in order to ensure that persons employed at the service received appropriate training.

We undertook this announced inspection on 12 August 2015 to check that improvements had been made and to confirm that the provider had met legal requirements.

Abbey Support and Services is a domiciliary care service providing care and support to people living in their own homes. The office is based in Leicester and the service currently provides care and support to people living in Leicester and in Leicestershire. At the time of our inspection there were 25 people using the service.

The service had a registered manager. This is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

# Summary of findings

‘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 felt safe using the service. They said their care workers identified themselves on arrival and this made them feel safe. All staff had had safeguarding training and knew what to do if they had concerns about the well-being of any of the people using the service. Staff also understood risk and how to protect people from risky situations.

People said they thought the staff were well-trained and knew how to support them effectively. Staff had a thorough induction and on-going training to keep their skills up to date. Staff were safely recruited to help ensure they were fit to work with people who use care services.

Staff supported some people with their meals. People said they were pleased with the choices they were given and how their meals were prepared and served. Staff were flexible with meals and understood that people might change their minds about what they wanted on a day to day basis.

People said staff were aware of their health care needs and knew when to call the GP or other healthcare professionals if they needed them. If people appeared unwell staff knew what to do. If people needed support with their medication staff provided this safely.

People told us the staff were caring and treated them with dignity and respect. They gave us many examples of

staff member’s caring approach to them. Records showed that people’s care was provided by either a single staff member or a group of two to three care workers. This enabled people to get to know the staff who supported them.

People were directly involved in the planning of their care and encouraged to be independent and make choices about how they wanted their support provided.

Staff provided a personalised service that was responsive to people’s needs. Care plans highlighted people’s individual preferences, although some lacked detail. The registered manager said she would address this. Care workers visited people and discussed their support needs with them before providing care.

The service’s complaints procedure was in need of updating and the registered manager said she would do this. Records showed that if people raised concerns these were taken seriously and the staff worked with people using the service and relatives to resolve them.

All the people we spoke with said they were happy with the service which they said was well-run.

People told us the registered manager often visited them in person to check on their well-being and monitor their care and support. People using the service were consulted and their opinions sought on all aspects of the service. Changes and improvements were made as a result of this.

# Summary of findings

## 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.

People told us they felt safe using the service and trusted the staff.

Staff were safely recruited and knew what to do if they had concerns about the well-being of any of the people they supported.

People had risk assessments in place and staff knew what to do to minimise risk.

People were supported to take their medicines safely with appropriate records kept.

Good



### Is the service effective?

The service was effective.

Staff had the training they needed to provide effective care and support.

They used the principles of the Mental Capacity Act 2005 Code of Practice when assessing people's ability to make decisions.

People who were assisted with their nutrition were satisfied with how their meals were prepared and served.

Staff understood people's health care needs and knew when to request medical assistance for the people they supported.

Good



### Is the service caring?

The service was caring.

People told us the staff were caring, kind, and thoughtful.

People were actively involved in making decisions about their care, treatment and support.

Good



### Is the service responsive?

The service was responsive.

Staff provided personalised care and support that met people's needs.

People knew how to make complaints if they needed to and staff responded appropriately.

Good



### Is the service well-led?

The service was well-led.

People were satisfied with how the service was managed.

Their views were sought using a range of methods, including surveys and telephone calls, to check they were getting the quality and type of care they wanted.

There was evidence of changes and improvement to the service as a result of listening to people's views.

Good



# Abbey Support & Services

## 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.’

This inspection took place on 12 August 2015 and was announced. The provider was given 48 hours’ notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors 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. Our expert by experience for this inspection had expertise in services for older people.

Before the inspection we reviewed the provider’s statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We spoke with five people using the service, three relatives, the provider/registered manager, a senior manager, a care co-ordinator, and five care workers.

We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at the care records of four people using the service.

# Is the service safe?

## Our findings

At our last inspection the provider had not made suitable arrangements to ensure that people using the service were safeguarded against the risk of abuse by ensuring that staff had the knowledge to respond appropriately to any allegations of abuse.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment.

At this inspection we found that this breach in regulation was met.

All the people using the service and relatives we spoke with said they felt safe with the staff employed. One person told us, "I feel very safe with my carers." A relative commented, "My [family member] feels very safe with her carers. She has never had any problem with them."

People said their care workers identified themselves on arrival and this made them feel safe. One person said, "They always call out when they come in. I feel very safe with them." A relative commented, "My [family member's] carers always knock and wait for me to let them in. We feel so very safe with our carers." Another relative said, "They call out when they arrive to make sure that my [family member] knows it is them."

Records showed all staff had had safeguarding training provided by an external trainer. This had been reinforced in team meetings and one-to-one discussions when senior staff discussed possible safeguarding scenarios with care workers and supported them to identify the right responses and approaches.

The provider had procedures in place instructing care workers to report any concerns about people's welfare to senior staff. All the care workers we spoke with knew what to do if they had concerns about people's safety. One care worker said, "I would report it to my manager straight away." Another care worker told us, "We have all been trained in safeguarding and know the seriousness of this. We have been told to tell our manager immediately if we have any concerns."

At our last inspection the provider had not taken appropriate steps to make sure that the planning and delivery of care ensured the welfare and safety of people using the service. This was because risk assessments were not always in place for the people using the service.

This was a breach of 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

At this inspection we found that this breach in regulation was met.

People's care records included appropriate risk assessments. Records showed these covered people's physical and mental health needs, health and safety, and areas of activity both inside their homes and, where relevant, out in the community.

All staff we spoke with understood risk and responded appropriately when a person might be in danger. For example, records showed that two people using the service had got themselves into risky situations. In both cases staff had taken prompt action to assist and protect them. It was noted that in each instance staff had done over and above what would normally be expected from a domiciliary care service in order to support the people using the service.

Some risk assessments lacked detail. For example, one person's mentioned 'challenging behaviour' which could put the person themselves and care workers at risk. However there was no description of how this 'challenging behaviour' might manifest itself, or what care workers should do in response. We discussed this with the registered manager and care workers and it was clear that they knew how to support this person even though it wasn't made clear in the risk assessment. The registered manager agreed this information needed to be written down. She said she would add it and review all other risk assessments to ensure they were fit for purpose.

At our last inspection the provider had not operated an effective recruitment process in order to ensure that staff were safely recruited to the service.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.

At this inspection we found that this breach in regulation was met.

## Is the service safe?

We looked at staff recruitment files to check the staff employed had the necessary documentation in place to indicate they were safe to work with people who use care services. The provider had a new recruitment procedure which included a recruitment checklist to help identify that the right documentation had been received. Records showed that the staff employed had the documentation the service needed and had been safely recruited. In one instance a staff risk assessment was outstanding. The registered manager agreed to put this in place.

People using the service and relatives told us people received their medicines safely and on time. One person said, "The carers always remind me to take my tablets and write it down in my record book." A relative commented, "They make sure my [family member] takes her tablets and always write it up in the book. I check it when I visit."

People's medicines care plans explained they administered their own medicines independently, prompted by care workers where necessary. When medicines were prompted care workers completed MARs (medicines administration

records) to show people had taken them. We also found that people using the service who required support with medicines had a signed agreement on file giving consent to the level of support they needed. In addition, the service held a list of prescribed medicines for each person using the service. This helped to ensure people were involved in receiving their medicines and staff had a list of the medicines they were taking.

The service's medicines policy was in need of improvement. This was because it included detailed information on medicines administration. This was irrelevant to this service as care workers only prompted people to take their medicines, they did not administer them. The policy and procedure also needed to be dated so the registered manager would know when it needed reviewing. There was also nothing in the policy to advise care workers what to do if people were prescribed with new medicines and these appeared in their homes. We discussed the policy with the registered manager who agreed to amend and update it.

# Is the service effective?

## Our findings

At our last inspection the provider had not made suitable arrangements to ensure that that persons employed at the service received appropriate training.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

At this inspection we found that this breach in regulation was met.

All the people using the service and relatives we spoke with said they thought the staff were well-trained. One person told us, “My carers are well trained. They come in and just get on with the work. They know exactly what to do.” A relative commented, “The carers I see are really well-trained. We have every confidence in their ability to do the job.

Staff told us they were satisfied with the training they received. One care worker said, “Although I had worked in care before I still had a full induction with Abbey and further training after that.” Staff also said the registered manager supported them to continue to develop their skills. Another care worker commented, “We go into the office regularly for an appraisal when we discuss our work with the manager and say what training and support we need. The manager then sorts it out for us.”

The registered manager told us new staff had an induction that included one-to-one training with herself and shadowing an experienced care worker. This was followed by a programme of training provided by an external trainer. This included courses in key areas of care (manual handling, first aid, food hygiene, infection control, health and safety, safeguarding, medicines) and service-specific training (including end of life care, nutrition and hydration needs, epilepsy awareness, the Mental Capacity Act, and visual impairment). However training records did not always show the dates training took place, or when refresher training was due. We reported this to the registered manager who agreed to address this so she would have an up-to-date record of staff training to use for planning and monitoring purposes.

The registered manager and staff we spoke with were knowledgeable about how to protect the rights of people who were not always able to make or communicate their own decisions. Care records showed that the principles of the Mental Capacity Act 2005 Code of Practice had been used when assessing people’s ability to make decisions. Where people were deemed not able to consent, records showed that relatives and other representatives had been involved in the decision-making process.

People who had assistance with their nutrition spoke positively about the choices they were given and how their meals were prepared and served. One person told us, “They help make meals for us and bring in the things that we need for our [culturally appropriate] diet.” A relative said, “They prepare all my [family member’s] meals and always ask what she would like.”

Records showed that care workers microwaved or otherwise heated up meals for people and prepared simple snacks. Care plans provided details of what people liked to eat, for example, ‘Please make my breakfast, this usually consists of porridge, a sandwich, and tea.’ The registered manager said staff were flexible with meals and understood that people might change their minds about what they wanted on a day to day basis.

People using the service and relatives told us staff were aware of people’s health care needs and knew when to consult with families/seek medical attention if there was a problem. One person told us, “They will call the GP or the district nurse for me when I need their help. On one occasion [the care worker] called an ambulance for me and waited with me until it arrived.” A relative commented, “If [my family member] has any health problems the carers always ring me on my mobile to let me know.”

Staff gave us examples of how they responded if people appeared unwell. For example, one person using the service had appeared listless and did not want their usual shower. This alerted their care worker that something was wrong so they called the person’s GP and asked for a home visit which was provided.



# Is the service caring?

## Our findings

All the people using the service and relatives we spoke with said the staff were caring. Some people described what this meant for them in practice. For example, one person told us, “The care I get is excellent. Nothing is too much trouble for them. One of my carers came to the hospital when I was ill and brought me some grapes.” A relative commented, “The care my [family member] gets is excellent. The carers are wonderful and they bring her cakes that they have made.”

Records showed that people’s care was provided by either a single staff member or a group of two to three care workers. This meant people using the service, relatives, and care workers had the opportunity to get to know one another and build up supportive and trusting relationships. People using the service were involved in the induction of their care workers who were not agreed in post until people receiving support said they were happy with them as their allocated care workers.

We were given many examples of staff member’s caring approach to the people they supported. For example, one person was not at home for their evening care visit. Staff reported this to the registered manager who informed the relevant authorities. The registered manager and care workers then searched for the person in the local community. This included a search of a local park using torches as it was unlit. They also contacted local hospitals to try and locate the person. The person eventually turned up safely and the staff went to their home to provide support and friendship after this incident.

The service maintained a calendar of birthdays for the people using the service and sent out birthday cards to help ensure the people felt valued and recognised as individuals. The registered manager told us the service did this because, “It’s the small things that matter the most to people and lets them know we care.” Staff understood what was important to people. For example they have supported two people to visit family members who might not have been able to do this without assistance.

All the staff we spoke with understood the importance of providing support that was caring. One member of the

office staff told us, “If you’re in the care business and you don’t care then you shouldn’t be in it.” A care worker said, “Everyone who works here cares about the clients. They are like family to us.”

All the people using the service and relatives we spoke with said that they were directly involved in the planning of their care. One person told us, “I was involved from day one and can always make changes when required.” A relative said, “I was involved in the planning of [my family member’s] care which was important for me.” A friend commented, “They give my friend total respect and try to involve her in her care. They are very patient.”

Records confirmed that people’s written consent to care was also sought and obtained where possible. There were written agreements in care plans signed by the registered manager and, wherever possible, the person using the service. Where the person was not able to sign, or did not have someone who could sign on their behalf, a note was made on file and the local authority informed.

People using the service and relatives also told us staff always consulted with people before providing care. One person said “When they do any personal care they always ask if it’s alright.” A relative commented, “They always ask my [family member’s] permission before they do anything.”

Records also showed that people using the service and their relatives, where applicable, were involved in making decisions about their care, treatment and support. People’s cultural preferences were met. For example, staff were able to communicate with people in a range of local languages including Gujarati, Hindi, Punjabi, English and Swahili. This meant that people and their relatives were able to express their views in their preferred language.

We were told that staff accompanied people to hospital and other health care appointments if they needed support. If requested staff then used their language skills to support people in communicating with medical professionals and making decisions about their health, care and treatment.

All the people we spoke with said staff treated them with dignity and respect and protected their privacy. They also said staff encouraged them to be independent. One person told us, “They treat you with real respect. They are polite and courteous. They always make sure that I do as much as



## Is the service caring?

I can for myself.” A relative commented, “The care my [family member] gets is excellent. They treat him with the respect he deserves and they always make sure he does as much as he can for himself.”

Records showed care workers had been trained to respect people’s privacy and dignity during their induction and when shadowing more experienced colleagues.

# Is the service responsive?

## Our findings

All the people using the service and relatives we spoke with said care workers provided a personalised service that was responsive to people's needs. One person told us, "The carers know exactly what I like and what I don't like. The service is really good." A relative commented, "The carers do understand my [family member]."

People also told us care workers arrived on time or called to let them know if they were running late. They said the care workers always stayed for the full time they were allotted and sometimes longer. One person told us, "They always arrive on time and if they are going to be late they ring to update me." A relative commented, "They always arrive on time and stay until they have finished the job."

Records showed the service was responsive to people's needs. For example, one care plan highlighted that the person had good and bad days. The care plan summary clearly explained the response required from staff to support the person on good days, and the extra support that may be required when they were experiencing bad days. A second care plan detailed the person's life history and emphasised their right to make choice about all aspects of their life including meals, mealtimes, and trips out.

Some care plans lacked detail. For example one read 'please assist me with personal care' but didn't explain what this entailed. Another read 'please ensure I am comfortable before leaving' but again there was no explanation as to how care workers should do this. In some cases information from the local authority's support plan had not been transferred into care plans in sufficient detail to enable staff to provide responsive care if this was the only information they had.

We discussed this with the registered manager who said information was always given verbally to care workers prior

to them commencing any care. She also said that most of the people using the service were able to tell the care workers how they wanted their care provided. While this is understood, more detailed records would help to ensure that responsive care continued to be provided if care workers had to change unexpectedly. The registered manager agreed with this and said she would re-write care plans where necessary.

Care workers explained to us how they provided responsive care. One told us, 'We meet the clients before we begin caring for them and we read the care plan. However I always like to talk to them myself to see if there anything they want done differently or changed.' Another said, "We find out about people's needs in two ways. First we visit them with their current carer and get introduced and learn about what they need. Then we read the care plans. If we need to know anything else we ask the manager."

The service enabled the 'banking' of time for people who using the service. For example, if someone did not require the full length of the care visit on a particular day, the time could be banked rather than lost. A tally of banked time was retained by the office and could then be used to provide extra support to people when they wanted it, for example so staff could escort people to hospital or on a shopping trip. This was a positive response to people's needs and abilities changing on a daily basis.

The complaints procedure was in the service's statement of purpose and service user guide. When we inspected it was in need of updating to better explain the role of the local authority, the Ombudsman, and CQC in dealing with complaints. The registered manager agreed to do this.

Records showed that staff at the service documented all complaints and concerns and recorded action taken in response. This showed staff took complaints seriously and worked with people using the service and relatives to resolve them.

# Is the service well-led?

## Our findings

All the people we spoke with said they were happy with the service provided. They told us the staff were kind and helpful and the care provided was of good quality and met their needs. One person said, “The service provided by Abbey is excellent.” Another person commented, “We have never had to complain and we are very happy with the service.”

People said they were particularly impressed with how well-run the service was. One person said, “Any issues are dealt with on the spot and I get regular checks from the office to make sure I’m happy with the service.” Another person commented, “The office [staff] always respond positively and straight away. The staff are very helpful and nothing is too much trouble.”

People told us the registered manager often visited them in person to check on their well-being and monitor provision. One person said, “The manager came out the other day with some flowers and had a chat to see if everything was alright and ask if I could think of any improvements they could make.” Another person commented, “The manager comes out every so often to check out the care and to see if we are happy.”

The people using the service were consulted and their opinions sought on things they were happy with that they thought the staff did well. They were also asked to comment on things they felt were not working well and how the service could improve. This feedback was obtained through annual satisfaction surveys, but we also saw evidence that informal feedback was also acted upon throughout the year.

The service collated the responses from satisfaction surveys to produce a service monitoring report. This included improvements that had been suggested by people using the service. Examples were ‘improved communication with the office’, ‘regular, monthly and detailed invoices’, and ‘more information about my relative’s care in advance’. The service was able to demonstrate a response to this feedback by showing how it had implemented changes and improvements. They did this by producing a summary action plan. Last year, the

service made changes to ensure that office staff went out and met with service users to introduce themselves and stayed in contact with them every two weeks to check they were satisfied with their care.

The registered manager reported that the results of the satisfaction surveys and the resulting action plans were communicated to people using the service either face to face or via a telephone call and notes were put on file to confirm this.

In discussions staff demonstrated they had strong caring values and a commitment to providing high quality personalised care. The registered manager told us most of the staff had had personal experience of caring for family members prior to working for the service. She said, “We ask them to treat our clients as if they were family members. They will always go the extra mile and if something extra needs doing and is safe then the staff will do it.”

Staff told us they liked working for the service which they thought provided good care. One told us, “My view is that the agency is really good and I would definitely let one of my family members have care from them.” Another commented, “I am very happy with the support I get working for the agency and I would definitely recommend it to a family member if they needed care. All the clients I meet are really, really happy with Abbey and the staff feel the same.”

The registered manager monitored care workers to check they were working well with the people they supported. One care worker told us, “We have spot checks when the manager comes out and observes us to make sure we are doing everything right.”

Staff said the registered manager was involved in every aspect of the service and also worked directly with people using the service which enabled her to get to know them all well. One staff member told us, “[The registered manager] is very good and we all love her – the clients and the staff – she is made of gold.” Another commented, “The manager is brilliant to work for – really supportive. And there’s someone on call day and night if you need advice.”

The service operated an open-door policy and people using the service, relatives, and care workers could contact the registered manager or another senior member of staff for advice and support 24 hours per day.