L M Sheridan Limited

Abacus Homecare

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

This was an announced inspection which took place on 13th and 15th December 2017. The inspection was announced to ensure that the registered manager or another responsible person would be available to assist with the inspection visit. This was the first inspection of this service at this address although the service had previously been inspected at a different address.

Abacus Care is registered with the Care Quality Commission (CQC) to provide personal care and support to people living in their own home. At the time of our inspection 90 people were using the service and being supported in meeting their care needs.

The service 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.

People who used the service and their relatives had a very positive view of the service. People we spoke with told us they felt safe and could trust the care staff to look after them. Comments we received included; "I feel very, very safe. The girls that come round here can be trusted." Others told us; ""[My relative] is very much well looked after, they're very good indeed." and "They are respectful to me all the time. I dreaded needing care but it's a treat when they come round."

Care workers were aware of their responsibilities to protect people from abuse and knew what to do if they had any concerns to help ensure people were kept safe. People who used the service and their relatives said they felt safe and well looked after.

We found the management and administration of people's medicines were safe. Recent improvements had been made to help reduce the risk of any medication errors and to help ensure people received their medication as prescribed.

Appropriate checks were made on applicants ensuring only those people suitable to work with vulnerable adults were employed. In addition to staff volunteering for extra hours, appropriately trained office staff provided back up when care workers went off sick to ensure there were sufficient numbers of staff to meet

people's needs.

Care workers were kept up to date with infection control techniques and provided with appropriate protective equipment to help minimise the risk of cross infection.

Regular care worker meetings were held where incidents and issues were discussed to share good practice and identify where improvements to the service could be made.

People told us they felt involved in planning their care and support and that their choices and preferences were respected. Care plans were written by trained staff ensuring that the person's emotional and cultural needs were taken into account when the plans were being developed.

Care workers told us they felt supported by the service both through formal supervisions and the open-door policy of the service. Staff said they felt comfortable raising any concerns they had with the management and were confident that appropriate action would be taken.

People's food and nutrition needs were assessed when they first received care and were kept under regular review. People who need support to eat are drink were referred to Dieticians and Speech and Language Therapists and had clear care and support plans in place including additional charts to record what food and drink they had to ensure their nutritional and hydration needs were being met.

The service has good relationships with the local authority and other supporting agencies like Age UK ensuring that people can be referred to other appropriate professional services if they have needs that cannot be met by Abacus. An employee of the local authority told us; "The provider is generally proactive in raising concerns or issues regarding care delivery or where there has been an issue about an individual's safety or change in needs."

The service supported people to give up smoking and encouraged the use of electronic cigarettes. In addition to reducing the health risks this would also help to reduce the risk of a potential fire in the home. The service has also helped people get support to reduce their alcohol consumption.

Assessments of people's ability to make choices about their care had been made in line with the Mental Capacity Act and people who lacked full capacity to make all decisions themselves were encouraged to make those decisions they were able to as part of the decision making processes.

People using the service told us they felt the service was very caring and they were encouraged to be as independent as possible. They told us their choices were respected. People said that although they were initially reluctant to have care they now looked forward to the visits and would be happy to have more visits from the service if their needs changed.

Both people who used the service and care workers told us they felt their privacy was protected.

People knew how to raise a complaint and said they would have no hesitation in raising concerns and were confident they would be acted on by the management. This was supported by documentation in the office showing initial action taken in response to complaints as well as follow up action to ensure the concerns had been addressed to the satisfaction of the complainant.

The manager of the service encouraged an open and honest culture where people are free to speak up and raise concerns or suggestions. Staff told us they felt proud to work for the agency. Both care staff and office

staff were encouraged to continue their learning beyond the required mandatory training and when there were vacancies in the office for trainers and care planners, these were advertised to care staff first.

The service had recently undertaken a comprehensive internal audit, following which an action plan had been developed and the service was working towards addressing the actions identified.

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. Systems were in place to protect people from abuse and manage risks.

Recruitment procedures were thorough ensuring staff were suitable and could meet people's needs.

The administration of medicines was managed safely and in accordance with national guidelines.

Is the service effective?

Good

The service was effective. People were involved in developing their care plans and the office staff had undergone care planning training.

All staff received regular training and were encouraged to undertake additional training to further develop their knowledge and skills. Staff received regular supervision and were supported to help make sure they were able to deliver care and support effectively.

People's capacity to make decisions was assessed and well documented meaning consent to care was sought in line with legislation.

Is the service caring?

Good

The service was caring and people were treated with kindness and compassion.

People spoke highly of both the care staff and the staff working in the office. People were encouraged to be as independent as possible whilst still receiving support when they needed it.

Care workers demonstrated they understood the importance of maintaining people's privacy and dignity.

Is the service responsive?

Good

The service was responsive. Care plans reflected the person's

background and emotional needs in addition to the practical tasks they needed help with meaning the care was personalised to their needs.

People told us they knew how to complain and had confidence their concerns would be acted on. Concerns were listened to and used to improve the quality of care.

Is the service well-led?

Good

The service was well led. People spoke highly of the management team and care staff and felt the culture of the service was open and honest.

The service looked to continually lean and improve. An internal audit of the service had identified further quality improvements and the service welcomed suggestions from external organisations.

The service had good working relationships with local authority agencies and other professional organisations meaning if people had needs that could not be met by the service additional support from elsewhere could be sought.

Abacus Homecare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 13th and 15th December 2017 and both days were announced. The inspection team consisted of one adult social care inspector. The provider was given notice before our visit and advised of our plans to carry out a comprehensive inspection of the service. This was because the location provides a domiciliary care service and we needed to be sure that the Registered Manager or another senior member of staff would be available to provide information we would require as part of the inspection process.

Prior to the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was completed and returned by the provider in line with the requested timescales. We also contacted the local authority, the local Safeguarding team and Healthwatch to seek their views about the service. We were not made aware of any concerns about the care and support people received. We also considered information we held about the service, such as notifications in relation to safeguarding and incidents which the provider had told us about.

During the inspection we spoke with three people who used the service, relatives of two people who used the service, three care workers, the Registered Manager, the deputy manager and training officer and care coordinators. We reviewed the care files of six people who used the service and additional medication and daily care records of a further two people. We also looked at four care worker personnel files including staff training and supervision records. We reviewed a sample of operational policies and procedures and saw feedback from service users given directly to the service.

Good

Our findings

We asked people who use the service whether they felt safe and whether their preferences were respected. Comments we received included; "I feel very, very safe. The girls that come round here can be trusted. I used to be worried about my purse before people came into the house but I have no anxiety at all now." Other people who used the service said; "They are respectful to me all the time. I dreaded needing care but it's a treat when they come round." And "They are fantastic, I feel absolutely safe." A relative told us; "[My relative] is very much well looked after, they're very good indeed."

We looked at how the agency protected people from the risk of abuse. We saw safeguarding policies and procedures were in place as well as a whistle blowing procedure for staff to report unsafe or poor practice. The training officer told us safeguarding was a central theme throughout the induction and was mentioned at every care workers' meeting. We saw records showing care workers received a training update every year. Care workers we spoke with understood the safeguarding policy and the importance of raising concerns and said they would feel comfortable raising their concerns if they felt people were at risk or were being harmed to ensure people were protected. Care workers told us; "It's really important that we look out for [service users'] welfare and protect them." Another said; "I'm happy to shout up on the service user's behalf about anything." This demonstrated that people working for the agency understood the importance of protecting people from abuse.

A variety of policies and procedures were in place to promote the safety and protection of people. In addition to the safeguarding and whistleblowing policies we saw a staff handbook detailing confidentiality, and disciplinary processes.

Risk assessments including a medication risk assessment were in place which were used to assess the level of support a person would need to take their medicines safely. In the care files we reviewed we also found risk assessments relating to support the person may need with eating or drinking or any assistance they may need with their mobility, including risk of falls. For people requiring more complex help with their mobility and moving around the manager told us; "We've got a good relationship with Stockport Council Moving and Handling team and they will come out with us to assess if required. Our moving and handling trainer will then go out with each care team to make sure they are able to look after the person safely and correctly."

The risks to people's health and well-being from hazards around the home were clearly documented in an environmental risk assessment. The manager explained; "We always check smoke alarms are in place and not deficient. If they are then we get in touch with Stockport Fire and Rescue Service who will come and fit

them."

Where the agency was responsible for shopping on behalf of the service user, records and receipts were kept showing what money had been spent. These records were brought into the office monthly and audited to ensure they were accurate.

These assessments were reviewed at least every six months in conjunction with service users and their relatives to ensure any changes in people's needs were appropriately reflected.

The office was spacious and clean with a training room and an area for care workers to come into the office for a drink and a rest on their breaks. Regular fire drills were held and portable appliance testing (PAT) had been done to minimise the risk of an electrical fire. The company had up to date public liability insurance.

We examined recruitment files for four care workers. Records showed that references about the person's previous work and character had been obtained and gaps in their employment had been explored before people started work. Checks had been made with the Disclosure and Barring Service (DBS) before the care worker was allowed to work unsupervised. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks help to ensure only suitable applicants are offered work with the agency.

The manager told us that people who used the service lived within a specific area so most working shifts were manageable and could be covered on foot enabling the service to recruit care workers who did not drive. The manager said; "We keep [the service] in the areas we can safely manage." The deputy manager told us the service had recently declined a large care package offered to them because they wanted to ensure they had sufficient staffing levels for the care they already provide. Care workers we spoke with told us they felt their work was manageable and they were not rushing during visits.

The induction programme for care workers is linked to the Care Certificate which is a set of minimum standards that should be covered as part of a new care worker's induction. The manager told us that external trainers provided additional training in dementia to help care workers understand the different types of dementia and how they might affect people's behaviour differently and training was also provided in end of life care and first aid.

The induction training also includes modules about people's different cultures so that care workers become aware of the different beliefs and preferences of service users.

Following their induction care workers spent time shadowing senior care workers to help them become used to the job and get to know the service users and their competency for the job was assessed. A service user told us; "They are very particular and work to a very high standard and carers who don't meet the standard don't stay."

We spoke to people who used the service about their medication and one person told us; "My medication is always ok I've never had any problems." Another person told us; "They bring me my tablets and a glass of water, it's fine."

Support for people who received medication was recorded on a medication administration record (MAR). The manager told us all prescribed tablets come from the pharmacy in a blister pack where the medicines to be taken at particular times of the day are sealed in separate compartments. This helps reduce the risk of the wrong tablets being given at the wrong time. The prescription sheet detailing which tablets are in the

blister pack and a description of their colour and size is kept with the MAR and a count of tablets to be given each time is recorded.

A risk assessment for people prescribed medication was in place indicating what sort of support the person needed. Staff told us they would speak to the service manager if they felt someone who took their own medicine was not able to do so safely. Medication risk assessments were updated at least every year, when the prescribed medication changed, or when any concerns were raised.

We found staff had completed MARs accurately to show what medicines had been given and the records had been completed in full. MARs we're brought into the office every month to be checked and any errors were immediately discussed with the care workers.

We asked about processes the agency had in place in case there were problems with a person's medicines. The manager told us; "We have the General Practitioner (GP) and pharmacy contact numbers in case there are any problems. The carers know to call the office and we will phone the pharmacy and the care worker will pick the prescription up. If someone would be at risk of taking their medication incorrectly if the pharmacy delivered their medication directly to them then we will pick it up for them. If there are any medicines that haven't been taken then we will record it on the chart and take them to the pharmacy for disposal." We saw a thank you card from a relative of a service user thanking the care staff for identifying an error in the blister pack and preventing someone from receiving the wrong medication.

The manager confirmed they did not give people their medications without their consent.

The service had an infection control policy giving care workers guidance
on preventing, detecting and controlling the spread of infection. In addition training records showed that all staff had completed training in this area as part of their induction. This training was renewed every three years in line with guidance from Skills For Care. Staff we spoke with confirmed they had stocks of gloves and other protective equipment and were able to collect more from the office whenever they needed to or that office staff would drop them off if they couldn't get into the office.

The manager told us any incidents or issues that arise were investigated and where appropriate CQC or the local safeguarding team were notified. Where the investigations identified improvements could be made to the service these were discussed at the care worker meetings held every two months. Care workers told us they were encouraged to raise issues during the meetings to help identify changes that could be made to improve the service.

Good

Our findings

We asked people whether their choices had been considered when their care needs had been planned. A relative of a service user told us; "We're involved in the care a lot. If I'm wondering about anything I will ask and they will always answer."

The manager explained that she had brought in an external company to carry out care plan training for her and other staff. We spoke to a member of staff completing the training and they told us; "It's a ten week course and it's really thorough."

The manager told us that cultural, religious and personal preferences were encompassed in the care and support planning process. We saw records showing care workers underwent equality and diversity training.

We spoke to people about whether staff had the skills and experience to meet their needs. They told us; "I get one with each one of them, there are no problems at all." A relative said; "The team are wonderful, they always ask how I am too." The training officer told us; "Care workers have to understand it's more than basic needs, it's about building a rapport and relationship too. They need to think what if it's my mum?"

Staff told us; "We're encouraged to do our QCF (Qualification and Credit Framework) and once we've got that we're encouraged to do more specialist courses in things like care planning." Other staff told us; "The moving and handling training was really good. It was very practical and really professional. We weren't rushed and they made sure we could all do it." The manager told us that in addition to new care workers completing the Care Certificate existing care workers would be beginning to study it in the New Year.

We saw training records showing care staff were kept up to date with best practice in line with guidance from Skills for Care, an independent charity who set standards and qualifications for care workers. The care workers' training records were held on a computer system and emails were sent when a person's training is due for renewal so that it can be scheduled in. This ensures care worker's training is current and up to date.

We asked care staff whether they felt supported in their role. They told us they felt the manager and office staff were very approachable and willing to help. They told us; "It's like a big family, I know they are just a phone call away. It's a really nice company to work for." Another care worker told us; "When I first started I was a bit unsure how to deal with a service user so I phoned the office. Someone came straight out and showed me the right way and made sure I was ok." The manager told us; "We have an open-door policy to make sure everyone is ok, both the service users and care workers. If staff aren't happy they won't be able to

do the job properly. We're always around to talk to the care workers whether it's about work or anything else that's bothering them."

In additional to an annual appraisal staff received regular supervisions and unannounced spot checks to monitor the quality of their work. The dates the supervisions and appraisals were due were recorded on a computer system and emails were sent to care coordinators when the meeting is due so it could be planned in by them around the care workers work. Care worker meetings were held in the office every two months.

People's nutrition and hydration needs were assessed as part of their overall initial assessment and during their six-monthly care review or whenever concerns were raised. Care plans we reviewed contained explanations on how different people's needs could be met. Care plans contained an "am I hydrated chart" to guide care workers how to judge a person's hydration from their urine if they were at risk of dehydration.

The manager told us; "We have a good relationship with the council. If we are concerned about anything we speak to them. Care workers told us; "We have regular service users so we get to know them. We will inform [the manager] if we notice any changes."

The manager explained if a person did have additional needs, for example they needed help with their shopping they would speak to the local authority to see if an additional visit could be arranged. If not, the service will liaise with charities like Age UK who will do the shopping for the person and the care staff will assist the person to prepare a shopping list.

The manager told us; "The importance of pressure area care is included in the moving and handling training. All service users who are not mobile have turning charts which are signed by both care workers. Care workers know to keep an eye on pressure areas and to report anything to us so we can alert district nurses." Care workers confirmed they had training and would report any concerns to the office staff.

The service encouraged people to have healthier lifestyles by providing information to service users about ways to give up smoking. The manager told us; "We ask them if they would like help to stop. Some of them have gone on to electronic cigarettes which also reduces the risk of fire."

Care workers we spoke to told us the service supported people to access other health services by booking GP and nurse appointments. They said; "If we think the service user isn't well we phone the office and they will make them a GP appointment if they want one."

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 make 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.

Mental capacity assessments were in place for all service users. One example we saw had been signed by both the service user and the relative acting as their advocate demonstrating that even though the person did have limited mental capacity they were still able to exercise control and choice over their care. Other assessments we saw indicated that although the person did have some limited capacity they were still able to make some decisions. One read; "[Service user] cannot retain information after the decision but has capacity to make it." The manager told us; "We always ask the person because they may have capacity at the time. Care workers should always be asking and involving the service user even if they can't

communicate verbally." The registered manager and staff were aware of Lasting Power of Attorneys and the Court of Protection and records showed relatives had been involved in decision making where people using the service weren't fully able to make the decision themselves.

We asked how people were encouraged to make their own decisions. Care staff told us; "We have a service user who sometimes won't want a shower on the day it's scheduled so we will rearrange it for when he does."

Good

Our findings

We asked people if they felt care workers carried out their duties in a caring way. They told us the care workers always treated them with respect and provided support in a kind and caring way. Service users we spoke with said; "Nothing is too much trouble, I'm very, very lucky they are second to none." and "It's all very good. I like chatting to all the girls it makes me happy." Another person told us; "There's not a bad thing I could say."

In the front of every care plan there was a page containing information about the person's interests and details of friends and family to give a more in depth picture of the person. A relative of a service user told us; "[My relative] can't talk but she enjoys singing. The girls asked what sort of music she liked and downloaded some onto their phones. They bring their phones with them now and they have a sing-along as they are doing her care. It sounds more like a party. They have brought cards and chocolates in for her birthday. It's so rewarding having a team that is so wonderful."

Care workers we spoke with were able to tell us about people who used the service and knew their likes and dislikes and how they wanted their care to be done. A care worker told us; "The service users are brilliant, they're all different."

We asked if people felt care workers had time to support them in a caring way. A service user said; "Some days I'm a bit slower than normal. They never rush me and tell me to take my time." Care workers told us; "I've got enough time, I'm not struggling to get between calls." Another care worker told us; "We have our usual rounds so we get to know the people on them. I have enough time."

The manager told us that care workers understood the importance of confidentiality and could expect the same from office staff. Care workers told us; "I can speak to the office staff in confidence." They said; "We have the same confidentiality with them as we do with service users." Service user and care worker records were stored in locked cabinets in the office and computer records were held in a password protected system. This helped to ensure that confidentiality was maintained.

Peoples care and support records were provided in plain language and were clear for them to understand the care to be provided. This helped people to participate and understand information that was important to them.

Good

Our findings

We asked service users whether they received care that was personal to them. A service user told us; "Some days I'm able to do things for myself and they always ask me if I want help rather than just doing it." Another told us; "I'm quite independent but they will help me with the extra bits I need."

All the files we looked at relating to service users' care contained detailed care plans and risk assessments reflecting that person's individual needs. The files also contained a sheet summarising the person's interests. The training officer told us; "We try to get the care workers to put themselves in the service user's shoes and see their life through their eyes." Care workers we spoke to told us they found the information about the person's interests useful as they could talk about things that interested the person as they got to know them.

In addition to the sheet summarising the person's interests there was a sheet summarising the care they received. These were written in agreement with the service user and worded as "Following discussion with [the service user], [the service user] would like…." Indicating that the assessment process was centred on that particular person and their preferences had been included in the assessments.

The manager told us that peoples communication needs were recorded as part of their initial assessment and had identified a company who could produce information in braille. They were also able to provide information in an audio format if this suited the person's communication needs.

One person's morning visit was originally scheduled for 45 minutes but had been split into a 15 minute and a 30 minute visit. The manager explained that the service user needed her medication early but didn't like to have breakfast early and so the care workers helped the service user with their medication then returned later in the morning to help the service user with their breakfast.

As part of their induction, care staff had training in people's different cultural needs to help them understand people's choices and preferences. A care worker we spoke to told us; "You have to try and see their life through their eyes." Another care worker said; "Everyone is an individual we have to take that into account."

We also saw records of discussions with service users about whether the care workers used the electronic call monitoring system and whether care workers were staying for the correct length of time at the visits. The manager explained that if information collated from the electronic call monitoring and feedback

received from service users and care workers indicated that changes were needed to a person's visiting time or changes to their care needs, a request for a review from the local authority was made. The manager explained; "If the call times are too long or short we will refer them back. If a visit can be made shorter then we may be able to help get another person out of hospital."

People who used the service we spoke to said they knew how to complain if they needed to and said they felt the complaint would be taken seriously and acted on. One service user we spoke with told us; "I can talk to [the manager] about anything." Another person said; "I'd be happy to speak to the office or girls if I wasn't happy. They would listen and help me." The agency had a complaints and compliments folder. The manager explained that their first response to a complaint is to meet with the complainant(s) to discuss their concerns and see how they could be resolved. Complaints are recorded on a form detailing both the complaint and the action taken to resolve it. There is also a section on the complaint log to ensure the complainant is satisfied with the outcome.

At the time of our inspection the service was not providing end of life care to anyone but care workers received training on end of life care as part of their induction and additional training was conducted by an external training company to provide them with a more in depth understanding and allow the service to help support people at the end of their life.

Good

Our findings

The service 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 registered manager understood their role and their responsibility to notify CQC and other organisations about certain events relating to the service.

We spoke to staff about the culture of the agency. They told us they felt proud to work there and that the culture was very supportive and open. They said; "This is the only company I've worked for where the management put staff before themselves." Other care workers told us; "[The manager] doesn't feel like a boss, she's more like a leader. I'm really happy I came to work here." And "This is a brilliant company it's the first one I'd recommend. It's improving all the time." The manager explained that they chose to occasionally do care calls so that care staff knew they understood the problems they face. They said; "I like to lead by example. If care staff see I am a good carer then they will follow."

The manager told us they aimed to provide a good quality service with a family feel and we found this was reflected in people's views. A person using the service told us; "They are almost like close family." A care worker told us; "The company is really tight, we all muck in together."

People working for the agency gave us examples of where the management of the agency had made special arrangements which had allowed them to attend personal appointments at short notice. They explained this had made them feel supported and valued and allowed them to continue working. This meant people using the service were visited by a consistent team of care workers.

Staff told us they felt confident that any issues they raised with the management team would be dealt with appropriately and they would have no hesitation in raising them. They all were aware of the whistleblowing procedure. The manager told us; "We like to have 360 degree feedback so care staff can tell us we are doing well and could do better as well as us telling them. A lot of care staff come back to us after they have left."

We saw a comprehensive internal audit of the agency's procedures and practices and improvements identified were being implemented. The agency had also been recently visited by the local council quality team who had suggested improvements to the medication record and these suggestions had been

implemented and new procedures put in place. This demonstrated the service was looking to continually improve.

The manager told us that the policies and procedures were reviewed every year and that this was next due to happen in April 2018. Annual questionnaires were sent out to staff and service users and the feedback analysed and shortcomings acted on. We saw letters from previous years sent to both service users and care staff detailing the feedback the agency had received and what action they would be taking. The manager acknowledged that some of the improvements were behind schedule but that this was going to be a priority in the New Year. The manager explained that she had appointed a deputy manager to assist with this and manage the quality improvements.

The service welcomed feedback from other organisations about how they could improve and during our inspection we saw changes they had made to the medication records as a result of a suggestion from the local authority.