

L M Sheridan Limited

Abacus Homecare

Inspection report

Unit 16
Hurstfield Industrial Estate, Hurst Street
Stockport
Cheshire
SK5 7BB

Tel: 01613388250

Website: www.abacushomecare.net

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Abacus Homecare is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection there were 95 people receiving a personal care service. 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.

People's experience of the service and what we found:

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support: We found concerns around the care information available to staff to safely manage people's individual risks. 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. Staff underwent an induction and received a programme of training and supervision. We were informed competency checks were regularly carried out, but this was not always evidenced. People were supported to access healthcare and the provider facilitated appropriate and timely referrals to other agencies and professionals. Medicines were managed safely. Staff used safe infection control practices. Staff recruitment was mostly safe; however, we found some minor shortfalls in practice.

Right Care: People received care from kind and caring staff, and we received positive feedback from people and relatives. Care documentation needed improvements to reflect people's personal preferences and aspirations. People told us staff knew them well. Staff knew how to protect people from the risk of harm and abuse. Staff treated people well and people told us they were supported to express their views and be involved in their care.

Right Culture: Quality assurance processes were carried out; however, they had not identified and actioned the concerns we found with care documentation. The registered manager listened to concerns and promoted a positive culture that was person-centred, open, and inclusive. Concerns and complaints were listened and responded to. Staff support, teamwork and staff morale was good. Learning was shared from within and outside the organisation and relationships with partner agencies were well established.

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

Rating at last inspection

The last rating for this service was Good (published 29 January 2018).

Why we inspected

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

Enforcement

We have identified breaches in relation to individual risk management and management oversight.

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

Follow Up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Abacus Homecare

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 1 inspector. Following the visits to the location office, 2 Expert by Experiences completed telephone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. A regulatory co-ordinator made telephone calls to staff.

Service and service type

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

Registered Manager

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

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to be sure there would be people at the service to speak with us. Inspection activity started on 6 December 2023 and ended on 18 December 2023. We visited the location's office on 6 and 13 December 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records, this included 5 people's care records and 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed. We spoke with 9 people who used the service and 11 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, the operations manager and care staff.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Assessment and management of people's individual and current risks was not always in place.
- Where people had been identified as having specific risks, we found they did not always have risk management plans to mitigate those risks and guide staff to provide safe care and treatment.
- We found one person had been prescribed a modified diet and fluids by a speech and language therapist to mitigate their identified risk of choking and aspiration. However, there was no risk management plan in place to ensure staff understood the risks and guide them to provide safe care. Another person had been assisted to use a stairlift; however, there was no risk management plan to guide staff on how to safely manage the associated risks.

People had been placed at the risk of harm from a lack of risk management plans. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We fed back our concerns during the inspection and these were acknowledged by the registered manager. They told us they had the facility on the electronic care system to implement care and risk management plans and staff were working hard to complete these. We will review the effectiveness of these measures at our next inspection.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- People and their relatives told us they mostly received their calls within a reasonable time from regular staff. One relative told us, "The carers have been with [Name] for a long time and know them well. There are times when they [staff] are late but they usually turn up within half an hour."
- The provider had employment checks in place to ensure suitable staff were employed to care for people. These checks included police checks and references from previous employers. We found that checks had mostly been carried out; however, there were some gaps in the checks and we raised concerns regarding discrepancies in one person's references. The registered manager followed up these missing checks and we signposted them to the recruitment legal requirements to ensure they were compliant with regulations.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm.
- There was a safeguarding policy and procedure in place. Staff had received up-to-date training about how

to protect people from harm and abuse. Staff we spoke with demonstrated an understanding of the signs of abuse and knew to inform management and what action to take if they had any concerns.

- People told us they felt safe when receiving care and support. One person told us, "I'm really very satisfied and I feel very safe, they [staff] always turn up."

Using medicines safely

- People were supported to receive their medicines safely.
- A medicines policy was in place. Staff had received medicines training. Medicines administration was audited electronically and staff were able to report any missed medicines concerns to the office via their app.
- Feedback from people and relatives was positive about medicines. One person told us, "They [staff] check I have taken all my medications and are reliable and prompt." Another person told us, "They [staff] always check that I take my medication, they don't go until I have taken it."

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Accidents, incidents and concerns were recorded and reviewed by the management team. Any changes as a result of learning from incidents could be made immediately in the electronic care application.
- Staff understood their responsibilities to report any concerns, accidents or incidents. They told us they would report anything they were worried about to the management team.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control (IPC) practices.
- Staff had received training in IPC and demonstrated their understanding around safe practice.
- Feedback from people and their relatives was positive about staff members' IPC practice in their homes. One relative told us, "They [staff] wear PPE and are clean and tidy."

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant 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

- People's care and support needs and preferences were assessed prior to receiving a service and delivered in line with their choices.
- People and their relatives were involved in this process and the assessments considered people's individual protected characteristics, such as gender, age, race and cultural or spiritual needs.

Staff support: induction, training, skills and experience

- The registered manager made sure staff had the skills, knowledge and experience to deliver effective care and support.
- The staff training package covered standards of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. The registered manager told us they wanted to ensure staff were highly trained to ensure the best care.
- Staff received ongoing support from the management team. The registered manager told us new staff shadow experienced staff members until they feel confident in their role. Staff confirmed with us that they felt supported by management. One staff member told us, "My managers are really approachable."
- The registered manager told us, and staff confirmed this, that they carry out spot checks to assess for competencies of staff and check the quality of care delivery, including medication administration. However, this was not always recorded. We spoke with the manager, who assured us they would immediately implement regular and documented competency checks. We will review the effectiveness of these measures at our next inspection.

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

- People were supported to eat and drink to maintain a balanced diet.
- Staff completed food safety training as part of their induction.
- People who received support with food and drink told us they were happy. One relative told us, "They [staff] do meal preparation and always offer [Name] a choice."

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

- Staff and the management team worked in collaboration with people, their relatives and healthcare

professionals involved in people's care. They worked with other agencies, such as GPs and community nurses to ensure people's needs were met.

- The registered manager gave several examples of where they had referred to and worked with other agencies, such as, therapy teams and social workers.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA.

- Consent from people was gained before care and support was provided.
- People had signed consent to care and support forms in their care files. Staff were knowledgeable about mental capacity and told us they always gained consent before providing care.
- The registered manager demonstrated their knowledge around consent, legal safeguards and people's power of attorney. At the time of the inspection no-one was subject to a Court of Protection authorisation.
- People and their relatives told us they were involved in any decisions about their care. One person told us, "I know my team who are all regular staff which is important to me...they always ask 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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- People were well supported and treated with respect by staff.
- Staff had undergone training in equality and diversity. One staff member told us, "Training made me aware of cultural differences that I need to bear in mind."
- People and relatives told us they were supported with respect. One person told us, "I know all the staff and they make time for a chat, they are all nice and very friendly and I am happy with them." One relative told us, "[Relative] always looks respectable and their nails and hair are always tidy. They seem to have respect for their privacy and dignity."
- We saw many compliments and thank you cards displayed in the services foyer. Comments included, "Words cannot express how grateful we are. You always conducted yourselves in a professional, caring and loving manner."

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

- People and their relatives were supported to be involved in their care and support.
- People, and where appropriate, their relatives could have access to their own care records through the electronic system. This meant they could see what was written in records and share their views as needed. People and relatives told us they felt involved in their care. One relative told us, "[Name] likes all the staff though he has his favourites. They [staff] involve him in decisions and know his favourite things, like television programmes."
- Staff told us they involve people when providing care. One staff member told us, "I ask them [people] about their personal preference in how they like to be washed, I promote doing this themselves as much as practically."

Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness, dignity and respect.
- Staff received training on dignity and respect. Staff described to us how they would ensure people were treated with dignity whilst providing care and support. One staff member told us, "With personal care, I will make sure they [people] have a towel round them, ensure doors are closed and blinds closed."
- People and their relatives told us staff were kind and caring. One person told us, "I am lonely, so it really helps that they [staff] make time for me and are so respectful. I like them all, they are very kind." Another person told us, "They [staff] are all so kind to me and I get on well with all of them. When new staff come, they always introduce themselves, which I like."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People were supported as individuals, in line with their needs and preferences.
- People and their relatives told us they received person centred care. One relative told us, "They [staff] spend time with my relative finding out all about their likes and dislikes, they do a magnificent job dealing with their [condition]." One person told us, "The company know me very well and they are all lovely, I cannot fault a single thing about them."
- Staff told us they received information about people's care plans on their electronic application and felt they were kept updated with people's needs.
- Although people and staff told us they knew people well, we found shortfalls in the care documentation. Information on the system and used by staff did not always fully reflect the person's physical, mental, emotional and social needs. We have discussed this in the well-led section of this report.

Meeting people's communication needs

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

- People's communication needs were understood and supported.
- The registered manager told us they currently did not support anyone with specific needs. However, any information could be provided in other languages and/or in alternative formats such as large print should these be required.
- The registered manager told us some people required staff to take extra time to ensure people understood them and staff were aware of these needs.

Improving care quality in response to complaints or concerns

- The provider had processes in place to allow people to raise concerns and complaints easily.
- Concerns raised with management were logged on the system. Any lessons learned from a complaint were cascaded to all staff. Complaints were audited to ensure they had been responded to effectively.
- People and relatives mostly told us they felt comfortable raising concerns and confident they would be dealt with. One relative told us, "At the beginning I had complaints about my [relative's] care. They put training in place and it was sorted. Anytime I have an issue it is always sorted. I always feel supported."

End of life care and support

- There was an end of life policy in place and some staff had received end of life training.
- The service did not often provide planned end of life care and support to people as this service was provided by a specialised team in the local authority.
- Although end of life care was not often provided, the registered manager told us they provided training as they wanted to ensure staff were still knowledgeable and empathic in case an unplanned situation arose. A wall in the service's foyer was dedicated to orders of service of people who had previously used the service and had passed away.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes to check the quality and safety of care delivery were not always completed effectively.
- The registered manager had not always ensured people had appropriate risk management plans and accurate, complete and contemporaneous care records were always kept for people. For example, there was a lack of full and detailed care plans that included people's personal history, individual preferences, interests and aspirations.
- Some audits were in place; however, they had not identified the concerns found during this inspection. Further audits were required to ensure a full and robust oversight of the service. For example, audits of people's care plans had not identified and addressed the concerns we found with a lack of robust risk management and care plan information.

The provider had not ensured effective oversight of quality assurance and operations of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We fed back our concerns during and after the inspection and these were acknowledged by the management team. They told us they were in the process of implementing measures to improve the monitoring of the quality of the service. We will review the effectiveness of these measures at our next inspection.

- The registered manager was aware of their regulatory requirements. However, their statement of purpose and service user bands did not reflect they provided a service to people with a learning disability. We requested the registered manager submit a statutory notification to update their statement of purpose to reflect the required service user bands.

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; Continuous learning and improving care

- The registered manager understood their responsibility under the duty of candour and had created a learning culture at the service to improve the care people received.
- Accidents, incidents and safeguarding concerns recorded, investigated and control measures implemented to reduce the risk of future occurrences. Any learning from incidents or complaints was shared

with staff. The registered manager told us, "I am proud of the fact that we continue to improve and look at how we can strengthen our person-centred approach when looking after our service users."

- People told us where they had raised a concern, they had received an appropriate response and improvements had been made. One person told us, "A year ago I raised concerns about the timing of visits, and things not being done. The carer concerned was taken off the rota and retrained and now only visits with another carer."

Working in partnership with others

- The provider worked well with a range of other partners.
- The registered manager and team worked closely with external social care and health professionals to achieve the best outcomes for people. The provider had also established positive and effective links with other organisations in the community.
- Where people needed input or referrals to other agencies, this was facilitated by the provider. The registered manager worked with local teams such as, moving and handling professionals, occupational therapy and district nurses.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive and open culture at the service.
- People, relatives and staff's comments all reflected a person-centred and caring service. Written comments from one relative included, "Thank you to you and all your team for the care and support you gave [relative] enabling him to have his wish to remain independent at home in his twilight years."
- Staff, people and their relatives were positive about the management team. People and their relatives felt the service was responsive to their needs and communication was good. One person told us, "I have spoken to them about minor concerns, and they have always been quick to respond and very open to discussion, the management always listen and collaborate well."
- The registered manager told us they had an open door policy and had previously held regular team meetings; however, the regularity of these needed improvement. Most staff felt the management team were approachable and listened to staff. One staff member told us, "They [management] are approachable and I always feel comfortable giving them a call."
- The service actively sought feedback on people's experiences through home visits and phone calls to check the quality of the service. The registered manager told us their aspirations for the service included ensuring everyone was treated with compassion, dignity and respect, and fulfilling the expectations of people to ensure the most vulnerable were looked after in the best way possible.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's individual risks were not always assessed and managed safely. Regulation 12 (2) (a) (b)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes to check the quality and safety of care delivery were not always completed effectively. Regulation 17 (2) (a) (b)