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Abbey Care

Inspection report

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14 April 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We visited Abbey Care on the 13 and 14 April 2016. Abbey Care provides care and support to people living in their own homes. At the time of our visit, the service was providing support for 80 people, and 41 care and support staff were employed.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected the care home on 28 April 2014. At that inspection we found the service was meeting all the essential standards that we inspected.

At this inspection we found a number of breaches relating to the care plan and risk assessment review records that were not all up to date or had not reflected the changes of the health of people using the service. Medication was not documented safely.

You can see what action we told the provider to take at the back of the full version of the report.

The provider had systems in place to ensure that people were protected from the risk of harm or abuse. Staff were aware of the safeguarding procedure in relation to safeguarding adults and all were aware of the need to inform the manager or a supervisor immediately.

The service used safe systems for recruiting new staff. Staff were recruited safely, with DBS checks in place and annual self-disclosure checks made with the manager. They had an induction programme in place that included training staff to ensure they were competent in the role they were doing in the community. Staff received regular training to enable them to work safely and effectively.

Staff knew what to do if any difficulties arose whilst supporting somebody, or if an accident happened. Incidents and accidents were recorded and learnt from.

The responses from people who spoke with the inspector were that the service was either very good or excellent. People told us they were very happy with the staff and felt that the staff understood their care needs. People confirmed that staff stayed for the length of time allocated and arrived on time. People also confirmed that calls were rarely missed and that an on-call system was always available. All of the people we spoke with had no complaints about the service.

The staff employed by Abbey Care knew the people they were supporting and the care they needed. People who used the domiciliary service and staff told us that Abbey Care was well led and staff told us that they felt well supported in their roles. We saw that the registered manager, office manager and senior staff had a visible presence and it was obvious that they knew the people who they supported really well.

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 mainly safe.

Risk assessment records were not being reviewed and did not work in conjunction with the care plans.

Medication was not documented appropriately.

Staff had been recruited safely. Recruitment, disciplinary and other employment policies were in place.

Safeguarding policies and procedures were in place. Staff had received training about safeguarding vulnerable people.

Is the service effective?

Good 

The service was effective.

Staff had undertaken relevant and appropriate training.

Staff were appropriately inducted and received on going training.

Staff were provided with supervision or an annual appraisal of their work performance.

Is the service caring?

Good 

The service was caring.

People told us that their dignity and privacy were respected when staff supported them.

People we spoke with praised the staff. They said staff were respectful, very caring and helpful.

Is the service responsive?

Good 

The service was responsive.

Care plan review documentation was not always updated.

People who used the service were involved in their plan of care

and, where appropriate, their support needs were assessed with them and their relatives or representatives.

Suitable processes were in place to deal with complaints.

Is the service well-led?

The service was not always well-led

The quality of the service was not being monitored appropriately as documentation was not being completed.

The registered manager was clearly visible and staff said communication was open and encouraged.

The service had a manager who was registered with the Care Quality Commission.

Requires Improvement 

Abbey Care

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 13 and 14 April 2016. We gave 24 hours' notice to make sure that the manager would be available. The inspection was carried out by one Adult Social Care inspector. 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. As part of the PIR the CQC contacted people using the service by sending a questionnaire. We received fifteen responses, all were positive.

An Adult Social Care inspector visited the office on 13 April 2016 and looked at records, which included five people's care records, five staff files and other records relating to the management of the service. We spoke with the registered manager/provider, the office manager, the two co-ordinators and the senior coordinator and five other members of staff. The visit was followed up by the inspector with home visits on the 14 April 2016 to two people who used the service and their families.

Before our inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public.

Is the service safe?

Our findings

People who used the service said they felt safe when supported by the staff. One person who used the service told us "The staff know what they're doing I feel safe, of course". A relative also commented "Staff who visit my relative always ensure she is safe when supporting her, they are wonderful, cant fault them". We received no reports of missed visits and were told that the staff were almost always on time; if delayed they would contact the people and the office to ensure all were communicated with.

We saw that risks to people's safety and well-being had been identified and plans put in place to minimise risk in the original care assessment records. The risk assessments had not been updated and reviewed in one of the five care plans looked at. The registered manager told us that they should be completed annually or sooner if there was any change in the person's needs. An example was care had been increased for a person due to their diminishing health. There was no reviewed risk assessment to inform staff of the change and actions required to minimise the risks.

We looked at the medication administration records (MAR charts) for three people in the community and saw that two were not completed appropriately. The member of staff had administered the medicines in both instances but had not recorded on the MAR's. We looked at the daily record of the visit and there was entries to inform 'Medication given'. For medicines management purposes and to ensure the medicine had been given at the right time and dose, it was important to accurately record on the MAR as one was for covert medication. The relative that lived with the person being cared for said "They have never done this before, they always fill in the medication record". The senior coordinator assured us that the person had received the correct medication and it was a case of not using paperwork correctly.

Staff had received training in medication administration, staff we spent time with told us any issues with medication was always reported to the registered manager who dealt with the issue immediately.

These examples are breaches of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Good governance).

The original risk assessments had been completed with regard to moving and handling, the environment, handling medicines and people's physical health. We discussed how the service monitored equipment that was used in people's homes, this included when equipment was due to be serviced. The registered manager told us that people that were being supported by hoist had staff that were trained to do so; records were seen to be up to date.

Records showed that all staff had completed training about safeguarding adults, some of this training had been identified as needing updating by the registered manager and we saw the training plans in place to update staff knowledge. The provider had a policy on safeguarding and this was dated April 2016. Staff we spoke to were all aware of the need to report any concerns to a senior person and they had knowledge of their own responsibility to report any concerns about their workplace to an outside body if necessary.

We saw that personal protective equipment such as gloves and aprons were provided to staff. The provider ensured all staff were provided with uniforms and protective clothing.

We looked at a sample of five staff files we saw records to show that recruitment and checking processes had been carried out when staff were recruited. We included one latest staff file which we saw had the correct evidence that staff employed were suitable to work with vulnerable people. Qualifications, references and appropriate checks such as Disclosure and Barring Scheme (DBS) records had been checked. The provider had a disciplinary procedure and other policies relating to staff employment.

We saw that the registered manager had accident records that were completed in full. There had been no accident or incidents at the service in the last twelve months.

We also saw the service had disciplinary procedures in place that had been followed according to their policy.

Is the service effective?

Our findings

People we spoke with felt that the staff calling on them were fully trained and had the necessary skills. One person said "Staff are very good at their job". A relative told us "Staff who visit here are very good, they are proactive, they find things to do and just get on".

The service employed 41 care staff, three of the five care staff we spoke with had completed an National Vocational Qualification in care. The coordinators and office manager told us that they had qualifications in care and that care staff were all required to do care qualifications to ensure they are confident and competent in their roles. We spent time with the training and development officer who works at the service once a week specifically to mentor and train staff. He told us that he ensures he keeps staff up to date with social care legislation and that the registered manager ensures all staff are informed.

Care staff had been provided with supervision meetings. The registered manager told us that the office manager and senior coordinator did go into the community with staff and observed them in their role. We looked at five staff files all had supervision records in place. Staff told us they did have supervision with the office manager and senior coordinator and said there was an open door policy and the managers were supportive and dealt with their issues immediately. Staff told us that they had an annual appraisal, records looked at confirmed that appraisals had taken place.

We reviewed five staff files in relation to staff employed and saw evidence that staff had received an induction when they first started working at the service. Records showed that a range of training was undertaken by the staff team and this was confirmed by the five staff we spoke with. The training was provided in house and by an external training company that was situated in the same building. Subjects that had been covered included Dementia, Food Hygiene, Hand Hygiene, Infection Control, First Aid, Moving and Handling, Safeguarding and Fire Training. A training plan was in place for the current year and the manager showed us the training materials and plan that was being used. One relative told us "Staff are well trained and do a good job". In discussion with one member of staff who had been recruited in December 2015 they told us that they had done all training but not moving and handling. When discussed with the registered manager the member of staff attended the training on the 14 April, the second day of the inspection.

One person who spoke with us had food prepared for them by staff from Abbey Care. They said they were very happy with what the staff provided for them.

The care plans we looked at showed care delivery had been agreed to by the person receiving the service or if they lacked capacity their relatives.

Care plans included examples of specialist advice that had been sought. For example, a person had also been provided with a lot of health care professional support and they requested that care staff inform them of any changes to the person's health. Records showed this communication took place regularly to ensure the comfort of the person. One of the home visits we went on had district nurses in attendance, the senior coordinator communicated feedback from care staff and all ensured that the care being provided was

relevant and ensured the comfort and dignity of the person. The relative told us that the service were always willing to adapt they said "Very flexible service, brilliant and my relative really likes them".

Is the service caring?

Our findings

People told us that staff were always kind and compassionate when attending to them. One person who used the service said "They're all caring and I like them all" another person told us "Excellent staff, just brilliant". A relative said "They're excellent and very caring they do a good job of caring for my relatives" and another relative told us "They treat my relative with respect."

People who used the service and relatives were visited by the coordinators and asked about the service provision. They told us that the coordinators worked as part of the team in providing care and support and asked them at all visits if the service was providing what they required. People we spoke with were very happy about the care and support provided by Abbey Care. We were told that staff were very respectful and caring and carried out their role in a professional manner. One relative said "Staff provide the care the way my relative likes it. The staff are excellent and they know how to talk her round, just brilliant".

The people we spoke to felt they were well informed and were also involved in the care being delivered. The care plans we looked at had all been signed and agreed. People and relatives told us that the care was what they required from the service. Two relatives told us that they had recommended Abbey Care.

People and relatives were happy with the continuity of care staff they said "The same care staff visit, they're all brilliant". Another said "Having regular care staff is very important as it could cause my relative anxiety if different carers came; they are very good and understand our needs".

We looked at the information supplied by the service at the homes of two people, both had a copy of the 'Service User Guide' that gave all relevant information about Abbey Care, how to contact and who to discuss any questions or issues with.

We observed that confidential information was kept in the main office that was locked when there were no staff at the office. Files were locked in filing cabinets and all computer access was protected by a password code.

We were told by one relative "I could not have asked for more, excellent care". Another commented "I would strongly recommend Abbey Care".

All of the staff spoken with were really enthusiastic about the service provided, one said "We work hard but I really enjoy my job". Another said "great place to work everyone cares and I think it shows in what we do".

Is the service responsive?

Our findings

The people who we spoke with were more than satisfied with the way care was provided, could not fault the approach of the staff, and felt listened to. They told us that they would certainly be able to express concerns about the service if they had any. All of the people spoken with were sure they would know how to complain if it became necessary and all had not, so far, made any complaints. One person told us "Nothing to complain about, I would speak to the manager if I did". A relative said "They contact me all the time I have no complaints at all".

We saw that information was kept in three different locations. These were the person's home, the lockable cabinet in the main office and on a password protected database. We saw that this information was not always reviewed and information updated to reflect changes that had taken place. In one of the five care files we looked at where a person's care had been increased and visits were now taking place four times a day. The information was not in the copy of the care plan provided to us but was on the computer system and in the community. We discussed the change with the registered manager and were told that staff and the person receiving the care were aware of the care required and that the file in the office had not been updated to reflect the new care plan record.

Abbey Care had a clear written complaints policy and this was included in the information pack given to people when they started using the service. The complaints procedure advised people to contact the registered manager if they wished to raise any concerns and gave contact details for the CQC. We asked people in the community if they had the complaints procedure and had they used it. People told us that they had the complaints procedure and would use it if required. None of the people contacted had complained, there had been one complaint in the last twelve months; we looked at the complaint log that included what action had been taken.

All reported that they had full choice in their care and the way it was provided and they all considered they were in control of the care and support they received. Staff always consulted people about how their support was to be provided.

We spoke with the registered manager and care co-ordinator/senior and we were informed a service was not provided until they had been to meet and assess the person in their home surroundings. Whenever possible a family member was also present. People we spent time with in the community told us the coordinators had visited them on numerous occasions.

We saw records of these assessments in people's care files. The assessment forms had been completed in detail and recorded agreement for the service to be provided. The forms were signed by the person requiring a service or a family member. Following this, the office manager or coordinators gave information about the person to staff and also at times a coordinator accompanied the staff on their first visits to ensure the appropriate and agreed care was going to be provided. This was supported through discussions we held with the five care staff.

Care staff completed a visit log after each visit and we saw that entries were detailed and described the care that had been given and how the person was feeling. The registered manager told us that the staff received training on how to write reports appropriately.

One person who used the service told us "I explained what I wanted, I met with the manager and I agreed. There's a daily diary the carers write in. I have access to read that at any time if I wish".

We asked how staff liaise with any community services on behalf of the people receiving care. All staff told us they would call a doctor/ emergency services if they had concerns. They would always notify the managers or coordinators of any actions taken and record in the daily record actions taken and the outcome. We were able to see how the service was able to contact relevant people to provide appropriate treatment and we saw how the service worked appropriately with other agencies. On a home visit where district nurses were involved, they and the senior coordinator worked together to ensure the person was being care for and all relevant health and social care providers were involved.

Is the service well-led?

Our findings

All the staff who spoke with us said the service was well led. One person told us "The registered manager is very approachable, he always has time. If you have a problem he or the office manager or one of the coordinators will sort it out" another staff member said "I feel very supported the managers are always accessible and always act when I raise an issue". People who used the service told us "The registered manager is good and acts on what they need" Another commented "The manager is good I would recommend this service to people and have done so in the past".

We requested information on how the service was monitored. The registered manager did not have any up to date audits for example of the service user files and staff files. The registered manager told us coordinators did go out in the community to monitor service provision and asked people who used the service to express their views of the service acting on issues and comments made. We were also provided with monthly telephone monitoring records that were completed by coordinators. A random selection of people were chosen and contacted to ask about their service provision.

We did find that a care plan review and risk assessment record was not completed appropriately as written in the safe part of this report.

These examples are breaches of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Good governance).

The registered manager was supported by an office manager, senior coordinator, two care co-ordinators and a training development officer who supported them once a week. The team took responsibility for staff rotas and planning the service. The coordinators also spent time working directly with people who used the service.

The registered manager was the provider who provided staff with all training and development he thought appropriate, this included management training. A senior member of staff spoken with said "It is a great place to work, the staff work hard and the manager is really good and approachable" And "The managers here are so supportive we work so well as a team, it's a great place to work".

The five staff spoken with all told us that the registered manager and office manager were very supportive and had an open door policy which meant they could speak to them at any time they required support. Staff told us that any issues were dealt with immediately. Records of supervision and appraisals we looked at showed that staff were communicated with on a regular basis.

We were able to see how the service worked alongside other professionals such as district nurses and G.P.'s to ensure care services were personalised. An example of this that we saw was the senior coordinator and managers requesting more support for a person who's mobility had become restricted due to their illness.

The services policies and procedures had been reviewed by the manager/provider in 2014, these included

health and safety, confidentiality, recruitment and lone working. People's care files were stored securely to protect their confidential information.

All of the staff spoken with were asked if they thought their service provided good care, all said they did.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not in place to effectively monitor the service and ensure records were relevant and up to date.</p> <p>Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Good governance).</p>