Abbey Care and Nursing @Home Limited

Abbey Care and Nursing @Home Limited

Inspection report

Packhorse Lane, Paces Campus
High Green
Sheffield
South Yorkshire
S35 3HY

Tel: 01142844868

Date of inspection visit:
28 September 2016

Date of publication:
16 December 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 28 September 2016. 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 location offices when we visited.

At our last inspection on 23 April 2014, the provider was meeting the regulations that were assessed.

The registered provider is registered to provide personal care to people who live in their own homes. Primarily people receiving the service had complex learning disabilities and /or complex health needs. The service was commissioned to provide end of life care. The registered provider is registered to provide services to:- Learning disabilities or autistic spectrum disorder; Mental Health; Older People; Sensory Impairment and Younger Adults. The registered provider supports people who live in the Sheffield area and support packages range from 24 hour support to 4 hour visits. At the time of our inspection there were 42 people receiving a service from Abbey Care and Nursing @ Home Limited.

When we visited there was a registered manager in post, this person was also the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

There were clear procedures in place to recognise and respond to abuse. Staff had received training in this area.

People received the level of support they required to safely manage their medicines.
Risks to people's health and safety were managed and plans were in place to enable staff to support people safely.

There were sufficient numbers of staff to ensure people's needs were met in a timely way.

People were supported by staff that been through a thorough recruitment process and had received appropriate training which was relevant to their roles. This meant people were supported by staff who had the knowledge and skills to provide safe and appropriate care and support.

People received the assistance they required to have enough to eat and drink and have their nutritional needs met.

People were involved in the planning and reviewing of their care and making decisions about what care they wanted. People received the care they needed and staff were aware of the different support each person required.

People were supported to maintain their hobbies and interests and staff recognised the importance of

making sure people who received care and support in their homes did not become socially isolated.

People felt able to make a complaint and knew how to do so.

Positive and caring relationships had been developed between staff and people who used the service and staff recognised the importance of people maintaining and developing new friendships. People were treated with dignity and respect.

People were provided with a safe, effective, caring and responsive service that was well led. The organisation's values and philosophy were clearly explained to staff and there was a positive culture where people felt included and their views were sought.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received the support needed to manage their medicines, and there were enough staff employed to ensure they received care and support when they should.

Staff underwent the required checks before they were employed

Is the service effective?

Good

The service was effective.

People received effective care, provided by skilled, well trained staff. They had their support needs assessed and agreed with them and their families. They received specialist input from community based health services as required.

People's care plans monitored food and fluid intake, and balanced diets were provided to maintain health that also met their likes and preferences.

People were included in decisions about how their care and support was provided when they were unable to do so because the provider worked within the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

The registered manager and staff were committed to providing a caring and compassionate service. This was reflected in their day-to-day practices.

Discussions with staff showed us they had a genuine interest and a very caring attitude towards the people they supported.

People told us that staff treated them with kindness and courtesy, and that they were respectful and treated people with dignity.

People were very complementary about the staff they received support from. They said they respected their opinion and provided support in a caring manner.

Is the service responsive?

Good

The service was responsive.

Care plans were focused on the individual needs of the person being supported.

People knew how to complain. Compliments and complaints were encouraged and responded to.

Is the service well-led?

Good

The service was well-led.

Quality assurance systems were used to keep checks on standards and develop the service. This enabled the provider to monitor the quality of the service closely, and make improvements when needed.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them. They felt well supported by the management team who they said were accessible and approachable.

Abbey Care and Nursing @Home Limited

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 28 September 2016. We gave the provider 48 hours' notice of this inspection. This is because the manager is often out of the office supporting staff and we needed to be sure that they would be available. The inspection was carried out by two adult social care inspectors.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at previous inspection reports.

During our visit to the agency we spoke with the provider, the registered manager, deputy manager three members of staff. We spoke with a further three members of staff. We spoke with three people who used the service and three relatives over the telephone to seek the views and experiences of people using the service. We reviewed the records for six people who used the service and staff recruitment and training files for four staff. We checked management records including staff rotas, staff meeting minutes, quality assurance visits, annual surveys, the staff handbook and the Statement of Purpose. We also looked at a sample of policies and procedures including the complaints policy and the medicines policy.

Good

Is the service safe?

Our findings

The provider had ensured that there were detailed safeguarding guidelines and policies in place, which were in line with the local authority safeguarding procedures. There were no active safeguarding referrals at the time of the inspection. The registered manager and staff we spoke with demonstrated they were aware of their roles and responsibilities in relation to protecting people from harm. They had received training which included details of the types of abuse and the procedure to follow if they witnessed or suspected any abuse had occurred. They told us they would not hesitate in raising any incidents or concerns with the registered manager and/or the local authority's safeguarding team. One member of staff said, "If I saw any poor care I would feel confident in reporting it to my manager without hesitation."

We saw people's care plans contained risk assessments that enabled them to take acceptable risks and enjoy their lives safely. These included risk assessments about their health and aspects of people's daily living, including social activities. The risks were reviewed regularly and updated if people's needs and interests changed. There were also general risk assessments for the home and equipment used that were reviewed and updated. Staff told us about the people they supported and if they had concerns about any aspect of care how they would report it. For example, if a person had a fall or was not eating or drinking well. They told us the benefits of a small consistent staff team meant any signs of a person being at risk were picked up early as they knew people's conditions well. The manager informed us accidents/incident were reviewed to identify any trends or patterns.

The home had a de-escalation and non-confrontational policy rather than a restraint policy and staff had received training in how to defuse any feelings of distress which may manifest itself in behaviour which can be aggressive or unpredictable. There was individual de-escalation guidance contained in the care plans as required and any distressed behaviours were discussed during shift handovers and staff meetings.

There was a robust staff recruitment procedure that recorded all stages of the process. This included advertising the post, providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to not only take account of people's skills and knowledge, but also their values and beliefs. References were taken up and Disclosure and Barring Service (DBS) security checks carried out prior to starting in post. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list of people who are barred from working with people who may be vulnerable. There was also a six month probationary period. This showed us that the provider only employed staff who were deemed suitable to safely work with people using the service.

People and their relatives were complimentary about the care staff and one person said, "The staff must be 'hand-picked' because they are so professional and treat me so well"

The registered manager informed us they had sufficient numbers of staff to provide care and support to people in their own home. They advised us that the staffing numbers were adjusted to meet people's needs. People that we spoke with confirmed that staff were on time and had never missed any of their care calls. The service had an 'on call' system and people we spoke with told us they were able to contact the office at

any time. Staff said the 'on call' rota meant a senior member of staff was always on duty to provide support and guidance out of 'normal' working hours. The agency had emergency contingency plans in place, for example in the case of adverse weather conditions.

Medicines were managed safely. Some people who used the service were unable to take their own medicines safely and relied on staff to make sure they took their medicines as prescribed. This is called medicine administration. Each person who needed their medicine to be administered by staff had a Medication Administration Record (MAR). Some people had their medicines prepared in 'dossett' boxes by a pharmacist in addition to other boxed medicines and creams. Dossett boxes included a description of each tablet so that staff could identify they had administered medicines correctly.

The MAR that we looked at were clearly recorded and matched the information in care plans. There were no unexplained gaps in recording. MAR included details of any allergies as well as contact details for the doctor should any problems arise. Staff were trained and assessed as being competent, before being able to administer medicines. We identified no concerns with medicines management from the feedback we received.

Good

Is the service effective?

Our findings

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 make particular decisions, any made on their behalf must be in their best interests and 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.

For people living in their own home, this would be authorised via an application to the Court of Protection. The care records we looked at included details people's capacity to make decisions had been considered and if able to, they had signed their care plans to indicate they were happy with their planned care. The registered manager told us staff received training about the Mental Capacity Act during their induction. Staff we spoke with had a satisfactory understanding of involving people in decision making and acting in their best interest and we saw they had completed MCA training.

People told us that where meals were provided, staff had consulted with them regarding their individual needs and preferences. Some people had complex needs in relation to eating and drinking. There was clear guidance in care plans about the support people required in this area. The Speech and Language Team (SALT) were involved when required and we noted that individualised SALT guidelines were in place as needed. Staff had received training in how to support people where complex assistance was required, such as PEG feeding.

Training was provided in house as well as by external providers. The service made use of specialists to support training, for example the local respiratory team. We met with a group of six members of care staff who were at the office for training. They told us that they all enjoyed their work and that they felt supported in their roles. One staff member said "We can always speak to somebody (for advice). Managers are approachable".

The staff told us that they received the training they needed to carry out their roles effectively. One member of staff told us "Training is good. We use practical demonstrations. Try to put staff in the position of our clients". We observed this happening in the training session, where the staff practised with each other how to best assist with meals and special diets, such as soft food.

Care staff said that when they started at the service they were provided with a full induction. This included shadowing other members of staff at home visits and attending mandatory training, such as safeguarding and infection control.

Staff were supported through regular supervision where they had an opportunity to discuss work issues in a confidential meeting with a manager. There were also weekly open team meetings which staff told us they attended if they were not on calls and we saw records of these. Staff received a rota each week which showed their call schedule. Staff told us that sufficient time was provided between home visits in order to

travel and arrive on time. One staff member commented that a positive aspect of the service was that they got paid for travel.

People were supported to maintain their health and had access to health services as needed. Support plans contained clear information about peoples' health needs. Many of the people who used the service had complex health needs and we saw that the service made good use of advice and support from other professionals. The service had good links with the local community nursing service, doctors and other health specialists.

Good

Is the service caring?

Our findings

People and their relatives we spoke with confirmed that staff were very kind and caring. For example, a relative told us, "The staff are exceptional, they were chosen very carefully and I had input in it. The relationship they [staff] have with my [relative] is key. They have a super relationship with them and I can trust them implicitly." One person who used the service commented to us, "I am very happy with things. They are very caring and follow the care plan. Any new staff do what they call shadowing. They are always very respectful and they always arrive on time." Another relative told us, "I'm generally very pleased with the service. My [relative] receives 24 hour care and support and has made good progress. The team of carers is very good and is reasonably consistent. There have been some excellent staff."

All of the people we spoke with, including their relatives, told us that care staff respected people's privacy and dignity. People told us that they usually had the same care workers providing care to them. People said that they always knew which member of staff would be visiting and providing their care.

Records showed that staff received training about how to promote and maintain respect and dignity for people and meet their needs in a caring way including caring for people with complex needs. The service had policies and procedures with regard to privacy and dignity and equality and diversity. We saw from standard interview questions that prospective staff were asked about discrimination. We saw anti-discriminatory practise was explored during supervision. This showed us that people's equality and diversity was considered and acted upon.

One member of staff told us "We treat people with respect and dignity. When we have training the focus is on personalised care". When asked what the service did well, a staff member commented "We provide a very good standard of care. We get lots of feedback and compliments are passed on". Care plans described the importance of maintaining privacy and dignity when supporting people. For example, one person's plan included a section highlighting that dignity should be maintained when providing personal care, by drawing curtains and covering people with a towel.

Care plans were written from the person's prospective detailing how they wanted to be supported in all aspects of daily living. The information included how the person may express their needs for example pain, happy, sad or angry. Information was recorded in a positive way and included the positive attributes of the person, for example their sense of humour.

The provider valued the views of people who used the service and their relatives. Some people (who use the service) attend a co-production meeting with the registered provider every six months where they are involved in discussing adult social care provision.

The provider's statement of purpose stated they aimed, "To ensure client's physical, emotional and social needs are met and that their dignity and human rights and choice are always maintained. To recognise the client's diversity ensuring religious, cultural, racial and gender identities are respected and to request clients and their careers respect the rights of staff to the same non-discriminatory approach." The registered

manager explained that equality and diversity formed a regular item in staff supervisions, staff meetings and was considered through individual care planning.

The registered manager told us they were one of two agencies in the area who were contracted to support people requiring palliative care. Their end of life statement stated," Through our work we aspire that people will be supported to make decisions, manage their care, and live well until they die; it is paramount that care is coordinated and planned so that people are cared for and can die well in their place of choice; and families and carers will have the opportunity to prepare for death and the bereaved will have access to practical and / or emotional support should they want it."

We spoke with one member of staff who told us they found this aspect of their role very rewarding. They said, "You work with the whole family, not just the person and you become very close to people. I find a really rewarding part of my job." Another member of staff said, "This is the best part of my job, to be able to make the last weeks of somebodies life comfortable is a real privilege." We reviewed a person's end of life care plan and saw it contained information about food and drink, symptom control and pain relief; psychological, social and spiritual support. This meant information was available to ensure the person's needs were met in the manner they had chosen.

The registered manager told us that people were provided with information as required so that they could access local voluntary and advocacy services when necessary. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

The registered manager explained following their initial enquiry people were given information about the service. They went on to explain because most people using the service had very complex needs a significant period of time was spent completing a comprehensive assessment. This information detailed the support people required and identified any specialist training needed for staff. The assessment also collected additional information to enable staff to develop relationships with people and match people to carers. The registered manager said, "You cannot stress the importance of making sure we have the right staff."

We reviewed four people's care records and could see that a comprehensive assessment had been completed prior to a service starting. This included gathering information from relevant health professionals to ensure the agency could be confident they could meet the person's needs. Each person had a care plan which detailed their assessed needs and how they were to be met by the service. The registered provider demonstrated a very clear understanding and commitment to providing person centred care. Person centred care ensures people receive care and support tailored to their individual need. Care plans were focussed on individual needs and included likes, dislikes and preferences for care and support. There was a clear description of each person's current situation and their needs in relation to areas such as communication, mobility, nutrition and personal hygiene.

There were examples of people being involved in their care plans and what was written about them. For example, in one care plan there was a statement from the person which said "I don't like it when people talk over me. I have my own voice and opinions and will express them". Care plans contained personalised details of how support was to be provided. For example, it was recorded that one person liked a drink in a particular mug.

Some people who used the service had large packages of support which included assistance not only with personal care, but with daily living and social activities. Care plans included details about preferred activities. For example, one person enjoyed hydrotherapy, sensory sessions and art club. People were supported to get out into the local community if they wanted.

Where people had particular needs in relation to communication these were described in good detail. For example, one care plan described the different ways the person communicated, including how their behaviour could change. There was also a description of how the person would let staff know if they didn't want something.

Care plans were reviewed regularly and there was clear evidence that people and their relatives were closely involved in the service they received.

The service regularly and consistently considered the quality of care it provided and took appropriate action where required. This was carried out by speaking with people, their relatives, staff and health care professionals. The service also asked for formal written views and responded to any suggestions and

improvement. For example, there was a comment of the variety and quality of meals provided. The provider has sought advice and training for staff on meal preparation and introducing recipe cards to assist staff.

The people we spoke with felt they could raise concerns and make a complaint and knew how to do so. One person said, "The service is very good so I have no cause to complain. But I'm sure the manager would deal with it properly if I did." Another person said, "I have good relations with the management of the service. The care is good. My [relative] is very happy and looks upon the carers as friends. If I raise issues they are dealt with. For example, we lost [name]'s glasses. The service sorted this out and arranged to get a new pair."

Whilst there had not been any formal complaints made, we saw that where people and relatives had contacted the manager with a concern, prompt action was taken to improve the service. The manager told us they would take any complaints seriously and use them as an opportunity to improve the service.

Good

Is the service well-led?

Our findings

The organisation's values and philosophy were clearly explained to staff through their induction programme and training. Staff were given handbooks describing the aims and philosophy of the service. Staff we spoke with clearly understood the values of the organisation, describing how they supported people as individuals. The registered manager told us the agency's vision was to make a difference to people's lives and this was reflected in the agencies statement of purpose which stated, "They wanted to provide opportunities for individuals with complex health needs and allow service users to live a safe and independent life style in a setting of their choice."

There was a positive culture where people felt included and their views were sought. People we spoke with and their relatives told us that they had regular contact with the registered manager and the service's management team. They knew who to contact if they wished to discuss any concerns about the care and support being provided. One relative said, "I am more than happy with the service and the management - they are very good." The registered manager told us through consultation with people they had made changes to how they delivered their service. Examples included developing staff training to include experiential training such as being supported to eat and that assisting people with their appearance, which is now included in staff induction. People had also commented that because of complex needs, care plans had to be detailed, however the suggestion to have a one page profile at the front of care plans had been implemented.

People's care plans were audited and spot checks were undertaken in people's homes to make sure they were happy with the care provided and also to monitor staff performance. The registered manager told us, "We have to over check because people are so vulnerable and cannot sometimes speak for themselves. I have a responsibility to makes sure their care is right."

Staff told us that they felt the service was well managed and that the registered manager and care manager were 'hands on' (they work alongside care staff providing care) and were available and approachable. They said they felt supported and that they were able to raise issues and concerns at any time.

Staff told us their views and opinions were respected, listened to, valued and acted upon. Staff confirmed that their supervision sessions and staff meetings helped to ensure that information and developments were shared in a consistent and reliable way. Minutes of staff meetings confirmed this to be the case. The registered manager explained the importance of 'workplace well-being' and that they were always looking at ways to acknowledge positively staff commitment. The registered manager said," If we care for staff well, they will care for people who use the service."

The management team undertook a number of audits to monitor procedures to ensure that people using the service remained safe. Audits included the monitoring of people's care plans and risk assessments, discussions with people who used the service and staff, recruitment, health and safety and staff competency checks regarding their working practice. Staff said and records we saw confirmed that the manager and senior staff carried out competency/spot checks to monitor safe practice. Staff told us that they felt able to

discuss any care and support issues or concerns with the manager and senior staff. Where action had been identified there was a clear plan in place to ensure that improvements were made.

The manager and staff worked in partnership with other organisations and this was confirmed by health care professionals we spoke with. Comments we received were positive and any communication issues, concerns and queries with the service were responsive, professional and promptly dealt with.

The current registered manager spoke knowledgeably about the service and had a clear understanding of the requirements of the Regulations. They were clearly passionate about their commitment to providing personalised and responsive care and support, and demonstrated a caring approach in their work.