

ABS Care Ltd

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Inspection report

54 Crane Avenue
Isleworth
TW7 7JW

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22 February 2022

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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

About the service

ABS Care Ltd is a care agency providing personal care and support to people living in their own homes. 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. At the time of the inspection, eight people were receiving the regulated activity.

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

People received a personalised service which met their needs and reflected their preferences. They were involved in making decisions and were consulted about their care. Some of the things people using the service and their relatives told us were, "I am pleased with ABS Care, they are so helpful", "[The registered manager] treats everyone as special", "They are wonderful and we couldn't ask for better" and "We are just blessed we found such a good agency."

People's care was planned and risks to their safety and wellbeing were assessed. The agency reviewed these plans regularly, involving people in these reviews and asking for their opinions. They delivered good quality care which had led to improvements in people's health, the condition of their skin and with social isolation.

The staff felt well supported and had the information and training they needed. They enjoyed working for the agency. The management team carried out regular checks to make sure staff were following policies and procedures.

People had good relationships with the staff and management team. They told us staff were kind, dedicated and caring. Their privacy and rights were respected.

There were suitable systems for monitoring the quality of the service and making improvements. These included clear policies and procedures and regular audits of the service. The registered manager was also one of the owners of this family run business. They had a good oversight of individual needs and worked alongside staff to provide care, support and guidance for people using the service and their families.

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 was the first inspection of the service since it was registered on 1 February 2021.

Why we inspected

The inspection was prompted by the date of registration of this service.

Follow up

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 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 

ABS Care 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 Health and Social Care Act 2008.

Inspection team

The inspection was conducted by 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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 February 2022 and ended on 23 February 2022. We visited the location's office on 22 February 2022.

What we did before the inspection

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 received feedback from seven members of staff about their experiences.

We looked at all the information we held about the provider.

During the inspection

We met the registered manager, director and supervisor.

We looked at records the provider used for managing the service, including the care records for five people who used the service, four staff files, and other records used by the provider for monitoring the quality of the service.

After the inspection

We spoke with two people who used the service and the relatives of five other people.

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 of 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

- There were suitable systems to safeguard people from the risk of abuse. The provider had policies and procedures for safeguarding adults and whistle blowing. The staff had received training about how to recognise and report abuse.
- People using the service and their relatives told us people were safe.
- There were appropriate systems to help protect people from financial abuse when staff supported them with shopping.

Assessing risk, safety monitoring and management

- The risks to people's safety and wellbeing were assessed, monitored and managed. The provider assessed risks relating to people's health, nutritional needs, medicines management, mobility, risk of falls and risks within their home environment. Assessments included plans to help keep people safe. The assessments and plans were regularly reviewed and updated.
- People using the service and their relatives told us staff supported them in a safe way to reduce risks, for example, support to move safely around their homes and with exercises to help improve their mobility.

Staffing and recruitment

- There were enough suitable staff to meet people's needs and keep them safe. People using the service and their relatives told us staff arrived on time, were not rushed and stayed for as long as they were needed.
- The staff told us they had enough time to travel between their care visit calls, and they did not feel rushed. The provider had an electronic call monitoring system which identified if carers were late so this could be investigated and addressed.
- There were appropriate systems for recruiting and selecting new staff, which included checks on their suitability and assessments of their knowledge, competencies and skills.

Using medicines safely

- People received their medicines as prescribed and in a safe way. There were suitable systems for managing medicines, such as assessments of medicines needs and risks, plans to support people and information about the medicines people were prescribed. Plans were personalised and included information about how people liked to take their medicines and any adverse effects for staff to be aware of.
- The staff received training so they could understand about supporting people to take their medicines. The management team assessed their knowledge and skills in this area.
- Staff kept clear, accurate and up to date records of medicines administration. They also recorded the administration of medicated creams and 'as required' (PRN) medicines. Medicines administration records

were regularly audited and checked.

- The provider liaised with prescribing doctors and pharmacies to make sure people were receiving the right medicines and they had supplies of these when they needed them.

Preventing and controlling infection

- There were suitable systems to help prevent and control infection. Staff received training about infection prevention and control, as well as training about COVID-19.
- People told us staff wore personal protective equipment (PPE) such as gloves and masks, and that they followed good hygiene practices. The staff told us they had enough PPE and had received training about this. Managers made checks on staff to make sure they were using this correctly.
- The provider had systems to make sure staff undertook regular COVID-19 tests. They recorded information about these and took appropriate action following positive test results. There was a business continuity plan which included how to respond to challenges presented by the COVID-19 pandemic. The provider had also asked staff and people using the service for their feedback about the way they were managing during the pandemic, with surveys which asked for people's feedback and any improvements they wanted.

Learning lessons when things go wrong

- The provider ensured that lessons were learnt when things went wrong. They recorded adverse events and investigated these. They had meetings and discussions with staff to reflect on practice and plan improvements.

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 of this newly registered service. This key question has been rated 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 needs and choices were assessed before they started using the service. People and their relatives told us the registered manager met with them and undertook a thorough assessment. One relative told us, "[Registered manager] impressed me at the assessment and has impressed me ever since." Another relative told us they were pleased with the way the registered manager asked the person using the service questions and made sure they were comfortable with the process and could voice their views.
- The assessments were detailed and were used to help create care plans.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well supported and had the skills and knowledge to provide safe and good care.
- The registered manager was a qualified trainer and trained individual and groups of new staff about all aspects of the service and providing care. They also tested their knowledge through quizzes and assessed the staff when they were caring for people and undertaking different tasks. The staff also completed a range of online computer training.
- There were regular team meetings, where staff discussed the service. The management team met with individual staff to offer support and supervision, as well as assessing their work.
- There were suitable systems for staff to communicate with each other and managers to make sure they shared information and were updated with any changes.
- The staff told us they felt well trained and supported. They described some of the learning they had undertaken and how this had helped them in their roles. One staff member told us the training had been "an amazing help." Staff explained, "I have the full support from the management", "I always receive support when I need it" and "I really enjoy the teamwork."

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

- People received the support they needed to meet their nutritional and hydration needs. Their needs were assessed and recorded in care plans.
- Staff supported people to make sure they had enough food in their homes and to make sure meals were prepared and presented the way people liked. We saw photographs staff had shared with the registered manager about the way they presented food to make sure it was attractive.

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

- People's healthcare needs were recorded, and staff were given information about how these needs

affected people and any concerns to be aware of which might indicate a deterioration in health.

- Staff had responded appropriately when people became unwell, seeking medical assistance and liaising with healthcare professionals.
- The agency developed good relationships with visiting nurses and other professionals to make sure they shared information. One visiting nurse had complimented the staff on how well they had cared for a person's damaged skin and how this care had improved the condition of their skin.

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.

- People had consented to their care and treatment. The registered manager asked for their consent to different aspects of care and this was recorded. Staff gave people choices during each visit and respected their decisions. People and their relatives confirmed this.
- Some people had been assessed as lacking the capacity to consent to their care. The agency had consulted with their legal representatives and families to make sure decisions were made in their best interests.

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 of 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

- People were well treated and supported. They, and their relatives, told us they had good relationships with staff and the management team. Some of their comments included, "[Care workers] are so attentive, nice and kind", "They are lovely and I couldn't ask for better", "We know we can rely on them" and "We are so happy and have got to know the carers well."
- One relative wrote to us shortly before our inspection to tell us they thought the agency and staff demonstrated, "Good humour, charm, thoughtfulness, patience, humanity and generosity of spirit."
- Some relatives gave us examples about times the care workers and management staff had provided extra support at times when care was not planned. For example, one relative told us there was an incident when they could not get hold of the person using the service on the phone. They rang the agency and staff immediately visited to check on the person and stayed with them to make sure they were well. Several relatives told us the care workers had brought people flowers and helped them celebrate special events.
- The registered manager gave us examples when care workers had stayed extra time with people to help facilitate activities or support people to attend appointments. Over Christmas they helped support one person to spend time with their family for Christmas lunch which would not have been possible without staff support. They also told us about a situation where a person had felt distressed and the staff had stayed with them and painted their nails to help them feel better.
- The agency recorded people's cultural and religious needs, as well as their interests and things that were important to them. One family told us how staff from the same religion and cultural background supported their relative by understanding what was important and their special requirements.

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

- People were able to express their views and make decisions about their care. They and their relatives confirmed this. One relative told us, "As much as they can, they involve [person] in decisions; [care workers] always explain what they are going to do and ask if [person] is happy with that."
- Relatives told us they were well informed and were contacted about any changes in the person's condition or wellbeing. They were able to access records of care through a computerised application and were sent messages by staff.
- Care plans included information about people's views and choices. They were regularly reviewed, and the agency contacted people each month for feedback about the service and to ask if they wanted any changes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. People using the service and their relatives told us staff supported them behind closed doors and made sure they were covered up. Care plans also

reminded staff about the importance of maintaining privacy and staff had training about this.

- Relatives told us the care workers and management team treated people respectfully. One relative explained, "They are very caring and loving, they treat [person] like a family member." Another relative told us, "They make [person] feel special and unique."
- People were supported to be independent where they were able. Care plans described tasks people could do for themselves. The staff supported people to do this, and helped people to stay active and mobile, including supporting them with physiotherapy exercises. One relative told us, "[Care workers] try to let [person] do what [they] can and only step in if needed, they show understanding."
- The registered manager told us about one person who had enjoyed cooking their own meals in the past. The staff made sure they involved the person when they prepared food, by supporting them to sit in the kitchen and to be part of the meal preparation, as well as listening to instructions from the person about how they wanted food prepared.

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 of this newly registered service. This key question has been rated 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 received personalised care which met their needs and reflected their preferences. The registered manager had created detailed care plans which outlined how people should be cared for. These care plans focussed on people's preferences, choice and supporting people to be independent where they were able. Staff wrote records to show the care they had provided each day, and these indicated care plans had been followed.
- People using the service and their relatives told us their needs were met. People received care from the same familiar care workers which helped them to get to know each other and to provide consistent care.
- The provider responded to changes in people's needs. They regularly reviewed care plans and monitored care packages at least once a month. Relatives were able to give us examples about how the planned care had changed as a result of people's changing needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The agency supported people to follow interests and to avoid social isolation. The care staff developed good relationships with people and spent time sitting and talking with people as well as supporting activities. The provider had a supply of board games, puzzles and other resources which care workers took on visits so they could spend time with people using these.
- One person, who had been apprehensive to leave their house for many years, had been supported to access local shops and now enjoyed regular shopping trips with staff.

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 were supported to understand information and communicate with staff. The staff spoke a number of different languages which they could use to help communicate with people when needed.
- People's communication needs were recorded along with information about any sensory impairments and how staff should support them with these.
- At the time of our inspection, no one had any barriers to communication and could understand information which was shared with them.

End of life care and support

- No one was being cared for at the end of their lives at the time of the inspection, although people had been in the past. The staff took part in training to help them understand about caring for people at this time. The provider worked closely with families and other healthcare professionals to make sure people received the right care and support.

Improving care quality in response to complaints or concerns

- There were systems for dealing with complaints and concerns. People using the service, their families and staff were given copies of the complaints procedure. People told us they knew who to speak with if they had any concerns and they felt these would be addressed. One relative told us, "I would feel confident talking about any concerns. I am happy to pass on compliments and would be just as happy to say if something was wrong, although it has not been yet."

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 of this newly registered service. This key question has been rated good. 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

- There was a positive, person-centred culture. People using the service and their relatives were happy with the service they received and told us they were treated as individuals and respected.
- In addition to the positive feedback we received as part of the inspection, the provider had also received compliments and positive feedback from people using the service and relatives. Comments included, "All carers are excellent and go over and above; getting [person] back to good health where others have failed", "I would like to thank you for the understanding you have shown when we changed the times to meet [person's] changing needs and to give [them] independence", "[The agency is] willing to go that extra mile" and "The carers took the trouble to gain [person's] trust by being patient."
- The staff told us they enjoyed working for the agency. They felt respected and valued and all told us they would recommend the agency as a good place to work and for a family member who needed care. Comments we received from staff included, "[The agency] is striving to give the best possible care and support the community", "I appreciate the manager because she is passionate and leads us by example, she works in the field with us to ensure we are supported and motivated" and "The agency is doing a wonderful job to give the best care to the clients."
- The registered manager told us staff were dedicated and hard working. They had introduced a "carer of the month" reward scheme to recognise good work. The registered manager spoke about examples of staff dedication to their work which included one care worker who had researched about ways to support people with dementia in their own time, in addition to the training they had with the company. As a result, they had adapted their approach with successes for people, including supporting one person to access showers after they had consistently refused to do this before.

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 provider understood their responsibilities under duty of candour. They had procedures around this and for dealing with complaints, accidents, incidents and safeguarding concerns.
- The registered manager had developed a range of guides for staff on how to respond to specific events and who to contact following concerns or incidents.
- The provider had responded appropriately when things went wrong, investigating this, apologising to the people involved and making improvements to the service.

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

regulatory requirements

- Managers and staff understood their roles and responsibilities. The registered manager was also the owner of this family run company. They were an experienced and qualified care manager.
- There were clear policies and procedures and staff were aware of these. The registered manager provided a range of training and information for staff so they could understand about good practice and regulations.
- The registered manager had a good knowledge of the service, as well as knowing individual people and staff. They carried out weekly recorded assessments of the service, so they could identify things that were going well and areas where improvements were needed.
- All of the staff who contacted us told us they felt supported by the registered manager. They had the information they needed and could ask for help and support. People using the service and their relatives knew the management team and felt confident speaking with them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people using the service and other stakeholders. People told us they regularly spoke or saw the registered manager and were called at least once a month to give feedback on their care.
- Staff met as a team monthly and used messaging applications to stay in touch with each other and share information.
- The provider used an online application for recording care provision. Families and friends could access these to monitor whether people were receiving planned care.
- Care plans included information about people's diverse needs and how these could be met. For example, supporting people with religious needs.

Continuous learning and improving care

- There were systems for monitoring and improving the quality of the service. The registered manager had a good oversight of the service and systems for making sure staff training and support was up to date and care plans were regularly reviewed.
- The provider kept clear, up to date and well organised records and had systems for monitoring adverse events and making improvements following these.
- The management team had regular contact with people using the service, their relatives and staff to monitor the service and make adjustments when needed.

Working in partnership with others

- The provider worked with other local care agencies, sharing ideas and supporting one another. They also liaised with other professionals to make sure individual needs were met.
- The provider ran specialist charity events to support different charities and share information about these.