

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Abbey Medical Services Ltd

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Date of Inspection: 03 March 2014

Date of Publication: March 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Abbey Medical Services Ltd
Registered Manager	Mrs. Saraswathy Suri
Overview of the service	Abbey Medical Services is a domiciliary care agency set up to provide care and support for people who cannot look after themselves. The office is situated in the town centre of Sittingbourne.
Type of service	Domiciliary care service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 March 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

The inspection was carried out by one Inspector for over two hours. We found that the agency had recently commenced trading and currently provided services for one person. We spent time in the agency offices examining documentation and talking with the manager; and we visited the person receiving care in their own home, and met the person's care worker.

We found that the agency had reliable processes in place to ensure they would be able to meet the needs of people applying to use their services.

We saw that care and support plans identified the person's specific needs. The plans had associated risk assessments to identify any risks for the person such as moving and handling, and financial management.

The agency manager and staff demonstrated a clear understanding of safeguarding procedures and how to make safeguarding referrals if indicated.

We found that the agency had robust recruitment procedures in place to ensure that staff would be suitable for their job roles.

The staff obtained the views of the person receiving care and their representative at regular intervals. The agency was developing systems to monitor the ongoing effectiveness of the agency and to provide feedback from people using services.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

We saw that the agency had carried out a comprehensive assessment of the person's needs prior to commencing services. The person's representative had been fully involved in the assessment and discussions, as the person receiving care experienced some mental confusion and had short term memory loss. A plan of care had been subsequently drawn up, and had been signed by both parties.

We saw that the agency provided information about the services available. This was in the format of a statement of purpose, and a guide for people using services. We found that the guide had been produced in large print, making it easier for people with impaired vision to read it and understand it. The guide included information about the aims of the agency, which stressed the staff's intention to help people to maintain and improve their independence wherever possible. The guide showed the things that people could expect from the care staff, and what to do in the event of any concerns.

We saw that the agency had provided the person with a contract which set out the terms of business, and the fees payable. This had been signed and agreed by the person's representative.

The agency manager said that she had ensured that the care worker had had suitable training and experience to meet the needs of the person concerned, and this would be followed through when other people commenced care. Discussions had included the days and hours when care was required. We saw that a plan of care had been set out for each day showing the main duties required.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We looked at the person's care and support plan and saw that it covered all aspects of their lifestyle and care needs. This included personal hygiene care, mobility, nutritional needs, their mental capacity, medication and continence.

We saw that support was needed with bathing and dressing, preparing meals, and light housework duties such as laundry management and cleaning. We found that associated risk assessments had been developed in association with the care plan. This showed risks such as self-neglect, and risks of trips, slips and falls. The risk assessments showed how to minimise the assessed risks, such as reminding the person to use a walking stick when mobilising.

We noticed that a detailed risk assessment of the environment had been carried out prior to commencing services. This had included checks such as outside access, lighting, electrical items, heating, and location of mains services in the event of an emergency. This meant that the staff were confident that any risks associated with the building had been addressed. For example, it had been brought to the attention of the person's representative that the home did not have a smoke alarm.

We saw that the agency had developed different forms to use for specific care needs. These included medication management forms, mental capacity awareness forms, and moving and handling risk assessments. The provider may find it useful to note that additional information could be provided in some areas, such as more detailed information about people's nutrition and how this was being met, where it formed part of the care plan.

We saw that the care worker recorded suitable information about the person's day, and help and support that had been given. These records were appropriately signed, timed and dated.

We visited the person in their own home while the care worker was present. We saw that

the person appeared happy and relaxed and was laughing and joking with the staff member. The person expressed their confidence in the care given to them through the care worker and the agency.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

We saw that the terms of business discussed with people receiving services precluded staff from taking part in helping people to make their wills or to benefit from wills. This protected people from the possibility of financial abuse in this way. The agency had specific forms available to record any financial transactions or shopping carried out on people's behalf so that clear records could be maintained.

We saw that discussions at the commencement of care services included access to the home, and who were the key holders. This was to safeguard people from unwanted intruders.

The agency had developed a safeguarding policy, and we saw that this included the principles of legislation to protect vulnerable people. The policy and procedures included "No Secrets" guidance from the Department of Health, and the Kent and Medway safeguarding protocols. The safeguarding folder included details of how to recognise the possibility of different types of abuse, and who to report this to. We saw that relevant names and contact details were provided. This meant that the manager and staff had access to the correct information at short notice if this was needed.

The manager confirmed that staff recruitment procedures included enhanced Disclosure and Barring (DBS) checks prior to staff commencing work. This meant that the agency checked that staff would be suitable people to work with vulnerable adults or children.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work.

We looked at the staff recruitment file, and found that this demonstrated reliable recruitment procedures. These included an application form with the person's full employment history, a completed health questionnaire, immunisation records, proof of identity, two written references, and confirmation of previous training and qualifications. There were checks to ensure that people were eligible to work in the UK.

Successful applicants had Disclosure and Barring (DBS) checks prior to confirmation of employment.

We saw that staff members were required to complete competency checks to show their ability to perform different tasks. These included items such as personal hygiene care, meal preparation, maintaining confidentiality and palliative care. This meant that the manager could identify if staff would be able to meet people's specific care needs.

New employees were provided with an employee handbook. This included relevant policies and procedures, such as reporting accidents, first aid, lone working, disciplinary procedures, and a whistle blowing policy.

We saw that there was a system in place to carry out individual staff supervision and appraisals. These included checks for staff punctuality, reliability, attitude, personal presentation and verbal and written communication skills. This meant there were ongoing checks to ensure that staff were carrying out their duties correctly.

The manager showed us that the agency had developed an induction programme. The office complex included a training room for future use.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

People who used the service, their representatives and staff, were asked for their views about their care and treatment, and these were acted on.

We found that the manager was implementing systems for ongoing checks for the effectiveness of the service. These included competency checks for staff; management visits to people receiving care; and maintaining records of feedback from people and their relatives. Care plans were to be reviewed every six months, and this would include discussions with the person and their relatives or representative to ensure that all aspects of care were being met satisfactorily.

We saw that the complaints policy and procedure showed that the agency would investigate any concerns or complaints and respond to them. There had been no complaints to date.

The manager told us that the agency had developed a questionnaire to invite people to feed back their comments and ideas to the agency in the future.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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