

Abbey Services (UK) Ltd

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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 ●

Summary of findings

Overall summary

The inspection took place on 2 October 2018 and was announced.

Abbey Service (UK) Limited is a domiciliary care agency. It provides personal care to people living in their own homes in the community. Not everyone using the service receives a regulated activity; the CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service was providing personal care to six people living in their own homes.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Staffing levels were sufficient to provide safe care and people were supported by a small and familiar staff team. Recruitment checks had ensured they were suitable to work with vulnerable adults.

People were protected from avoidable harm as staff received training and understood how to recognise signs of abuse and who to report this to if required. Risk assessments were undertaken and action taken to mitigate risks where necessary.

Medicines were managed safely. Staff were trained and were supplied with personal protective equipment (PPE) such as gloves and aprons.

People's needs continued to be assessed before they started using the service and were reviewed to develop their care plans. People received appropriate support by staff to meet their nutritional needs.

Staff asked for people's consent before providing any care. Staff understood the principles of the Mental Capacity Act 2005 (MCA), however we found that the recording of information about people's capacity needed to be clearer where best interest decisions had been made.

People and their relatives had been involved in assessments of care needs and had their choices and wishes respected. The service worked well with professionals such as nurses, doctors, occupational therapists and social workers, to promote people's health needs.

The service promoted a culture of dignified and respectful care. People told us that were supported by staff who were kind and caring. Close and effective relationship had developed between people and staff due to

the small staff team.

Staff were trained and received ongoing support from the registered manager.

The provider had taken action to improve care plans and had included information which was person centred and contained details about people's preferences, likes, interests and personal histories.

People received care and support that was personal to their needs and was responsive to their changing needs.

People had regular contact with the manager and reported no difficulties in raising any concerns about the service if necessary. However, people told us they had no reason to make any complaints.

People, their relatives and staff were positive about the way the service was managed. The service continued to monitor and assess the quality of the service they were providing to people.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good,

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service had improved to Good.

People, their relatives and staff were positive about the way the service was managed.

Since the previous inspection the provider had acted to improve and develop the service.

The service continued to monitor and assess the quality of the service they were providing to people.

Abbey Services (UK) Ltd

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 comprehensive inspection took place on 2 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and the registered manager also provides care to people. Therefore, we needed to ensure that someone would be available at the office location.

The inspection was undertaken by one adult social care inspector.

Before the inspection we checked the information we held about the service. We looked at any notifications received and reviewed any information received from the public. 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 contacted the local authority to seek their views about the service. They told us they had no current concerns. We used all of this information to create our 'planning tool' which helps us to decide how the inspection should be conducted and any key information we need to discuss.

During the inspection we spoke with two people who used the service and one relative. We also visited one person at their home. We spoke with the registered manager and one care worker.

We reviewed four people's care records, looked at one staff file and reviewed records relating to the management of medicines, training and how the registered persons monitored the quality of the service.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People spoken with were complimentary about the service they said, "They are pretty reliable. They're like one of the family" and "They're very good, it's always the same people and familiarity is important."

People told us that staff were usually on time and there were no missed calls. They were positive about the support they received and said that carers knew them very well. They benefitted from the familiarity and consistency. The service was small and the registered manager undertook care visits herself. There were sufficient staff to meet the needs of people currently using the service. The registered manager was in the process of recruiting staff and would only accept new care packages when there were sufficient staff. The provider had contingency plans in place for any emergencies or unforeseen circumstance that may affect the service.

There was an electronic appointment system in place and staff were given sufficient time to travel in between calls. There continued to be an electronic real-time monitoring system in place, which alerted the management if visits were late. This meant that immediate action could be taken. There were no concerns regarding late or missed calls.

Records relating to the recruitment of new staff showed relevant checks continued to be completed before staff worked unsupervised at the service. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

Risk assessments were in place for people who used the service. These assessed potential risks and the actions in place to reduce the risk. They also covered potential environment risks and considered any risks to support staff. The registered manager demonstrated that health and social care professionals were contacted if there were any concerns about a person's safety.

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. We saw that care plans included some information about the support people required with their medicines, however we noted that these could benefit from further details about the support people required. We discussed this with the registered manager who said she would address this. Staff were trained in the safe management of medicines and their competency was checked by the registered manager. The registered manager also undertook a monthly audit of medication administration records (MARs) to identify any shortfalls and if necessary take further action.

The service continued to have systems in place designed to protect people from avoidable harm and abuse. Staff had been trained and understood the signs of abuse and knew what to do if they suspected a person was being abused or at risk of harm. We saw that information was on display in the office which provided

appropriate contact numbers if there were concerns. The registered manager had not needed to raise any safeguarding concerns since the last inspection.

There were systems available to ensure any accidents and incidents were recorded. The registered manager told us there had been no accidents since the last inspection, however if there were these would be investigated to enable the service to learn from them and take appropriate action.

The provider had procedures in place for the prevention and control of infections. Staff were trained and were supplied with personal protective equipment (PPE) such as gloves and aprons.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective. People told us, "I can't praise them highly enough" and "I'm really happy with the service, no question."

People's needs continued to be assessed before they started using the service and were reviewed to develop their care plans. The registered manager met with people and where appropriate, their relatives prior to the service starting. This enabled them to discuss their needs, choices and preferences.

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 told us that staff asked for their consent before providing any care. People were able to sign their care plans to show they had consented to the care provision. The registered manager told us that all of the people who used the service currently had capacity to make their own decisions. She was aware of the MCA and principles which needed to be followed if there were concerns about a person's capacity. However, we discussed one former example where action had been taken in someone's best interests around the storage of medication. Whilst we saw that the MCA had been considered and the person's representatives have been consulted, we discussed how the records viewed could be improved to clarify that the person lacked capacity and actions considered when making a best interest decision. The registered manager said that she would take this into account in future.

Staff continued to receive a period of induction prior to starting work with the service. The induction was in line with the Care Certificate. The Care Certificate is a recognised set of standards that health and social care workers must adhere to in their daily work. The registered manager continued to provide face to face training and a training company provided appropriate training products, which covered a wide range of topics. The registered manager kept her knowledge up to date through various means including websites such as 'Skills for Care'. There were records of one to one supervision sessions between the registered manager and care staff. The frequency of these was not structured, however the registered manager explained as there was only one member of staff at the current time, they had very regular contact and she had oversight of their skills and competency. Staff confirmed they felt well supported and informed about any changes to people's care needs.

People continued to be supported with their nutritional needs. Care plans included information about the support they required, including their likes and dislikes. Where there were any concerns about nutritional risks we saw that appropriate action had been taken. One person's weight was monitored and we saw in another example that guidance from a dietician was being followed. People told us that staff always asked what they would like to eat before preparing any meals.

We saw evidence of the service working effectively to deliver positive outcomes for people. People were supported to maintain their health and wellbeing through access to a range of community healthcare services and specialists. The service liaised with social workers, district nurses, GPs, specialised nurses and others where required. For example, equipment had been provided through an occupational therapy assessment, in response to a change in a person's mobility. Where necessary the registered manager had provided information, and liaised with other organisations such as the provision of technology and sensor equipment.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

Everyone spoken with told us staff were kind and caring in their approach. Comments included, "I look forward to seeing them, I couldn't do without them," and "I like them coming, they are good company and very kind."

The service was small, which meant that staff were consistent and had built up effective relationships with people. People told us they always received the same care staff, who knew them very well. Staff always had an initial introduction meeting with people prior to working with them. The registered manager believed this was important to ensure people felt comfortable and at ease. In another example the registered manager had ensured staff had relevant information about a person's health condition to enable them to offer support and reassurance to the person.

Staff had time to listen to people and provide care in an unrushed way. The registered manager was very knowledgeable about the needs of all the people they supported. They demonstrated a caring approach, for example everyone received an individual birthday present from the service.

The registered manager continued to encourage people and relatives to provide feedback via the homecare.co.uk website, which is an independent website. We saw that numerous compliments had been submitted about the service since the last inspection. These included, "My experience of having an Abbey Services carer is a very positive one" and "(Name) is thriving with the care and support of the care staff."

People continued to be involved in decisions about their care and were involved in the development and reviews of care plans. They told us they were supported to make choices and staff respected their routines and preferences. The service was able to meet people's needs in a flexible way, for example they had recently increased the support to a person whilst their relative was on holiday.

Information about the service was available in a 'service user guide', which gave all relevant information about the service, how to contact and who to discuss any questions or issues with. The registered manager had also advocated on people's behalf to other organisations.

People told us that staff treated them with dignity and respected their privacy. The registered manager promoted a culture of dignity and respect. Staff were able to provide examples of how they respected people's privacy. For example, they explained how they ensured people were always covered during personal care. There was a policy in place for equality and diversity and staff were trained in this area. The service took into account people's diverse needs, for example people were asked if they had any religious, spiritual or cultural requirements.

The provider continued to ensure that people's records were kept securely and confidentiality. They were up

to date and compliant with recent changes to the legislation relating to data protection.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

The service was responsive to people's needs and wishes. People told us, "They fit in with me" and "I can't fault them."

People continued to receive personalised care that was responsive to their needs. Since the previous inspection people's care plans had been developed to ensure they included information which was person centred and provided details about people's likes, dislikes, personal histories and interests. In the care plans reviewed, we saw that information was included which gave clear guidance about how people wanted to receive their care and support. For example one was very specific about how a person liked support with personal care and highlighted certain aspects they liked to do independently. These were up to date and reviewed regularly.

There were example where the service had taken account people's backgrounds when providing care. For example they had accessed the game of scrabble and spent time playing this with one person, who enjoyed this.

Staff told us they were always informed about the needs of the people and could consult care plans, which were held in people's homes and the service's office when required. Daily notes recorded the care and support they provided at each visit and a sample of these demonstrated that care was delivered in line with people's care plans and their wishes. The registered manager also kept a clear records of any actions or communications about people.

Feedback demonstrated that the service worked closely with relatives and they were informed about any concerns or changes to the people's needs. One relative told us that communication was good and the service worked with them to support their relative.

The service identified people's communication and information needs. The initial assessment took into account whether people needed support due to any sensory loss. The registered manage explained how staff used signs to communicate with one person due to communication issues. Staff were knowledgeable about supporting people who were living with dementia. In one example staff had identified the importance of supporting a person to continue their familiar routine at home, which helped them to maintain some independence.

The provider had a complaints policy and processes were in place to record any complaints received and address them in accordance with their policy. There had been no complaints since the last inspection. People told us that they had regular contact with the manager and would have no difficulties in raising any concerns about the service if necessary. However, people told us that they had no reason to make any complaints.

At the time of our inspection, the service was not supporting anyone who required end of life care. However, the registered manager was aware how to access support from other healthcare professionals if required.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the well-led domain required improvement. At this inspection, we found the service had made improvements and we have rated well-led as good.

There was a registered manager in post. 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.

People, their relatives and staff were positive about the way the service was managed. They all knew the registered manager very well and felt able to raise any issues of concerns, as they had regular contact.

Since the previous inspection the provider had acted to improve and develop the service. Care plans had been re-written to include information which was focused on a person-centred approach and detailed how people liked to receive their care and support. Systems were in place and some had been developed by the provider to ensure that information was organised, maintained and up to date. All information requested during the inspection was available. We saw that the provider had several policies and procedures in place. These were reviewed and updated on a regular basis.

We found that the registered manager was passionate about the service they offered and demonstrated that the small team had developed close links with people to provide individualised care. They worked in partnership with other agencies and had developed close working relationships with external professionals including social workers, district nurses, local GP's and other health care professionals. The registered manager had undertaken numerous training courses and kept herself up to date with current research and best practice developments.

The service continued to monitor and assess the quality of the service they were providing to people. Regular audits on medication were completed and action would be taken if any errors were noted. Audits were also undertaken on daily records, risk assessments and care plans, to ensure these were reviewed at least every six months. We saw that where any concerns had previously been raised in relation the performance of staff, the registered manager took swift and appropriate action to address any issues. Staff were encouraged to give any feedback or make suggestions about improvements to the service.

People views were sought about the service. As the registered manager undertook care visits herself to all the people using the service, she was able to gather their views and feedback on a regular basis. Yearly questionnaires were also sent out to people and we saw that there had been no negative comments about the service.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. CQC check that appropriate action has been taken. The registered manager was aware of her responsibility to notify CQC of any significant events, as legally required to do so. There had

been no recent events requiring a notification, but our records indicated that previous notifications had been made as required. The provider's latest CQC rating was on display as required.