

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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection was announced and took place on 21 and 22 March 2016.

The service was last inspected on 13 May 2013 where it was found to be compliant in all the areas that we looked at.

Abbey Services (UK) Limited provides care and support to people aged 18 and over, older people, people with learning disabilities and people with physical disabilities in their own homes. The agency operates from premises close to the Wilmslow area of East Cheshire.

Abbey Services has a registered manager in post, who also provided personal care to people. 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. At the time of our inspection, they were providing personal care to six people.

The people who used the service and their relatives told us that they were treated with respect and kindness by the staff. Comments included, "The carers are excellent. They do everything that we ask for", "they are caring and always tell me that I've only got to ask if there's anything else they can do". People told us that the staff had never missed a call.

The service had a one-time only password (OTP) token system in place that monitored calls. This token was kept within the care plan at the person's house and the carers pressed this to generate a passcode which they then texted to the office where the start and end time of the call would be collated. If the carer was late, the office received an alert after 15 minutes. The office manager could then contact the person and the carer to find out why there was a delay and ensure that the person was safe. We saw this system in operation whilst we were conducting our inspection.

Travel time was factored into staff schedules and they had sufficient time to move between visits.

Arrangements were in place to protect people from the risk of abuse. We spoke to staff about their understanding of safeguarding and they knew what to do if they suspected that someone was at risk of abuse or they saw signs of abuse. Relatives of the people who used the service told us that they felt that their relatives were safe and supported by the staff of Abbey Services. Comments included, "I never worry about him when he is with the carers", "they keep me informed of everything".

We looked at recruitment files for the most recently appointed staff members to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that they were suitable to work with vulnerable adults.

The care files that we looked at contained the relevant information that staff needed to care for the person, however they lacked background history of the people who used the service and some details of their past. The manager acknowledged that this had not been recorded within the care plans and was in the process of reviewing all the care plans to ensure that this was included. However upon speaking with staff, they told us that they had an introductory visit with each person that they were supporting prior to starting work with them and they shadowed a number of shifts before starting work with each person and it was clear through the discussions that they knew the people they were supporting very well.

Discussions with staff members identified that they felt happy and supported in their roles. They told us that the registered manager was supportive and they felt that they could contact her and approach her at any time. Comments included, "I feel well supported and can contact Jackie at any time", "the manager is approachable and very helpful".

The service had a quality assurance system in place which used various checks and audit tools such as questionnaires and spot checks to monitor and review the practices within the service. The manager also encouraged people using the service and their relatives to provide feedback to carehomes.co.uk as this was independent of the service. The provider told us that this enabled the service to receive continual feedback and address any areas of concern immediately to ensure that the people using the service received a high standard of care.

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.

Arrangements were in place to protect people from the risk of abuse. Staff were aware of their responsibilities to protect people from the risk of abuse. People using the service and their relatives told us that they felt safe and secure when staff visited them in their own home.

Good systems were in place to monitor whether visits were carried out on time and the staffing levels were sufficient to meet the needs of the people using the service. All visits were carried out in full and people reported that staff were never rushed.

Medication was well managed and the medication charts that we viewed were detailed and clear.

Recruitment records demonstrated there were systems in place to help ensure staff employed at the service were suitable to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

People told us that they felt well cared for and they had no concerns about staff knowledge and skills.

Records showed that staff had received induction when they began working for the service and they were able to access support and training to build upon their knowledge and skills.

Detailed daily records were kept that monitored any changes to people's health and wellbeing and there was good communication between staff and the manager to ensure that relevant services, such as GPs or other health professionals were accessed to support people.

Is the service caring?

Good ●

The service was caring.

The people that were using the service and their relatives told us that the staff were kind and caring. Comments included, "they are caring and kind", "they always go the extra mile, thinking what things might help my mum".

People received continuity of care from a small team of dedicated staff who knew them and their needs and their preferences well. This had helped staff and the people who used the service to develop positive working relationships so people received care and support in a manner that suited them and met their needs and personal preferences.

Is the service responsive?

Good ●

The service was responsive.

The size of the company meant that they could be responsive to people's needs in terms of the care that they wanted and there was flexibility built into the staff rota that they could respond quickly if someone wanted additional care.

Care plans gave guidance for staff to be able to support people in their care to meet their individual needs. The care plans were updated on a regular basis so staff would know what changes if any had been made. The care plans were not always written in a person centred way and were task orientated, however from discussions with staff and people using the service, it was evident that the staff knew people they were caring for very well and the care that was delivered was person centred.

The provider had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. We looked at the most recent complaints and could see that these had been dealt with appropriately.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The manager talked with people who used the service and their relatives on a regular basis to gain their opinion of staff and the services that were provided. People were encouraged to feedback through a number of different avenues so information about the quality of the service was gathered on a continuous and on-going basis. Spot checks and regular visits were carried out to people to ensure that they were happy with the service they received.

The provider had a quality assurance system in place which used various checks and audit tools to monitor and review practices within the service. This included the use of questionnaires and reviews of care plans.

The manager did not always keep records of supervisions that were taking place with staff.

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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 21 and 22 March 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and the manager provides care so is often out during the; we needed to be sure that someone would be in. The inspection was carried out by two adult social care inspectors on the first day and one adult social care inspector on the second day.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit. We invited the local authority to provide us with any information they held about Abbey Services. They told us that they had no current concerns.

The provider and registered manager were available throughout the inspection to provide documentation and feedback.

During the course of our inspection we spoke with three people who used the service and three of their relatives. We spoke with the registered manager and provider as well as four carers.

We visited two people separately in their homes with their permission. We looked at care records for four people who used the service. Records reviewed included: call monitoring software, policies and procedures, five staff files covering recruitment and training records, medicine administration records (MAR), staff rotas and complaints.

Is the service safe?

Our findings

Discussions with people who used the service identified that they felt safe and well cared for within their own homes. Comments included, "I am content with them, they always come on time", "I'm happy with the service".

Relatives who we spoke with told us that they felt the service was safe and they had no concerns. Comments included, "I would trust them if I needed to go out", "They are excellent, they always turn up on time and we have never had an occasion when they haven't come", "I'm very pleased with the help they provide my Mum. They always keep me informed, which is important so it's really good".

On the day of our inspection, we initially met with the registered manager and the provider. They were able to provide documentation in relation to call monitoring, staffing, safeguarding, medication and risk assessments to enable us to check systems and ensure procedures were being used effectively.

We looked at the staffing list and there were 8 people who currently worked for the agency and there were currently 8 people receiving a service, 6 of whom were receiving personal care. We asked the manager if there were sufficient staff to meet the needs for the different people at the times of their choice. The manager advised that they were a small company and they did not take on any new clients unless they had the staff capacity to provide a service. We checked the staffing rotas and noted that the pattern of staffing was consistent throughout the week and that the visits had adequate space between them in order for staff to travel between visits as required. The manager also stated that there were sufficient staff to cover any sickness and holidays due to the spacing of the visits. The manager also delivered care each week, so she was also able to fill in for any staff where there were emergencies. The provider had a pool car for use by all staff in case of any instances where staff had problems getting between visits. People supported by the service told us that the staff always turn up on time and that they always stay for the length of the visit.

When we spoke to staff, they agreed that they had sufficient time to travel between their visits and they did not have any problems with reaching the different destinations on time. One member of staff told us, "it's a small company and a small number of clients so we're never rushed and we've always got enough time". The service had a one-time only password (OTP) token system in place that monitored calls. This token was kept within the care plan at the person's house and the carers pressed this to generate a passcode which they then texted to the office to indicate the start and end time of the call. If the carer was late, the office received an alert after 15 minutes. The office manager could then contact the person and the carer to find out why there was a delay and ensure that the person was safe. We observed the OTP token system in action, as a carer had not logged in within the allocated 15 minutes of arriving at the visit. The provider was able to contact the carer and ensure that they had arrived at the visit.

As part of the pre-assessment the manager explained that they had a grading system which identified the dependency needs and type of service that the person wanted prior to taking on any new clients, for instance a grade 3 visit could never be late as there was medication that needed to be taken at a specific time, whereas there was more flexibility with a grade 1 visit as there were no immediate needs. This was

used to then inform whether they had capacity to take on new clients and whether additional staff were needed prior to accepting this person. The manager told us that they had never had a missed call. Staff told us that they had received training in protecting vulnerable adults and had read the provider's safeguarding policy. We were able to view training records and could see that all the staff had received this training within the last year. All staff spoken with demonstrated their understanding of the process they would follow if a safeguarding incident occurred or they had any concerns about one of the people they provided care to. One person told us, "I would contact the manager or if I was worried the manager was involved I could contact the local authority". Staff were clear about the meaning of the term 'whistleblowing' and they were clear that they would report any concerns regarding poor practice to either the manager or equally that they could report this externally and they were all aware of the need to escalate concerns about people's welfare both within the organisation and externally. Services which are registered are required to notify the Care Quality Commission (CQC) of any safeguarding incidents that arise. Abbey Services had not had any safeguarding incidents, however our records showed that they were providing other notifications to the CQC when required.

Risk assessments were contained within the care plans that identified risks to people's health and wellbeing such as falls, nutrition, medication, infection control. Records showed that these were updated when there was any change to the person's care to ensure that the people who used the service were safeguarded from unnecessary hazards. Risk assessments were also carried out of the premises and the environment to ensure that staff were aware of any associated risks and plans were put in place to ensure that they were safe whilst carrying out the care in the person's home.

Most of the time, the same carers were providing care to the same person, however staff told us that they recorded details of the care provided at the end of every visit and this ensured that there was a record of any issues or areas of concern and should anyone else be required to provide care, they would be able to provide appropriate care and support. We were able to view copies of the daily records and could see that these were very detailed and provided a good level of information.

We looked at the staff files for five members of staff to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held a photograph of the employee, suitable proof of identity, an application form as well as evidence of references.

We checked the medicine arrangements and we saw that the practices for administering medicines were safe. We saw that the people administering medication had received the appropriate training. We checked six Medicine Administration Record (MAR) sheets and could see that the records showed people were getting their medicines when they needed them and at the times they were prescribed. The records were detailed and clear. We were also able to view the records during one of the home visits that we undertook and again could see that the medication records were clear. The provider had a system in place whereby if a carer was collecting a new medication they took a photo of the medication label and then a MAR sheet was typed up by the office to try to combat any errors. Records showed that medication records were also audited each month to ensure the safe recording and administration of medication. Where any errors were detected, the manager informed us that staff would be observed or receive additional training on medication administration and the importance of completing the MAR correctly.

Both staff and the people receiving the service told us that staff were provided with protective equipment such as gloves and aprons and they wore these at all times. One person told us, "they always wear their

aprons when they are doing my food". This was to try to reduce the risk of infection.

Is the service effective?

Our findings

People we spoke with told us that they were well cared for by people who had the skills and knowledge to look after them. Comments included, "They find out what I like and dislike by talking to me", "they know what I want", they ask permission before doing things and are always asking if there is anything they can do". We also spoke to relatives of the people who were receiving the service and they told us, "These are the ideal carers that I would like and they always do exactly as we want", "he is very comfortable with the carers and they respect his dignity and always ask him before they do anything", "they know her extremely well".

Staff told us that after interview and prior to starting work they had a period of induction. This included thorough training in areas such as manual handling, safeguarding, infection control and medicines. The staff members also confirmed that they shadowed a number of shifts before starting work within the service. All the members of staff confirmed that they had had an introductory visit with the person to whom they would be providing care prior to shadowing the shift, which gave them the opportunity to find out about the person as well as their needs.

All the staff members we spoke with told us that they received on-going support and supervision on a regular basis. One person told us, "I get regular supervision and feel really well supported and can contact her (the manager) at any time". We asked to see the records and the provider was able to give us some records of supervision and appraisals, but acknowledged that she had not kept records of all the supervisions that had been carried out as some had been more informal, therefore it was difficult to confirm how frequently the supervisions were taking place.

All the staff we spoke to confirmed that their training was up to date. Training records showed that staff had received training in all the key areas such as fire safety training, risk assessments, food hygiene, safeguarding and infection control within the last 12 months. The manager had been trained as a trainer so she delivered training to staff. We viewed the training materials and saw that these were comprehensive and very thorough. None of the staff that we spoke to had worked for the provider for longer than a year, therefore no-one had completed refresher training. We saw records that some staff had received additional training in certain areas. However the manager was currently reviewing the training programme and putting a structured plan in place to ensure that all staff received refresher training in key areas such as safeguarding and medication on a regular basis. The manager also accompanied each member of staff to their initial visit to a person and went through all the equipment and the person's care needs to ensure that staff were competent to deliver care to that person. The manager also completed spot checks to homes in order to ensure that the standard of care remained high.

The information we looked at in the care plans was often task based and contained limited information about people's preferences. However upon speaking with staff they had the opportunity to find out about the person prior to starting work with them during the initial meeting. This meant that they were able to respect people's wishes regarding their chosen lifestyle. We spoke to the manager regarding this as in one instance the care plan provided an excellent level of information and detail to staff providing care. In other instances, the level of care that was being provided was not as extensive. The manager had already

identified the need to accurately record background information and personal preferences within all the care plans that she and all the staff members knew about each person. The manager was in the process of reviewing all the paperwork to ensure that their knowledge was reflected in the care plans.

We asked staff how they made sure that the care they were providing was what the person wished. Staff told us in the majority of the cases, they could ask the person directly and gain consent and there was also information contained within the care plan to guide them about their needs and preferences. People we spoke to using the service confirmed that carers would always gain their consent prior to carrying out any tasks. We noted in the care plans that people or their representative had been asked to sign their consent to receiving the care prior to the care commencing.

We could see in the care plans that the service had contacted the relevant health and social care professionals when people needed additional support for instance a GP where advice was sought to help treat the person appropriately and in a timely fashion.

Discussions with staff showed that they understood their role in identifying and referring people who had experienced a change in their mental capacity. 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. The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection. Staff told us that if they noticed any change in the capacity of a person using the service, they would refer this to the manager. The manager confirmed that she made an assessment of capacity at the initial assessment as well as noting any changes. In instances where a person lacked capacity they would make contact with the local authority in order that they would assess the situation and take appropriate action in the person's best interests.

In one care plan we saw very detailed information about the person's likes and dislikes in relation to food, including details of which shop they preferred one food item to be bought. In this instance, the person was identified as being at high risk of malnutrition and additional monitoring of fluid and food intake was undertaken. We viewed these records and they were up to date and very detailed.

Is the service caring?

Our findings

We asked people receiving a service from Abbey and their relatives about the staff that worked for the service. Everyone that we spoke to about the staff was positive about the care and attitudes of the staff. Comments included, "They are caring and kind", "they are kind, the carers".

Relatives that we spoke to told us, "they are very kind to my husband and always make things cheerful. They are excellent", "they are very caring", "they are extremely good, very kind and very caring. It takes a special kind of person to do this job and they always do a great job. They always go the extra mile, thinking what things might help my mum".

The manager encouraged people using the service and their relatives to provide feedback via homecare.co.uk website as this is an independent website. We were able to view the site and the positive comments that people had posted there. These included, "the company is a credit to the caring industry", "the carers are very caring, compassionate and good companions to my mother", "Abbey Services kept their promise of just being a couple of carers going in and this has really helped Dad so much. There is plenty of communication between us, so I know exactly what is going on and any changes. I can't speak highly enough of the agency".

The staff members we spoke to showed they had good understanding of the people that they were supporting and were able to meet their various needs. The staff mainly worked with the same people all the time and were able to build up good relationships with people. They told us that they enjoyed working for Abbey Services and had very positive relationships with the people they worked with. Comments included, "I'm really enjoying it", "I enjoy my job and everyone is happy", "I'm really enjoying it", "it's one of the best companies that I worked for".

People using the service and their relatives told us that the staff respected their dignity and always explained what they were going to do prior to carrying out any actions. They spoke of the carers taking their time and always having time to have a chat with them. Comments included, "they always stay the full time", "they know what I want". Relatives also commented that staff knew people very well. Comments included, "they know her extremely well and always ask before they do something".

People using the service and their representatives felt that they had been involved in developing their care plans and the opportunity to discuss things at the assessment visit prior to the care starting. Staff also spoke of the importance of their initial meeting with people prior to starting work with them. This enabled them to get to know the person a little prior to starting work. The manager told us that they provided laminated photographs to people who were living with dementia of the carers that would be visiting their homes in order to minimise confusion and help familiarise them with the carers.

Personal information about the people using the service was securely stored in the office of Abbey Services to ensure that confidentiality was maintained.

A service user guide was available as part of the care plan which was kept in each person's home. This gave detailed information about how the service was run. This information included details of the services which could be provided, care and treatment, fees and how to make a complaint. We noted that everyone we spoke to knew that if they needed information they had ready access to this in their care file. A copy was also kept at the main office of Abbey Services. The care plan also contained a copy of the Statement of Purpose so people were clear on the values and ethos of the service. People who were supported by the service had been provided with relevant documentation which included their care plan and a copy of the service user guide.

Is the service responsive?

Our findings

One of the care plans that we viewed was very detailed and personalised containing a high level of information about this person's preferences. However the other three care plans which we viewed were less personalised and more task based and did not contain any information regarding the person's past history. However, these people were receiving very low levels of personal care and mainly domestic assistance. It was very apparent upon speaking with staff and the manager, that due to the size of the company and the fact that they supported the same people most of the time, they knew the people using the service very well and knew all their past history and their likes and dislikes and the care that was delivered was done so in a person centred way. The people using the service and their relatives confirmed that the staff knew them very well and knew exactly what they liked and disliked. We spoke to the manager regarding the care plans. She told us that she was in the process of reviewing these to ensure that the knowledge and information that was held by her and staff was captured within the care plans.

Everyone using the service at the time of our inspection had received a pre-admission assessment to ascertain whether their needs could be met. As part of the assessment process the manager included comments and information from the person's family. We looked at the pre-admission paperwork on the four care plans that we viewed and could see that assessments had been completed. We spoke to people on the telephone and visited two people at home and could see that the assessments reflected their needs.

We could see that the care plans had been written from the information gathered during the assessment carried out by the manager prior to commencement with the service. We looked at four care plans in detail and could see that they had been written to give guidance for staff to be able to support the people in their care. Any changes to the care were clearly documented in the daily records. Since in the majority of cases, it was the same person delivering care to each individual the need for handovers was reduced.

We noted that the daily records in each care plan gave a detailed overview of what services had been provided at each visit and how they had been arranged around the wishes and choices of the individual. Through these records, staff were then able to pick up any changes to the person's health and wellbeing. We also viewed daily records that were kept in the office regarding any communication between the care staff and the manager, which included where there had been liaison between different services such as GPs or opticians. This enabled any individual care needs to be responded to as and when required. A member of staff commented on how responsive the manager was in these circumstances, "I noticed an issue with a person on Sunday and the manager gave me advice about ringing 111, then she kept checking in with me all day to see whether I'd received the advice and how she could support me and the person".

People we spoke to also commented on how responsive and flexible the service was. One relative told us, "We asked to change our hours and she responded straight away and she's very responsive, if I need extra hours, she can work things around to help us out. If there are any problems, we discuss it between us and they can be very flexible". Due to the size of the company the manager was able to accommodate people's requests in terms of the care they wanted and the times which they wanted this delivered.

The provider had a complaints policy and processes were in place to record any complaints received and address them in accordance with their policy. The service had received one complaint in the last year and we could see that this had been fully investigated and resolved within the timescales set out in the policy.

People we spoke with told us that they knew how to complain and that the complaints policy was included in the care plan. Everyone we spoke to said that they knew how to make a complaint. Comments included, "I would speak directly to Jackie if I needed to complain", "there is nothing to complain about, but I would ask my daughter to help if I needed to".

Is the service well-led?

Our findings

The registered manager told us that information about safety and quality of the service provided was gathered on a continuous and on-going basis via feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate. She carried out care herself so would see or speak to each person receiving a service each week. She carried out spot checks on a regular basis and sought feedback via questionnaires. The questionnaires were completed after the initial six weeks and then annually. We were able to view a sample of the questionnaires. Comments included, "provides an exemplary service", "I am very happy with everything Abbey Services are doing for my Dad. Thank you so much for what you are doing". The manager also encouraged people to provide feedback to the website homecare.co.uk and provided people with cards in order that they could do this.

We asked the people and their relatives about how the service was managed and run. Comments included, "the manager is very professional and very on the ball with paperwork and everything", "it seems to be very well-led as an organisation", "Jackie, the manager is very good", "I have a meeting every two or three months with the care manager about my Mum and can contact her at any time in between". Everyone we spoke to commented on how they could contact the manager at any time to discuss any concerns.

As part of the inspection, some of the folders and documentation we requested was not available. We asked to see supervision records and the manager was not able to produce these for all staff.

The manager was in the process of reviewing the care plans for all the people receiving a service however at the time of our inspection they were not written in a format that was person centred and did not include information about people's likes and dislikes.

We found that Abbey Services used a variety of methods in order to assess the quality of the service they were providing to people. These included regular audits on medication, risk assessments and care plans. Where errors were detected, for instance on medication, observations of staff would be completed and necessary training would be put in place.

Staff members we spoke with had a good understanding of their roles and responsibilities and were positive about how the service was being managed and the quality of care being provided. We asked staff how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns that they had. They said that they could raise any issues and discuss them openly with the manager. Comments from the staff members included, "the manager is very thorough and approachable", "I find Jackie to be really good, she's very on the ball and very responsive to me", "she's very approachable and very helpful".

The manager acknowledged that she did not hold staff meetings as they were a small company, but that she contacted staff regularly by telephone to update them on any issues and check whether they needed any support. Staff confirmed that this was the case, one person told us, "she is always there, you can contact her or make an appointment to go and see her. We can contact as and when we need to".

We recommend that the manager considers improving written records with regards to staff files.

We recommend that the manager may wish to consider current good practice guidance in relation to person centred care planning when reviewing the care plans.