

Abbey Care (NW) Limited

# Abbey Care

## Inspection report

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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

### About the service

Abbey Care is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection, the service was providing care to 37 people. Some of the people supported had a learning disability or autism.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right support: People's independence was respected and promoted.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right care: People received care that was tailored to their needs and wishes.

Right culture: There was a strong, person-centred culture. People received care from highly motivated staff who were proud to work for the service.

Medicines were not always managed safely. Not all records showed that people received their medicines as prescribed. Staff currently administering medicines had not had their competency assessed in line with best practice guidance.

Auditing systems were in place. However, we found that they were not always effective. This meant there was a risk that opportunities to improve quality and safety could be missed. We made a recommendation regarding this.

Staff knew people well and could describe the action they would take to reduce the risk of avoidable harm when delivering care. Accidents and incidents were recorded and responded to appropriately. Staff were safely recruited and deployed in sufficient numbers to meet people's needs. People and relatives told us they felt safe when staff supported them. Comments included, "I feel safe because I know [person] is safe, we trust the carers." Staff followed good infection control practices and used PPE to help prevent the spread of healthcare related infections.

People's needs were assessed when they first started using the service and assessments were detailed and

focused on people's personal likes and preferences as well as their physical care and support needs. Staff checked on people's well-being and told us what they would do if they had any concerns about people's health. One person told us how staff went above and beyond and checked on them between care calls when they were not feeling well. Staff received an induction and completed mandatory training to carry out their job roles effectively.

There was a strong, person-centred culture within the service. People and their relatives were overwhelmingly positive about the care and support they received. Comments included, " I don't know what I'd do without them [staff] , they are all good. The look after me well." People received sensitive support to maintain their privacy, dignity and independence.

Care plans contained detailed information about people's routines, likes, dislikes and preferences. Care was focussed on ensuring people achieved positive outcomes. People's care plans contained some details for staff to help them communicate with them effectively. Staff supported people to stay in contact with those important to them. There was an effective complaints management system in place.

The registered manager and staff team were open, receptive to feedback and keen to develop the service. People and relatives felt that the service was helping to meet their needs, preferences and outcomes. The service involved people and their relatives in a meaningful way. People and relatives gave us positive feedback about the friendly and positive nature of the registered manager and staff team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 16 November 2020 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 18 August 2017.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the safe administration of medicines at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Abbey Care

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 October 2022 and ended on 11 October 2022. We visited the location's office on 6 October 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used information gathered as part of monitoring activity that took place on 4 July 2022 to help plan the inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service about their experience of the care provided and 4 relatives. We spoke with 8 members of staff including the registered manager, care co-ordinators and care workers.

We reviewed a range of records. This included 4 people's care records and medication records. We looked at 2 staff files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely.
- Not all records showed that people received their medicines as prescribed. For example, the records for a person who received their medicines topically did not evidence administration in accordance with the prescriber's instructions. This meant there was a risk of potential harm to that person.
- When people required support with medicines, they did not always have a care plan in place. This meant people were placed at risk of harm as information was not available to guide staff to ensure safe administration.
- Staff currently administering medicines had not had their competency assessed in line with best practice guidance. This meant there was a risk that medicines could be administered by staff that did not have the skills to do so safely.
- The systems used to audit the medicines at the service were ineffective as they had not identified all issues found during this inspection.

We found no evidence that people had been harmed however, the provider had failed to ensure the safe administration of medicines. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately after the inspection to outline the action they would take to improve medicines management. This included increased auditing of medicines, scheduling of medication competency checks and improved records relating to the administration of topical medicines.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff knew people well and could describe the action they would take to reduce the risk of avoidable harm when delivering care. However, not all risk assessments reflected this level of detail and there were some inconsistencies in how risk was assessed. The registered manager was receptive to our feedback and took immediate action to improve risk assessments during the inspection process.
- Accidents and incidents were recorded and responded to appropriately.

### Staffing and recruitment

- Staff were safely recruited and deployed in sufficient numbers to meet people's needs.
- The provider had implemented an electronic call monitoring system (ECM) to ensure care calls were taking place as planned. However, the system did not always provide effective oversight as staff did not always log in to their calls. Please see the well led section of the report for our recommendation regarding

this.

- Electronic call data showed that there had been no missed calls. However, the records showed that many calls were completed by office staff which took them away from their governance roles and increased the risk of ineffective contingency planning.
- The registered manager was honest about staffing challenges and had worked hard to recruit more staff. Action plans were in place to ensure vacancies were filled.
- People we spoke with told us they were supported by a consistent staff team who were competent in their roles.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and knew how to make referrals to the safeguarding authority.
- People and relatives told us they felt safe when staff supported them. Comments included, " I feel safe because I know [person] is safe, we trust the carers." and " They[staff] look after me well and keep me as safe as they can."

Preventing and controlling infection

- Staff followed good infection control practices and used PPE to help prevent the spread of healthcare related infections.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff asked people for their consent before they provided care and support. They did this to promote people's rights to accept or refuse support.
- We identified a lack of understanding regarding MCA processes and when there was a need to complete a mental capacity assessment. This did not negatively impact people as all people currently supported had the capacity to make decisions. The registered manager was responsive to feedback and updated the initial assessment and review process to ensure capacity assessments were completed when required.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed when they first started using the service and assessments were detailed and focused on people's personal likes and preferences as well as their physical care and support needs.
- Care plans showed detailed information around people's eating and drinking needs.
- Staff were responsive when they identified changes to people's dietary needs. One relative told us how staff were quick to refer to dieticians when they noticed their loved one was not eating as well as they once did.

Staff support: induction, training, skills and experience

- Staff received an induction and completed mandatory training to enable them to carry out their job roles effectively.
- There were processes in place to complete supervisions and spot checks however, these had not always taken place in line with the providers schedule. The registered manager had an action plan in place to address this.
- Staff told us they felt fully supported in their roles.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- There were effective systems in place for staff to escalate any concerns they had about people's health, ensuring appropriate input and advice from relevant health professionals was sought
- Staff checked on people's well-being and told us what they would do if they had any concerns about people's health. One person told us how staff went above and beyond and checked on them between care calls when they were not feeling well.
- Staff understood the importance of working with healthcare professionals to ensure people achieved good outcomes in relation to their health.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- There was a strong, person-centred culture within the service. Staff were caring, compassionate and highly motivated and were proud to work for the service.
- People and their relatives were overwhelmingly positive about the care and support they received. Comments included, "I absolutely adore them [staff] so does [person], they are actually like family, they are all so lovely" and "I don't know what I'd do without them [staff], they are all good. They look after me well."
- People and their relatives were involved in the planning of care needs. Care plans were reviewed regularly to ensure people's views were considered.

Respecting and promoting people's privacy, dignity and independence

- People received sensitive support to maintain their privacy, dignity and independence.
- Care plans were written in a way that promoted people's independence. One person told us, "I do as much as I can and [staff] respect my independence, they help me with what I can't do."
- People and their relatives gave many examples of how staff respected their privacy and dignity. Comments included, "The carers are well mannered" and "[Staff] respect me, they knock on the door and say who it is before they come in."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received a responsive and person-centred service.
- Care plans contained detailed information about people's routines, likes, dislikes and preferences.
- Care was focussed on ensuring people achieved positive outcomes. For example, we saw a person had a goal to walk their dog. Records clearly showed how this person achieved their goal with support from staff.
- People and relatives confirmed they could speak to the registered manager or coordinators if they had anything they wanted to change about their support. These changes were listened to and respected.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans contained some details for staff to help them communicate with them effectively and included information about sensory aids such as glasses and hearing aids.
- The provider understood the importance of making information accessible. They had developed policies such as complaints and safeguarding in an easy read format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to stay in contact with those important to them. For some people, relatives were very involved in the care and this was acknowledged in care plans.
- People were supported to take part in activities of their choosing. One person told us, " I go out shopping with [staff], it's brilliant, it's like going out with 1 of my mates."
- People and relatives spoke highly of how the service had improved their lives and those of their families, which in turn helped to improve relationships.

Improving care quality in response to complaints or concerns

- There was an effective complaints management system in place.

End of life care and support

- The service was not supporting people with end of life care at the time of this inspection.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Auditing systems were in place. However, we found that they were not always effective. For example, not all concerns found with risk assessments, electronic call monitoring and medicines management had been picked up by the providers monitoring systems. This meant there was a risk that opportunities to improve quality and safety could be missed.
- The registered manager delegated audits. However, they did not always have full oversight of the outcomes to ensure all relevant legal requirements were understood and met.

We recommend the provider reviews their governance systems to ensure the registered manager has oversight of all areas of care provision and information is recorded with action taken to drive improvements in quality and safety.

- The registered manager and staff team were open, receptive to feedback and keen to develop the service. They embraced the inspection process as a learning opportunity.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives felt that the service was helping to meet their needs, preferences and outcomes.
- The registered manager was open and honest with people when things went wrong and reported events to external authorities where this was necessary.
- People and relatives gave us positive feedback about the friendly and positive nature of the registered manager and staff team. One relative told us, "[Registered manager] is lovely, very approachable and from what we have seen he is a caring person and takes pride in his job."

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service involved people and their relatives in a meaningful way.
- It was clear in people's care plans when reviews took place or whether people and relatives were involved in discussions about their care. One relative told us, "We have a care plan in the house, we were fully involved in the process and we have reviews every couple of months, any issues get ironed out quickly."
- The registered manager understood the importance of working closely with external professionals to

ensure people achieved good outcomes.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure the safe administration of medicines