

Abbeys Care Support & Training Limited

Abbeys Care Support & Training Ltd

Inspection report

415 High Street
Stratford
London
E15 4QZ

Tel: 07378105422

Date of inspection visit:
15 November 2021

Date of publication:
01 December 2021

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

About the service

Abbeys Care Support & Training Ltd is a domiciliary care service, providing personal care to people living in London.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. On the day of the site visit, one person was receiving the regulated activity of personal care.

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

Care plans did not always provide relevant information. We have made a recommendation about care plans.

A relative told us they felt the service was safe. Staff understood what action to take if they suspected somebody was being harmed or abused. Staff knew how to report accidents and incidents. People had risk assessments to keep them safe from the risks they may face.

People were supported by enough staff who had been recruited safely. The provider did not support people with medicines.

The provider ensured there was infection control guidance in place. Staff confirmed they were provided with enough personal protective equipment such as masks and gloves.

People's healthcare-associated risks were identified and assessed. People's needs were assessed before they received care from the service. People's needs were met by staff who were well trained and received regular support and supervision. People's dietary needs were met effectively.

A relative told us staff were caring and treated them with respect and dignity. People and their relatives were involved in making decisions regarding their care. People were supported to remain as independent as possible.

Discussions with the registered manager and staff showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

The provider had a complaints procedure in place and people and relatives knew how to make a complaint.

A relative and staff told us the management of the service were supportive. The service had quality assurance processes in place. The service worked with other organisations to improve people's experiences.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 27/09/2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration and when the service had begun to provide care to people.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Abbeys Care Support & Training Ltd

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 Care Act 2014.

Inspection team

The inspection team consisted of one 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We also sought feedback from the local authority. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, two care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. These included one person's care records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed documentation provided including two staff records regarding recruitment and supervision. The person who used the service was unable to speak about their experiences therefore we spoke with one relative about the care provided. We also received feedback from a health and social care professional.

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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- A relative told us they felt the service was safe. The relative said, "[Person] is safe with all the [staff] that come in."
- Staff had received safeguarding adults from abuse training and knew how to report concerns. One member of staff said, "I would report to my manager what I suspected. I would follow up if any investigation [took place] and what they did. I would whistle blow to CQC [if not followed up]." Another staff member told us, "I have to note everything I see and tell my manager. I have to make sure [person] is safe. I [can] call CQC and the police if need be."
- The registered manager was able to describe the actions they would take when incidents would occur which included reporting to the Care Quality Commission and the local authority.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed. Risk assessments covered areas such as behaviours that challenged the service, communication, personal care, nutrition and hydration, oral hygiene, and medicines.
- Staff knew about people's individual risks in detail. One staff member said, "If you [see] any changes [in the person] you can bring it forward to [the registered manager]."

Staffing and recruitment

- The service followed safe recruitment procedures to make sure staff were of a suitable character to work in a care setting.
- Staff recruitment records showed relevant checks had been completed before staff worked unsupervised at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.
- Through our discussions with the registered manager, staff, and a relative we found that there were enough staff to meet people's needs. The relative told us staff were punctual. They told us, "[Staff] come on time. They don't come late."
- Staff told us they had enough time to support people without being rushed. One staff member told us, "If one of us calls in sick, another staff member will support [person]."

Using medicines safely

- The provider had suitable systems in place to ensure medicines were managed safely.
- Records confirmed staff had received training on medicines administration.

- The registered manager told us they were not supporting people with medicines administration at the time of the inspection. The relative also told us the service did not support people with medicines.

Preventing and controlling infection

- The provider was following safe and current guidance to make sure infection outbreaks could be effectively prevented or managed. The provider ensured an adequate supply of personal protective equipment (PPE) was available to staff. The relative told us, "[Staff] put on their PPE."
- We saw a supply of PPE stored in the office location. One staff member told us, "The manager always brings PPE to us. We have PPE in [person's] home. We use a mask, apron and hand sanitizer."
- The provider's infection prevention and control policy was in date and included reference to COVID-19.

Learning lessons when things go wrong

- There was a system in place to record and analyse accidents and incidents, so any trends or patterns could be highlighted. The service had no accidents and incidents since they have been registered.

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. People's outcomes were consistently good, and people's feedback confirmed this.

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

- The service carried out an initial assessment before the service began. The person who was going to use the service and their relative were involved in the assessment. The relative told us, "[The service] did an assessment and also a risk assessment and care plan. [Person] was involved and I was involved. [Person] was able to tell them what [they] want." A health and social professional said, "[The service] undertook an initial assessment after I made a referral to their organisation. I also sent some relevant documents. The manager and another worker undertook a home visit to assess [person] at home and also had discussions with [relative]."

- A relative told us staff knew about the person's needs and provided individualised care. The relative said, "Before new staff start, they shadow the old staff." A staff member told us, "We did shadowing with the previous [staff] for two days. They told us about [person]. They gave us a care plan to study and what challenges we would face."

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained in order to meet people's needs. When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. One staff member said, "When I joined, the manager gave me an induction. He asked what it means to be in health care. How to support every individual."

- Records showed the provider offered staff training on a regular basis. One staff member said, "[The service] provide the relevant training. They are doing well with training and support." Another staff member told us, "The training is very good."

- Staff were provided with opportunities to discuss their individual work and development needs. Supervision regularly took place, where staff could discuss any concerns and share ideas. Records confirmed this. One staff member told us, "Initially when I started, I had supervision within one week. Talked about standards they expect and any ideas I wanted to share. I [now] have supervision every month. It is like a debriefing and getting feedback. [Registered manager] will ask if I am facing any difficulties." Another staff member said, "Supervision is every month. [Registered manager] wants to know what is going on with the [person]. He gives me feedback from the family."

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

- Staff supported people with their meals when needed. The relative said, "I told [staff] not to make food for [person]. Just to prompt [person]. I cook the food for [person]. [Staff] take [person] out for food."

- People's dietary needs were recorded in their care plans. Care plan's recorded people's food likes and dislikes.

- Records confirmed staff had received training in food hygiene.

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

- The service worked effectively with other agencies and health professionals to ensure people received effective care.
- Staff were able to recognise when people's health had deteriorated and ensured appropriate medical advice was sought.
- People's care records showed relevant health care professionals contact details for use when necessary.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People 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.

- There were systems in place to assess people's mental capacity to consent to care. The registered manager and staff had a good understanding of MCA.
- Staff understood they should seek consent before giving care and encouraged people to make choices for themselves. The relative told us, "[Staff] do ask [person's] consent." A staff member said, "I have to ask [person]. I have to get [person's] consent."

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

- The service had staff that knew the person well and treated them with kindness. The relative, "[Person] likes [staff]. They have built up a good relationship. There are lots of positive results regarding their relationship."
- Staff we spoke with told us how they had built good relationships with the person using the service. One staff member said, "[Person] wants you to be close to [them] and help [them]. [Person] is like a close friend." Another staff member told us, "[Our] relationship is friendly and cordial."
- Discussions with the staff members showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. One staff member told us, "We have to support [LGBT people]. A person's sexual orientation doesn't change who the person is. They have to be supported. We respect all our clients and views." Another staff member said, "I would support [LGBT people]. We respect the individual. We need to take care of the person." The registered manager said, "I would try and find out their needs and respect them. I would make sure their sexuality is respected. I want staff with an open mind."
- Staff had a good understanding of protecting and respecting people's human rights. Care records documented people's preferences and information about their backgrounds.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received. For example, a relative told us their relative was encouraged by the service in making decisions about the care they received.
- Records showed people who used the service and relatives were involved in care planning and reviews.

Respecting and promoting people's privacy, dignity and independence

- The service respected people's privacy and dignity. A relative told us staff respected people's dignity. The relative said, "When [person] wants something [they] will tell [staff] and they will respect it. They know [person] likes private time in [their] room. They make sure the door is closed because that is what [they] want."
- Staff helped maintain people's independence as much as possible. The relative said, "[Staff] support [person] and [they have] improved. [Staff] give [person] independency and get [them] to do things for [themselves]. With their support [person] can now bath [themselves]. [Person] can do a lot of things now." One staff member commented, "We try to integrate [person] into society. We don't say 'let me help you brush your teeth' but we will prompt [them]. With breakfast we will show [person] the egg and tell [them] to break

it. [Person] is good at making [their] bed now. We try to help [person] get some life skills."

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. 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

- Systems were not fully in place to plan people's care. Care plans sometimes contained limited amounts of person-centred information about people's needs and preferences.
- People had care plans which gave some details about them. However, guidance around peoples' different needs and wishes was mixed and sometimes lacked details for staff to follow. Nevertheless, staff we spoke with had a good understanding of people's care needs and were able to describe the support required.

We recommend the provider seek advice and guidance from a reputable source, to ensuring care plans contain adequate person-centred information in line with current best practice.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and were recorded in their care plans.
- Care plans gave guidance on how to communicate with people. For example, one care plan stated, "[Person] is able to talk and express [their] wants and needs. [Person] understands the use of simple sentences and simplified conversations."
- Staff we spoke with had a good understanding of the person's communication needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and processes in place to record and investigate complaints.
- The relative we spoke with knew how to make a complaint. They felt comfortable to raise any concerns with the provider. The relative said, "I would call [registered manager]. They are always listening to me but I have nothing to complain about."
- The registered manager told us they had not received any formal complaints since being registered to provide care.

End of life care and support

- The service had an end of life care policy in place. No one was receiving end of life care at the time of the inspection. If they chose to do so, people and their families were supported to document their end of life care wishes.

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 meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was providing person-centred care to people and this was evident from speaking with a relative, staff and the registered manager.
- The registered manager had good oversight of the service and understood the needs of the people they supported. They knew the people and their needs well which helped ensure their needs were met by the staff team.
- The relative we spoke with was positive about the registered manager. They told us, "He is very good. He will check on me and ask if I need any extra support. He will also ask about me and if I am stressed about anything."
- The relative was complimentary about the running of the service. They said, "I really appreciate them. They listen to me. I can call anytime. Even in the middle of the night. The staff are friendly and interactive. It is like a second family. They are very respectful."
- Staff told us they enjoyed working for the service. One staff member said, "If you have issues [the office] will respond to it quickly. It is interesting working [for] them." Another staff member told us, "The managers are supportive."
- Staff spoke positively of the registered manager. One staff member said, "He likes seeing results. Makes sure staff are well dressed and have good communication. He likes to get good reports from relatives. He will follow up any concerns." Another staff member commented, "He has been very supportive. He is a man that likes to listen. Any issues at work he will listen and try and find a solution."
- A health and social care professional told us, "[Registered manager] engages in a professional way and responds to e-mails providing the information requested. [Person's relative] has no complaints with the provider as the [staff] are very vigilant and have formed a good relationship with [person]."

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

- The registered manager and staff were clear about their roles in providing care that met the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.
- The registered manager was aware of the statutory notifications they needed to submit to us by law. Registered providers must notify us about certain changes, events and incidents that affect their service or the people who use it.
- The provider had policies and procedures in place relevant to the governance of the service, and to ensure the safety and quality of the service.

- The service had appropriate quality assurance and auditing systems designed to drive improvements in its care delivery. Spots checks on staff were completed and helped to monitor their performance. A staff member told us, "[Registered manager] will meet [person] and ask [them] if they like [staff]. A relative told us, "[Registered manager] asks for feedback every week. They ask about everything that has happened in the week. They call me randomly. They ask if I want to complain but everything is fine."
- The registered manager understood their responsibilities in relation to duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

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

- Staff meetings took place regularly to give staff an opportunity to discuss any changes to the organisation, working practices and to make suggestions. One staff member said, "We do staff meeting to discuss how we are supporting [person]. If we have [concerns] about [person] we tell [registered manager] and he will tell us what we need to do." Another staff member told us, "We had one last week. The frequency is about once a month. Sometimes if something comes up, they will have an emergency meeting."
- The relative was asked for their views of the service through questionnaires and regular contact from management. The results from the most recent survey has not been returned yet. The relative told us, "They do send out a questionnaire about the service."
- The service worked in partnership with the local authority and health and social care professionals.