

Ms Nasrin Begum

# Abbey Support & Services Limited

## 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

Abbey Support & Services Limited 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 support for 24 people residing in Leicester.

Abbey Support & Services Limited 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.

The announced inspection site visit took place on 3 December 2018.

Abbey Support & Services Limited was previously inspected by the Care Quality Commission on 8 August 2017, where we had identified two breaches of the regulations. The overall rating for the service was requires improvement. During this inspection we found the required improvements had been made.

Following the last inspection of 8 August 2017, we asked the provider to complete an action plan to show what they would do and by when to improve medicine systems and processes and to ensure effective governance of the service. We found improvements had been made.

People's records provided information as to the medicine they were prescribed and who was responsible for its administration, such as family members or staff. Staff signed records, where they had the responsibility for administering medicines or applying prescribed creams.

Systems to monitor the quality of the service were found to be effective. Where shortfalls were noted by the registered manager action was taken by them to bring about improvement. The action taken was recorded and communicated with staff.

People's safety was promoted by staff who implemented the guidance as detailed within people's risk assessments and care plans. People received their medicines in a safe way. Staff were knowledgeable about people's care and support and the importance of using equipment to support in the delivery of care safely.

People and their representatives spoke positively about the consistency of a team of staff in the provision of care, which meant people were comfortable and relaxed when they received personal care and support.

People's needs were assessed to ensure the service and staff could meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrict way possible; the policies and systems in the service supported this practice.

Staff received support from the registered manager, through supervision and checks to ensure they were

competent to carry out their roles effectively. Staff received the training they needed to provide safe and effective care to people.

People and their representatives spoke of the positive relationships they had developed with staff. The registered manager had received positive feedback about the service. People's dignity and privacy was promoted and staff were aware of the importance of confidentiality.

People's views and those of their representative had been sought to develop care plans, which were regularly reviewed by the registered manager. People's care plans had considered the individual needs of each person and the role of staff in meeting these. Staff who provided care, were able to speak with people in most instances in people's first language.

People's knew how to complain and their concerns had been investigated and action taken to address the issues raised.

Systems were in place to monitor the quality of the care being provided, which included seeking the views of those using the service and family members. A range of audits were undertaken to evidence the quality of the care and the accuracy of records used to record people's care and support. There was an open and transparent approach to the management of the service, which included team meetings, supervision and competency assessments of staff.

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

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People were safeguarded from abuse as systems and processes were in place, which were understood by staff. A system of staff recruitment was in place to ensure people were supported by suitable staff.

People's safety was monitored, with risk assessments and care plans providing information for staff as to how people's safety was to be promoted.

Protective equipment was used to reduce the potential risk of spread of infection.

People's needs with regards to their medicine were identified within their care plans. People received the appropriate support from staff who had received training in medicine management.

### Is the service effective?

Good 

The service was effective.

People and their representatives were involved in the assessment process to determine people's needs and expectations of care. People's needs were met by staff that had the necessary skills and knowledge to provide the appropriate care and support required.

Staff were supervised and had their competence to provide care regularly assessed.

People's physical health was considered when care plans were developed and reviewed.

People received support from staff to meet their dietary requirements, reflective of their individual needs and the level of support required.

The principles of the Mental Capacity Act 2005 were understood and implemented and people were supported to make decisions about their care and support.

### Is the service caring?

The service was caring.

Positive and caring relationships between people using the service and their representatives, which had had a positive impact on people's well-being.

People's privacy and dignity was maintained. The majority of staff were able to converse with people in their preferred language. Staff were aware of the importance of maintaining people's confidentiality.

Good 

### Is the service responsive?

The service was responsive.

People and their representatives contributed to the development of care plans. Care plans were understood and followed by staff and included information as to people's preferences, how they communicated and how their care was to be provided.

People and family members were confident to raise concerns. Records showed concerns and complaints were investigated and the outcome communicated to the complainant.

Good 

### Is the service well-led?

The service was well-led.

A registered manager was in post who supported and assessed the competency of staff, which included working alongside them in the delivery of care.

People's views and that of their representatives were sought through questionnaires.

Systems were in place to monitor the quality of the service, which included a range of audits of records held within the service.

Opportunities to comment upon and share views about the service were available. The provider was committed to openness and transparency and the sharing of information.

Good 

# Abbey Support & Services Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

The inspection site visit started took place on 3 December 2018. We gave the registered manager 48 hours' notice of the inspection because it is a small service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection site visit was carried out by one inspector.

We looked at the provider's Statement of Purpose. This is a document providing information as to the aims and objectives of the service, the support and services it provides and to who.

We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We also contacted the Local Authority for any information they held on the service. We used this information to help us plan this inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people who use the service, three family members and two friends of people by telephone on 4 and 5 December 2018.

We spoke with the registered manager and operations manager when we visited the office on 3 December 2018. We spoke with four members of staff by telephone on 4 and 6 December 2018.

We looked at the care plans and records of four people. We looked at three staff records, which included their recruitment, induction and on-going monitoring. We looked at staff training records, the minutes of staff meetings and records related to the quality monitoring of the service.

# Is the service safe?

## Our findings

At our previous inspection of 8 August 2017, we found the registered person had not ensured people's medicines were managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. We found improvements had been made at this inspection.

At this inspection we found information within people's records detailing the medicine they were prescribed. The records showed people had been assessed for the level of support they required with their medicine and the role of staff. For example, reminding people to take their medicine. People and their representatives told us that where required, staff reminded people to take their medicine. All those we spoke with were happy with the support provided with their medicine. A family member told us, "The carers remind my [relative] to take their medicine."

Staff told us they had received training in the management of medicine and the registered manager assessed their competence by observing them supporting people with their medicine. Records we viewed confirmed this.

People using the service and people's representatives told us they had confidence in the care provided, which made them feel safe and assured. Staff had received safeguarding training and other training relating to safety, such as action to take in relation to incidents or accidents. Staff understood what procedures were to be followed if they suspected or witnessed abuse. This included contacting outside agencies such as the police, CQC and local authority safeguarding teams.

The registered manager responded appropriately when areas of concern were brought to their attention to ensure people's safety and welfare was promoted. Notifications were submitted to the CQC about potential abuse and safeguarding referrals made to the local authority.

People told us the confidence they had in the staff made them feel safe. One person said, "I feel safe with the girls [staff], I can't walk so they use a hoist, they know what they're doing." Potential risks had been identified and assessed and guidelines as to how staff were to reduce risk were detailed within risk assessments. For example, supporting people with their personal care and to move around their home with the support of equipment, which included hoists and wheelchairs. Where people required the use of a hoist, the person's records provided information as to how the equipment was to be used, specific to that person's individual needs.

Where people were at risk of the development of pressure ulcers (injury to the skin caused by prolonged pressure from sitting or lying in one position) their care plan provided information for staff to follow, which included the application of prescribed creams to help reduce the likelihood of a skin breakdown and by supporting people to change their sitting or lying position.

We found there were sufficient staff to meet people's needs safely. People and their representatives told us staff arrived on time in a majority of instances, and should staff be running late they were always advised of

this. People told us the reliability of the service made them feel safe. One person told us, "I feel safe because I can rely on them." Staff told us they were provided with a rota so they knew in advance whose care and support they were providing and the time and duration of the visit.

People were safeguarded against the risk of being cared for by unsuitable staff through the provider's recruitment procedures. A check with the Disclosure and Barring Service (DBS) had been carried out to check on prospective staff who intend to work in care and support services. This helps employers to make safer recruitment decisions. Staff received the training they required to promote and maintain people's safety and welfare, in an individualised and person-centred way.

Staff received training in infection control and food hygiene, to promote people's safety. Staff wore personal protective equipment, such as aprons and gloves when providing personal care and preparing food to reduce the risk of infection and cross contamination. Family members and staff confirmed gloves and aprons were worn by staff when providing personal care.

## Is the service effective?

### Our findings

People and their representatives told us that the registered manager or the operations manager visited them in their home to talk with them about their needs and their expectations they had of the service.

People's needs were initially assessed by the funding authority, who shared their assessment with the registered manager. The registered manager upon receipt of the assessment reviewed the information to decide whether they could potentially meet the person's needs. The registered manager arranged to meet with the person and in some instances their representative, to carry out their own assessment, this was confirmed by those we spoke with.

The assessment process considered people's physical, communication and social care needs and any specific needs relating to protected characteristics as defined under the Equality Act, such as disability, race or religion.

Staff's induction in addition to undertaking training, included working alongside the registered manager as part of their introduction to people using the service. Staff told us they were regularly supervised and had their competency assessed through spot checks, where the registered manager observed their approach to people when delivering care. Staff records confirmed staff supervision regularly took place. Staff told us they received constructive feedback from the registered manager to support them in their continued development in providing effective care.

The registered manager informed us that all staff, who did not already have a qualification in health and social care had enrolled to undertake the Care Certificate with an external company. The Care Certificate is awarded to staff who have been assessed against a set of standards evidencing they have the necessary skills, knowledge and behaviours to provide good quality care and support.

People told us staff supported them in ensuring they had sufficient to eat and drink where they required support. They told us staff prepared meals and drinks for them and that staff always asked what they preferred. One relative told us their relative required prompting to drink as they did not realise they were thirsty due to their health condition. In some instances, staff undertook grocery shopping for people, when the persons assessment had identified they required support. Staff completed daily notes, which recorded they had provided people with food and drink.

People's representatives told us they were confident that should people become unwell and they were not available, then staff would contact the appropriate health care resource for support. A representative told us when their relative had returned from hospital, the registered manager had quickly reinstated their care package, so they had the appropriate care and support. Commissioners confirmed the registered manager worked collaboratively with them to enable people to return to their homes in a timely way when being discharged from hospital.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. We found people's capacity to make informed decisions was recorded within the assessment process. People using the service could advocate for themselves or had a family member or other representative who supported them. Family members and representatives confirmed that the registered manager liaised with them regularly about key decisions affecting people's care and welfare.

Staff were provided with an employee handbook, which provides information as to the promotion of people's independence in all aspects of their lives, including personal care. The handbook advises staff not to assume people need support, but to always ask.

## Is the service caring?

### Our findings

People and their representatives appreciated how their support was provided, in a majority of instances by a small group of staff. This meant that staff had developed positive relationships both with them, their family and friends. A person told us, "We have regular staff, who are reliable." A second person said, "I have a good relationship with all of the staff, I really count them as my friends. They get on with my family as well." People's representatives told us, "Broadly speaking we have consistent carers, it's one of my criteria for using this service." They went on to say that due to their relative living with dementia a consistent team of staff who knew them well was important.

People and their representatives had expressed their views in writing and through the provider's website. They had voiced their satisfaction with the service, which included comments about the care they received. These comments included, "Carers are lovely, [registered manager] always rings to see how I am. Also comes to see me often. Carers always on time and always have a smile. Very positive vibe.' And, 'I feel Abbey Support provide the best care and service from both carers and the office. They are reliable, always there for me as a client when I need them for support. Especially [registered manager] she is great. Abbey Support are excellent in all services provided.'

Testimonials and thank you cards had been written by family members thanking the registered manager and praising the staff for the care and devotion of their relative at the end of their life. One person within their letter referred to the ongoing support they received from the registered manager. The person had written, 'Not a day goes by when I don't have a text from you asking if I am okay.'

People's care plans provided information about how family members were involved in their care. This ensured positive relationships were developed and demonstrated a commitment by the registered manager and staff to work inclusively with families or their representative, for the benefit of all. A representative told us, "I think we [myself and registered manager] have a good relationship, preferring to work with me for the benefit of my [relative]."

Staff were knowledgeable about the people they cared for. They told us about the care they provided and spoke in detail as to the small things they were aware of which meant they provided individualised care. People's contributed to their care plans about what was important to them. For example, one person's care plan detailed how the person liked the blanket from their bed to be given to them when they were up and dressed.

People and their representatives were complimentary in staff's commitment to the promotion of privacy and dignity when providing personal care. One person told us staff were mindful of their privacy and dignity, they said, "They're [staff] very good, I don't feel embarrassed."

People's diversity was recognised by the registered manager who produced a range of documents, including information about the service in a number of Asian languages. The registered manager through its deployment of staff. In the majority of instances, they ensured staff were able to speak with people in their

preferred language. A family member told us, "It's important that the staff can talk and understand Gujarati."

Staff were knowledgeable and aware that information they knew and recorded about people's care and support was confidential. During the site visit, both the registered manager and operations manager evidenced their awareness of confidentiality and how information was to be stored consistent with the Data Protection Act 2018.

## Is the service responsive?

### Our findings

People had their needs assessed prior to receiving care and support. Assessments were used to gather personal information about people to help staff better understand their needs and to inform plans of care. Information gathered included medical and life history and existing support networks. A family member we spoke with told us how staff's awareness of their relative's interests meant they were encouraged to enjoy activities which they were familiar with. For example, by staff supporting the person each day to choose a film to watch from their DVD collection.

People were involved in developing and their care plans. Everyone we spoke with told us their care plans were regularly reviewed by the registered manager. They told us the registered manager came to visit them at their home to talk about the service and any changes as to the care and support they required.

Care plans had been signed by the registered manager and the person or their representative. Everyone we spoke with told us their care plans were regularly reviewed by the registered manager. They told us the registered manager came to visit them at their home to talk about the service and any changes as to the care and support they required.

Care plans identified the number of visits each person required, the times and the number of staff involved. They provided information as to both the support the person required and how it was to be delivered. People's care plans contained information about people's specific health related conditions and how these affected the person on a day to day basis. For example, for people who were living with a life limiting condition, the care plan provided information as to how this affected the person and their families' well-being and how this was expressed.

People and their representatives told us how the registered manager and staff responded to requests for short term changes to people's care to reflect individual circumstances. For example, one family member told us how their relative's care package had increased, whilst they were on holiday. They told us this meant they were able to enjoy their holiday knowing their relative was being cared for. A family representative told us, when they take their friend out, the registered manager alters the time of staff visits to fit in with their plans.

Organisations that provide publicly-funded adult social care are legally required to follow the Accessible Information Standard (AIS) which says services should identify, record, flag, share and meet information and communication support needs of people with a disability, impairment or sensory loss. We found the service had considered ways to make sure people had access to the information they needed in a way they could understand it, to comply with AIS. For example, people's assessments had identified any communication needs, which included people's preferred language. Assessment had identified where people had a visual or hearing impairment. In some instances, people were unable to express themselves verbally, so information was detailed within the person's care plan so staff could understand how people expressed themselves. For example, on person's care plan stated how they expressed pain through facial gestures.

People who used the service and their representatives told us any issues or concerns were responded to immediately by the registered manager. We found concerns and complaints had been recorded, and fully investigated by the registered manager. Information from investigations were used as lessons learnt to make changes. For example, additional training was provided for staff following an incident to ensure staff were following the correct procedures when using equipment to move people to promote everyone's safety.

# Is the service well-led?

## Our findings

At our previous inspection of 8 August 2017, we found the registered person did not have an effective system or processes to monitor the quality of the service being provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. We found improvements had been made at this inspection.

Since the previous inspection the provider had reviewed their approach to assessing the quality of the service by introducing a range of audits. These focused on areas such as medicine administration records and daily records completed by staff. Any shortfalls identified were discussed with staff through individual supervision or within staff meetings. Issues arising from complaints and concerns were discussed at managerial and staff meetings as part of the provider's commitment to openness and transparency and the continued development of the service.

The registered manager and operations manager had attained a NVQ level 5 Diploma in Health and Social Care (Leadership). As part of the course, the management team had undertaken a project on effective communication. Staff were sent questionnaires on communication and the results analysed. The results found that staff preferred face to face communication and text systems. The most challenging aspect of communication staff reported on was language barriers and where communication was made more difficult due to health conditions, which included people living with dementia. The registered manager had incorporated detail of how staff were to effectively communicate with people in their care plans.

The registered manager had a clear, open and transparent system for assessing the competence of staff, which included medicine administration and the delivery of personal care and support. The areas assessed were documented and the outcome of the assessment was recorded, along with the feedback provided to staff. Staff said they found competency assessments and supervision to be of benefit as it meant they could continually improve the quality of the care provided and gave them confidence.

People and their representatives were consistent in their praise for the service they received, with many people stating they would recommend the service to others. One person said, "It's brilliant, I'd recommend it to anyone." A second person said, "Brilliant, can't fault them at all." A person's representative said, "Very happy with it, I would recommend them to anyone." A family member told us, "Everyone is doing a brilliant job."

We found that people and their representatives were given opportunities to influence the service and share their views about the quality of service provided. People and their representatives, were involved in reviews of their care, this was used as an opportunity for the registered manager to seek people's views about the service and to make any changes to people's care plans. In addition, the registered person sent out surveys throughout the year. Information gathered from surveys had been collated and analysed. Action points to address the findings had been put into place and actioned, which included individual comments specific to people's care.

Staff spoke positively of the registered manager saying that they often worked alongside them in the delivery of people's care and support. Staff told us the registered manager was always contactable by telephone to address any queries they had about people's care or where they had concerns for their welfare. Staff were positive about staff meetings stating they found them to be useful and informative, as they were able to discuss any training they had undertaken. Team meetings were also used as an opportunity to discuss people's care and note any changes so these could be met by staff. Staff told us that the registered manager always emphasised in team meetings the importance of providing good quality care.

People and their representatives spoke positively about the management of the service. One person told us, "Everyone is very good, [registered manager] always has time if you need to chat about anything." A second person told us, "The care I receive is top quality, [registered manager] is always at the other end of the phone, they will often call in and see how I am."

We contacted local commissioners who referred people to the registered manager. They told us they had worked and continued to work successfully with the registered manager of Abbey Support and Services Limited. They told us that the feedback they had received from those using the service was positive, describing the staff as being very caring and supportive. Commissioners also spoke of the flexibility of the service in meeting people's needs and that the registered manager contacted them if they had any concerns about people's packages of care, their health or welfare.

The provider is required to display the rating from inspections awarded by the Care Quality Commission (CQC), both within the service and where applicable on their web profile. The provider had displayed their rating within the service and on their website.