

Abacus Homecare (Bromley) Limited

Abacus Homecare (Bromley) Limited

Inspection report

Office A, Willow Walk Business Centre
8-11 Willow Walk, Starts Hill Road
Locksbottom
Kent
BR6 7AA

Tel: 01689853040

Date of inspection visit:
07 March 2018

Date of publication:
28 March 2018

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 inspection took place on 7 March 2018 and was announced. We gave the provider 2 days' notice of the inspection in order to ensure senior staff were available to meet with us. At our previous inspection in December 2015 we rated the service 'good' overall.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of our inspection the service was providing personal care and support to approximately 40 older adults in the London Borough of Bromley.

The service had a registered manager in post. 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.

At this inspection we found that risks to people had been assessed and were safely managed by staff. People were protected from the risk of abuse because staff were aware of the type of abuse that could occur and the action to take in reporting any abuse allegations. The provider followed safe recruitment practices and there were sufficient staff deployed by the service to meet people's needs.

People were supported to take their medicines safely where this was part of their assessed needs. Staff received training in infection control and were aware of the action to take to minimise the risk of infection. They were also aware of their responsibilities in reporting any accidents or incidents that occurred and the provider acted when reviewing accidents and incidents in order to reduce the likelihood of repeat occurrence.

People's needs were assessed in order to ensure the service could effectively meet their needs. Staff were supported in their roles through an induction, training and supervision and people told us they felt staff had the necessary skills to provide them with good quality care. People were supported to maintain a balanced diet, and to access healthcare services where needed. Staff were aware of the importance of seeking consent when offering support to people and had received training around the Mental Capacity Act 2005 (MCA), although they told us that the people using the service had the capacity to consent to their care.

People told us that staff treated them with kindness and consideration, and that their privacy and dignity were respected. Staff involved people to make their own decisions about the care they received and people confirmed that their independence was promoted. The provider had a complaints policy and procedure in place which people and relatives were aware of. They expressed confidence that any issues they raised would be addressed appropriately. People had been involved in developing their care plans and told us that they received care which met their individual needs.

The provider had systems in place for monitoring the quality and safety of the service, and acted to address

any issues identified during monitoring processes. People and staff spoke positively about the management of the service and the working culture. The provider worked with other agencies to ensure people received good quality care. The management team sought feedback from people regarding the service through regular visits and an annual survey, and feedback showed that people were happy with the care they received and were experiencing positive outcomes using the service.

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.

Risks to people were assessed and managed safely by staff.

There were sufficient staff deployed to meet people's needs. The provider followed safe recruitment practices.

Medicines were administered and recorded appropriately and safely.

People were protected from the risk of abuse because staff were aware of the action to take if they suspected abuse had occurred.

Staff were aware of the action to take to reduce the risk of infection.

The provider learned lessons from any accidents and incidents that occurred in order to reduce the likelihood of recurrence.

Is the service effective?

Good 

The service was effective.

People's needs were assessed to ensure the service was able to provide them with effective support.

Staff were supported in their roles through an induction, training and supervision.

People were supported to maintain a balanced diet where this was part of their assessed needs.

People had access to a range of healthcare service in order to maintain good health.

Staff sought consent from people when offering support and were aware of how the Mental Capacity Act 2005 (MCA) applied to their roles.

Is the service caring?

Good 

The service was caring.

Staff treated people with kindness and consideration.

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

Staff treated people with dignity and respected their privacy.

Is the service responsive?

Good ●

The service was responsive.

People received care and support which reflected their individual needs and preferences.

People were supported to maintain their independence wherever possible.

The provider had a complaints policy and procedure in place which gave guidance to people on what they could expect if they raised a complaint. People expressed confidence that any complaints they raised would be dealt with effectively.

Is the service well-led?

Good ●

The service was well-led.

The service had a registered manager in post who had a good understanding of the responsibilities of the role.

People spoke positively about the management of the service and the working culture.

Staff told us they were well supported in their roles and felt valued by the management team.

The provider had systems in place for monitoring the quality and safety of the service.

The service worked with other organisations in order to provide good quality care.

The provider sought the views of people using the service, and their feedback was positive.

Abacus Homecare (Bromley) Limited

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.

This inspection took place on 7 March 2018. The inspection was conducted by one inspector. Prior to the inspection we reviewed the information we held about the service which included feedback received from members of the public about their views on the service and the details of notifications received by the provider. A notification is information about important events that the provider is required to send us by law. We also contacted a local authority who commissioned the service to gain their views.

The provider completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to provide some key information about the service, what the service does well and any improvements they plan to make. We used this information to help inform our inspection planning.

During the inspection we visited the office location and three people in their homes. We also contacted a further two people and three relatives by telephone. We spoke with seven members of staff, including the office manager, operations manager and registered manager, and looked at a range of records. These included five people's care plans, three staff recruitment files, staff training and supervision records and other records relating to the management of the service, policies and procedures, people's Medication Administration Records (MARs), and checks and audits undertaken by the provider.

Is the service safe?

Our findings

People and relatives told us they felt the service they received was safe. One person said, "I'm quite safe with the carers; they come when I expect them and I know who they are." A relative said, "The staff make sure [their loved one] is cared for safely; I have confidence in them." Another relative commented, "The service is safe and the staff have been prompt to act when [their loved one] has had any issues."

The provider had policies and procedures in place which provided guidance to staff on how best to protect people from the risk of abuse. Staff had received safeguarding training. They were aware of the types of abuse which could occur and the action to take if they suspected abuse had occurred. They were also aware of the provider's whistle blowing policy, although they expressed confidence that any concerns they raised would be acted on appropriately by the registered manager. One staff member told us, "If I had any concerns in that area, I'd report it immediately to the manager, but I know that if needed I could contact social services directly myself."

There were sufficient staff deployed by the service to ensure people's needs were safely met. Senior staff explained, and records confirmed, that staff rotas had been arranged with a view to minimising travel time for staff between calls and that travel time had been factored in to rota planning. People told us that staff visited them at, or close to, the times they had agreed with the provider. One person said, "They [staff] are very reliable. I have a timetable and even in the recent bad weather they were still here on time." Another person told us, "The staff come at the times I expect each day and provide me with the help I need; they don't rush me." A relative commented, "They're pretty good with the timings and I know that they'll turn up. We've not had any missed visits and we see a regular group of staff who have got to know [their loved one]." Staff also confirmed they were able to attend their scheduled visits on time and provide people with the support they needed safely.

The provider followed safe recruitment practices. Staff files contained information regarding each member's previous employment history and confirmation of their fitness to work, as well as evidence of checks having been made in areas including proof of identification, references and criminal records checks which helped ensure their suitability for the roles they had applied for.

People's care files included assessments covering areas of potential risk including the environment, medicines, moving and handling and any identified health conditions. We saw guidance in place for staff on how to manage identified risks safely. For example, where one person had been identified as suffering from epilepsy we saw they had a seizure management plan in place which gave guidance on the action to take in the event of them suffering from a seizure. In another example, where one person had been identified as being at risk of falls, senior staff had put a falls prevention plan in place which contained guidance for staff on how to reduce the risk of them falling. Staff we spoke with were aware of the details and confirmed they followed the guidance accordingly, to reduce the risk of the person falling.

People were provided with contact numbers on which to call senior staff in the event of an emergency when they started using the service. One person we spoke with told us they had recently contacted the service

having suffered a fall, and that two of the management team had come straight out to them to offer support and ensure they were OK. In another example, records confirmed that staff had helped arrange an emergency boiler repair for one person during recent cold weather. The provider also had systems in place to enable them to prioritise people's visits according to their level of need, should they need to do so in an emergency.

Staff were aware of the action to take to manage the risk of infection when supporting people. For example, one staff member told us, "I always make sure to wash my hands between tasks and to wear gloves when supporting people with personal care." Records showed that staff regularly collected personal protective equipment (PPE) from the service for use when supporting people, and people confirmed that staff used this equipment whilst providing them with support. Staff had also completed training in infection control and food hygiene.

Medicines were managed safely. One person told us, "The staff make sure I take my medicines at the right time." Another person said, "There have never been any problems [with their medicines]." People's needs had been assessed in order to help identify the level of support they required, if any, to take their medicines as prescribed. We saw medicine administration records (MARs) were in place where assessments identified staff as being responsible for administering people's medicines. The MARs we reviewed had been signed appropriately by staff to confirm people had received their medicines as prescribed. Staff received training in medicines administration and had undergone competency assessments to ensure they supported people safely with their medicines.

Staff were aware to report any incidents or accidents that occurred in the course of their work. The provider maintained records of any incidents and accidents which had occurred. These had been reviewed by the management team to ensure appropriate action had been taken to reduce the likelihood of repeat occurrence. For example, we saw that one person's care plan had been reviewed and updated following an incident that had occurred when a family member had attempted to support them to go to bed, and staff had also followed up with the family member, providing them with instruction on how to operate the bed's controls, to prevent a similar future incident from occurring again.

Is the service effective?

Our findings

People told us that staff had the skills and knowledge to provide them with effective care. One person said, "They [staff] are competent. They have to use a hoist to get me up and there's never been a problem." Another person said, "They've been able to anticipate my needs, so I think they're on the ball."

Staff received an induction when starting work for the service which included time spent shadowing more experienced colleagues, reviewing the provider's policies and procedures, and familiarising themselves with people's care plans. Records showed that staff had also completed training in a range of areas considered mandatory by the provider including health and safety, first aid, infection control, moving and handling, and fire safety which was refreshed periodically. We saw plans in place for staff to complete any overdue refresher training, and most staff were up to date at the time of our inspection. One staff member told us, "The training we've had has been good; I feel confident to support our clients."

Staff also told us they received regular support through both formal and informal supervision. One staff member said, "We have one to one meetings where I can talk about any issues I'm having or areas in which I'm not confident. We also get lots of informal support from the management team who often come out and work side by side with us." We noted that whilst records confirmed that staff attended formal supervision sessions, staff had not all received an annual appraisal in the last year. We raised this with the management team who confirmed they were in the process of addressing the issue which we saw had been identified on the service's continuous improvement plan.

People's needs were assessed before they started using the service to help identify the support they required and ensure the service's suitability. Assessments covered areas including people's physical and mental health, details of any healthcare professional involvement in their care and a summary of their support needs. We also saw local authority assessments in place where they had commissioned the service and noted that this information as well as the provider's own assessments had been used when developing people's individual care plans.

Staff were aware of the need to seek people's consent when offering them support. One staff member told us, "It's important to communicate clearly with people; I always let them know what I'm doing and make sure they're happy; I wouldn't do anything they didn't want." Another staff member told us, "We would never force anyone to do anything they didn't want; if they refuse care, then I can try and encourage, but it's their decision." People told us staff sought their consent. One person said, "They always check I'm happy before helping me." Another person said, "They always ask me if I'd like help; if I don't want them to do something, they won't."

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff had received training in the MCA but told us that the people they supported had the capacity to make decisions about their care for themselves. Senior staff confirmed this, and told us that they would involve family members or relevant health or social care professionals in making specific decisions in people's best interests if they lacked capacity, in line with the requirements of the MCA.

People were supported to eat and drink where this was part of their assessed needs. Care plans included guidance for staff on any assistance people required to prepare meals or to eat and drink, and considered any risks associated with eating and drinking, for example whether people had any known allergies. People told us they were happy with the support they received to eat and drink. One person said, "I'm quite independent with my meals but the staff support me to cook my breakfast and they do a good job." Another person told us, "I mostly eat ready meals, but the staff prepare them and they always make sure I've had enough to drink."

People were supported to maintain good health. People and their relatives told us that staff monitored their health conditions and offered advice if they felt healthcare support was needed. For example, one relative described how staff had identified concerns regarding their loved one's skin integrity and had helped arrange a visit from a community nurse in order to ensure this was effectively managed. Another person told us, "I arrange my own appointments, but staff had recommended I speak with my GP when I've been unwell, and they were right to do so."

Staff told us that people were able to access healthcare services independently, but that they would arrange appointments if needed. One staff member said, "I've called a GP out for one person and had to call an ambulance for another when they were unwell." Staff also told us, and people confirmed that they sought to provide flexibility with visit times when needed in order to ensure people were able to attend any healthcare appointments they had.

Is the service caring?

Our findings

People and relatives told us that staff were caring in their approach. One person told us, "The staff are superb; they have my best interests at heart." Another person said, "The staff are kind and considerate; they're more like a family than a service." A relative commented, "They [staff] are friendly and approachable. They're very good with [their loved one] and they have a bit of a laugh together."

Relatives described examples where staff had shown them and their loved one additional consideration. For example, one relative explained that staff had offered to go and do shopping for them during a period of recent bad weather, so that they didn't have to go out if they didn't want to. Another relative told us that the registered manager had offered them advice on equipment that made the support they provided to their loved one easier during the day when staff from the service weren't there.

Staff had developed strong relationships with the people they supported and were knowledgeable about their needs and preferences. They knew people's family backgrounds and interests, and could describe their preferred daily routines. One staff member told us, "It takes time to get to know people, but we all have consistent rotas and see the same people each week which I think enables them to become comfortable with us." People confirmed that they received support from a consistent staffing group who they were familiar with. One person said, "The staff have got to know me well and know what's going on in my life."

People and relatives told us that staff treated them with dignity and respect. One person said, "The staff are respectful and show a caring attitude." Another person told us, "They [staff] are polite and do their best to make me feel comfortable." A relative said, "The staff respect our home and the way we live; I worried that I'd be uncomfortable having strangers in the house, but it's been great."

Staff described how they worked to ensure people's privacy and dignity were respected. One staff member said, "I always ring on the doorbell before going into the house and will call out when I enter, if the person's unable to come to the door themselves." Another staff member said, "I make sure we have privacy when I'm supporting people with personal care. For example, I'll make sure the curtains are closed, and will close the bedroom or bathroom door if other people are in the house." One person told us, "Staff respect my privacy. If they're helping me to wash, they'll cover me with a towel so that I'm not exposed and don't feel awkward."

People were involved in making decisions about their care and treatment. Staff told us that they offered people choices in their daily routines wherever possible, for example in the clothes they liked to wear or the things they wanted eat or drink. One person told us, "The staff always ask what I want them to do; the decisions are mine and they respect them." A relative said, "They respect [their loved one's] choices. For example, if [their loved one] wants a lie in, they might prepare breakfast in bed first, instead of the usual routine."

Is the service responsive?

Our findings

People told us that the service provided them with support which met their individual needs. One person said, "When I started using the service we talked about the support I wanted and how I would like it to be provided; the staff cater for my preferences." Another person said, "They [staff] take my lead and provide me with the support I want. For example, some days I like to have a wash first and then have breakfast, and other days I prefer to have breakfast first; they're all happy to support me in the way I prefer on the day."

People had care plans in place which had been developed from assessments conducted by the provider, and by the local authority where they had commissioned the service. The care plans included guidance on the areas in which people required support, including personal care, eating and drinking, mobility, continence and any specific communication needs, as well as details about the duration and times of visits which had been agreed.

Care plans also contained details about people's preferred routines and identified the support they required to help maximise their independence. For example, one person's care plan identified their preference to have a shower each day, unless they were feeling poorly, in which case they'd prefer to have a wash whilst in bed. Another person's care plan identified them as needing support to put toothpaste on their toothbrush so that they could then brush their teeth independently. People confirmed that staff met their preferences and encouraged them to be independent. One person told us, "The staff work with me and let me do what I can for myself. For example, they'll give me a flannel and I'll wash my face and arms, whilst they wash my back."

Staff were familiar with the details of people care plans and knew to report any changes in people's conditions back to the registered manager so that their needs could be reviewed and care plans updated if required. One person told us, "I have a care plan which was discussed with me; we reviewed it recently when I needed more help with my medication."

Staff told us they were committed to providing support which met people's diverse needs with regard to their age, disability, gender, race, religion or sexual orientation. One staff member told us, "We treat everyone equally and respect their individuality. If someone's religion or cultural background means we need to do things in a certain way, then we'll always respect that." Another staff member said, "We have an equality and diversity policy and I believe everyone receives the same standard of care in a way that's respectful of their differences."

People and relatives told us they knew how to make a complaint and believed any issues they raised would be addressed promptly. One person said, "I'd let the registered manager know if I was unhappy with anything and they'd sort it out." Another person commented, "They gave me information on how to complain when I started with the service, but I've not needed it." A relative told us, "I've not had to complain but know how to. Any little issues I've raised have been sorted out very quickly."

The provider had a complaints policy and procedure in place which was included as part of the information

they provided to people when they started using the service. This included guidance for people on the process to follow when raising a concern and what they could expect in response, including the timescale in which any investigation would be undertaken and the action they could take to escalate their concerns if they were unhappy with the outcome. The registered manager told us the service had not received any complaints in the time since our last inspection and this was reflective of the feedback we received from people and relatives.

Is the service well-led?

Our findings

People and relatives spoke positively about the management of the service. One person told us, "The service has been excellent throughout, the staff are lovely and do everything I need and the office staff are in regular contact." Another person said, "The agency seems well managed. They're always checking to make sure I'm happy." A relative commented, "The care has been fantastic. The service was recommended to us by a friend, and I've recommended it to others."

The service had a registered manager in post. They demonstrated an understanding of the requirements of the role and their responsibilities under the Health and Social Care Act 2008. For example, they were aware of the different types of events which they were required to notify CQC about, and records confirmed they had submitted appropriate notifications when necessary. The registered manager was supported in their role by an office manager and operations manager and it was clear from our discussions with the management team that they all had a good understanding of the needs of the people using the service.

Staff told us that the service was well managed and that they felt well supported in their roles. One staff member told us, "I really enjoy working for the agency; they're a small company so we all know each other well and the managers are really caring towards the staff as well as the clients." Another staff member said, "I feel like the management team care about me. They're always there if you need them and I can always speak to them if I have any worries, both professionally and personally."

The service used a variety of methods for sharing information with staff including contact by telephone during the day, at team meetings and through specialist software which staff used to log their arrival and departure times at people's homes. This software enabled the management team to flag up any key information for staff to review when logging in. One staff member said, "We're all in regular contact with each other throughout the shift; the communication between us is very good and we get regular updates through our mobile phones of any day to day changes." The management team also shared best practice information with staff through written guidance summaries. For example we saw a recent update had been developed by the management team which provided staff with a summary of their safeguarding responsibilities.

The registered manager explained that they had sought to develop a positive working culture which was open and inclusive, with a focus on providing high quality care to people and celebrating the hard work staff put in. All of the people and relatives we spoke with commented positively about the manner in which staff worked. One person told us, "They [staff] genuinely seem to enjoy their work and make me feel like they're happy to be here." A relative said, "The staff are cheerful while they work and that's very important for someone receiving care." Another relative told us, "They all work well as team; it doesn't matter which member of staff is visiting, they all have the same positive attitude." Staff also described themselves as being proud to work for the service, and valued by the management team.

The provider had systems in place to monitor the quality and safety of the service. Staff told us, and people confirmed, that their performance was regularly monitored by the management team who visited people's

homes on a regular basis. Regular reviews were also made of people's care records, any accidents or incidents which had occurred, and checks made on completed medicine administration records (MARs) to ensure they were accurate and up to date. The management team explained that most spot checks they conducted were informal and had not been recorded, but we saw evidence of action having been taken to address issues where they had been identified. For example, records showed that the management team had identified one staff member as having made a minor error when administering a person's medicines which had resulted in the staff member being retrained.

The management team had an ongoing improvement plan in place to help support the development of the service. Areas which had been improved during the three months prior to our inspection included streamlining the templates used when assessing people's needs, updating the provider's complaints procedure to include more detailed guidance on how to escalate complaints and providing people with written information about any healthcare conditions they suffered from which we saw were in place when visiting people in their homes.

The provider also worked closely with external organisations to ensure people received good quality care. For example, the registered manager told us they were in regular communication with the local authority responsible for commissioning the service and welcomed their views on service delivery. We contacted the local authority contract monitoring team for their views on the service and they confirmed that the provider had a sensible approach when taking new care packages and that they had seen improvements from their monitoring of the service over their last two visits.

The provider had systems in place to seek feedback from people about the service they received. The management team explained that they all provided care to people on a regular basis as part of their duties and this enabled them to seek informal feedback from people during their visits. All of the people and relatives we spoke with confirmed that they regularly saw a member of the management team and that they were able to share their views on the service they received. The provider had also conducted an annual survey in the twelve months prior to our inspection and the feedback received showed that people were experiencing positive outcomes using the service. This was reflective of our discussions with people and relatives who all told us they were happy with the service they received.