

Abacus Homecare (Bromley) Limited

Abacus Homecare (Bromley) Limited

Inspection report

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

Tel: 01689 853040

Website: www.abacushomecarebromleyltd.co.uk

Date of inspection visit: 17 December 2015

Date of publication: 27/01/2016

Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

This announced inspection took place on 17 December 2015. At the last inspection on 3 September 2014 the service was meeting all regulatory requirements.

Abacus Homecare (Bromley) Limited provides support and personal care to people in their own homes. At the time of our inspection approximately 30 people were

receiving care and support from this service. The service operates in the London borough of Bromley near to its office base and provides packages of care for the local authorities and people who pay privately.

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

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they received their medicines when they needed. However we found arrangements did not always comply with recommended guidance or the provider's own policy. The provider was working on this at the time of the inspection but we were not fully assured that robust arrangements were in place. You can see the action we have asked the provider to take at the back of the full version of the report.

People told us they felt safe and well cared for. Staff had received training on safeguarding adults. They knew the signs of possible abuse and were aware of how to raise any concerns. Possible risks to people were identified and plans were put into place to reduce risk. There were arrangements to deal with emergencies and staff had first aid and fire safety training.

People were complimentary about the service. The manager was involved directly in people's care and people appreciated this and told us the manager kept a close eye on the quality of the service. People told us that staff were warm, caring and reliable and that their dignity and individuality were respected.

Where people were supported to eat and drink they were asked about their food and drink choices and cultural needs. Health care professionals were consulted when needed. People were asked for their consent before care was provided. They were involved in making decisions about their care wherever possible and were supported to be as independent as they could. Care plans were set up that reflected people's individual needs and wishes, and guided staff on the care and support to be provided.

People were supported by a small team of carers to try and maintain consistency in the support provided and this enabled staff to get to know people's needs well. Staff were trained and told us they were well supported to carry out their work.

Staff told us the service was well led and the registered manager was approachable and supportive. An electronic call monitoring system was being introduced to monitor the quality of the service. There was effective communication between office staff and care workers. A staff newsletter also communicated information and guidance to staff. The provider sought the views of people about the service through a system of checks and an annual survey. People knew how to make a complaint if they needed to.

Summary of findings

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 consistently safe. People told us they were supported efficiently with their medicines; however arrangements for the safe administration of medicines did not always conform to the latest guidance or the provider's policy.

Risks to people were assessed and staff were aware of risks relating to people's care needs. Procedures were in place which helped to ensure people were safe, for example when receiving support with their mobility.

Staff understood their responsibilities in relation to safeguarding people from abuse and harm. There were enough staff to meet people's needs

Requires improvement



Is the service effective?

The service was effective. People were supported by staff that had the appropriate skills and training to meet their needs. Staff told us they were well supported and received regular supervision.

People were provided with information about the service and were supported to understand the care and support choices available to them. Arrangements were in place to comply with the Mental Capacity Act 2005 Code of Practice.

People were supported to eat and drink sufficient amounts to meet their needs where this was included in their support plan.

The service sought the advice of health and social care professional when required.

Good



Is the service caring?

The service was caring. People told us they were happy with the care and support they received from the service and said the care workers knew them well and had a good understanding of their care and support needs.

People told us they were treated with kindness and care and that their dignity was respected. They felt involved in their care and took part in reviews and that the care workers and office staff were attentive and helped them to be as independent as they wanted to be.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and individual care and support plans were developed with people's participation to ensure people's preferences and welfare were considered.

People told us they had not needed to make a complaint but knew how to if needed and the complaints policy and procedure was available to them in their handbook. We saw any complaints that had been made were handled in line with the provider's policy and procedure.

Good



Summary of findings

Is the service well-led?

The service was well-led. There were procedures and systems in place to evaluate and monitor the quality of the service provided.

The provider took account of people's views about the service through annual service user surveys and by being involved directly in people's care so that they could monitor directly the quality of the service.

Staff told us they thought the service was well run and the provider was caring towards people and also the care workers. They understood the provider's values and wish to provide a "personal touch" in supporting people's needs.

Good



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.

The inspection took place on 17 December 2015 and was announced. We told the provider before our visit that we would be coming. We did this because we needed to be sure that the manager would be in when we inspected as they are involved in providing care to people who use the service.

Before our inspection we reviewed the information we held about the service which included any notifications. A notification is information about particular events, related to the running of the service, that the provider is required to send us by law. We also spoke with the local authority who commission some contracts with the service.

The inspection team consisted of one inspector who had the support of an expert by experience with phone calls to people who used the service or their relatives where appropriate. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We visited the office for the service; we spoke with the registered manager, two members of the office staff and a care worker. We looked at five support plans and five staff files as well as records related to the running of the service such as the service guide, policies and procedures. We visited three people in their own homes to ask them their views. The expert by experience spoke with twenty one people who used the service or their relative, if this was appropriate. As part of the inspection we also spoke with four care workers by phone after the inspection and the quality assurance manager.

Is the service safe?

Our findings

Arrangements for the safe administration of medicines were not always in place. People told us they were assisted to take their medicines when needed and there had been no problems with the support offered. One relative said, “The carer always makes sure that I have taken my tablets and she puts cream on my back as well!” However processes to administer medicines did not always currently follow recommended guidance. The provider had started to introduce a new system so that care workers could record that each medicine had been correctly and safely administered in line with recommended guidance and with their own policy. However, although these records were in the process of being created they were not in place for each person who was supported with their medicines. Staff received medicines awareness training and the provider’s policy stated that staff would undertake annual medicines competency assessment to ensure they could safely administer medicines. Office staff told us care workers competence to administer medicines was checked during their induction, however, there was no detailed record of what had been assessed to ensure staff had the necessary skills to safely administer medicines.

These issues were a breach of Regulation 12 of the Health And Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us they felt safe from any risk of harm or discrimination and that care workers respected their homes and possessions. One person told us, “I feel safe with the quality of care that I am receiving.” Another person commented, “I felt very safe, I know my carers and I feel very safe with them.” A relative said “I have checked and my (family member) is always safe with them.”

Staff knew how to recognise possible signs of concern and had completed adult safeguarding training and understood their responsibilities. Office staff knew how to raise a safeguarding alert. They were aware of the provider’s whistle blowing policy and what they should do if they felt they needed to use this. There had been two safeguarding alerts raised in respect of the service which were being investigated and the provider had worked in cooperation with the local authority to investigate the concerns.

A new call monitoring system was being introduced at the service to identify any problems with the running of the

service and ensure people received their care when they should. The office staff told us they expected to get this fully working in the next few weeks. There were no missed or late calls on the day of the inspection. Most people told us the care workers were usually on time and stayed the full length of the call. One person commented, “They are reliable like that.” Three people told us that care workers occasionally ran late with traffic. One person told us, “They are not always on time, but they try hard to be!” Another person said, “They are not late. The office phones if they are a bit late, but sometimes it is still only ten minutes, so nothing really.”

Possible risks to people were identified and plans were in place reduce the likelihood of these occurring. There were arrangements to manage any emergencies. People had emergency on call numbers when they started to use the service and these were clearly displayed. Checks were made for any environmental risks and risk assessments completed to assess the level of risks. There was guidance for staff on how to reduce the risks occurring. The office staff undertook personal care and knew people’s needs well. They were aware of who needed to be prioritised in any emergency. Care workers had all received first aid and health and safety training and described how they would react in an emergency.

Any health or care risks were assessed, for example if someone needed support to mobilise a manual handling risk assessment was completed. Two relatives told us that they felt the care workers knew how to safely mobilise their family member much more calmly and competently than the previous agency they had used. One of them told us their family member “doesn’t get upset now when they are in the hoist like they did before.” Risks to people’s skin integrity were identified and care workers were provided with guidance on how to reduce the risks. Risk assessments were reviewed; for example a new manual handling risk assessment was completed if someone’s mobility changed and if new equipment was needed to help transfer someone staff received training on its use. There was an accident and incident book for staff to record any accidents or incidents and we noted that one had been recorded since the last inspection and had been dealt with appropriately.

There were arrangements to protect people from the dangers of unsuitable staff. Recruitment checks were conducted before staff started work for the service. Staff

Is the service safe?

files contained a completed application form with a full employment history, evidence confirming references had been obtained, proof of identity checked and criminal record checks carried out for each staff member.

People told us there were enough staff to meet their needs. They confirmed that they had a group of regular carers and that any holidays or sickness was covered by the service without a problem. One person remarked, “It is normally

the same one.” A relative told us, “We usually get the same people, which is nice.” The provider told us they paid particular attention to ensure people got consistency of care and had the same small group of carers where ever possible. Care workers told us they had sufficient time to travel between calls and that there were enough of them to provide care and support to people using the service.

Is the service effective?

Our findings

Everyone we spoke to told us they thought care workers and office staff were competent and knew what they were doing. One person told us, “They certainly know what they are doing!” Another person commented, “They are well trained you can see that they know what to do.” Care workers told us that they had received training to enable them to carry out their roles. Care workers records confirmed that training had been provided on a range of topics the provider considered essential such as safeguarding adults, mental capacity, first aid, equality and diversity, health and safety and medicines administration. Other training was also sourced for areas such as dementia, behaviour that requires a response and pressure area care. Office staff showed us they were in the process of completing an electronic training matrix to monitor staff training to ensure it was refreshed when needed.

New staff were provided with an induction period of shadowing and training. Care workers who had recently joined the service told us they had support to learn about the job through their shadowing experience and training. The registered manager told us they were in the process of changing over to the Care Certificate for new staff and this was confirmed from records at the inspection. The Care Certificate is a new nationally recognised qualification for people working in health and social care. The manager told us that the period for shadowing was usually two days but could be extended depending on the care worker’s needs. We confirmed this from the induction records for a new staff member who had requested additional shadowing and this had been arranged. There was a check list to confirm that new staff had been observed to assess their competence in various areas prior to working alone. Staff told us they felt well supported with their work and had received supervision and records confirmed supervision sessions had been held to support individual staff. However three staff had not received the stated three supervision sessions during the year as documented in the provider’s policy. Office staff explained that the aim was to provide the three sessions but there was a lot of informal supervision throughout the week with their involvement in personal care and with care workers calling into the office on a weekly basis if not more regularly. This was confirmed by care workers. There was also a staff bulletin sent out to

care workers and care workers confirmed they received frequent updates and information by email. The provider told us they were establishing an office record to ensure supervision for staff took place as planned.

People told us they were asked for their consent before care or support was provided. We saw consent forms were in people’s care plans to record their consent to the care support and support they received? Care workers told us they understood the need to gain consent when they supported people and where someone may have difficulty in communicating their consent they looked for nonverbal clues from their body language.

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves.

The manager and care workers understood the need to assess people’s capacity to make specific decisions and that where they observed deterioration in people’s capacity to make a decision they may need to speak to relatives and or health professionals in their best interests. Care workers told us they had received training on the MCA 2005 and we confirmed this from records.

People were supported to have a balanced diet and were involved in decisions about their food and drink. Care workers told us they offered people a choice of food where possible and had a good knowledge of people’s preferences. They told us they had received training in food safety and were aware of safe food handling practices. People were complimentary about the support offered in respect of their nutritional needs where this was part of their agreed plan of support. They said care workers were clean and hygienic and used protective equipment such as gloves. One person commented, “They will cook me a piece of fish in the oven. They are very hygienic.” People said they were given a choice and that care workers did not rush the support provided. One person told us, “They are really

Is the service effective?

good they don't rush me, the food tastes good and I do look forward to them coming." People we visited told us that care workers made sure they had a drink near to them before they left.

Care plans included guidance for staff about people's nutritional requirements and any allergies. Where a health professional such as a dietician was involved their advice was included in the care plan with guidelines for care workers to follow. People's cultural needs in respect of their dietary requirements were also recorded for staff to ensure care workers were guided on how to meet these needs. Where people were not able to communicate there was guidance about their likes and dislikes. Care workers told us any concerns about people's eating patterns would be documented and they would notify the office who would, where needed, speak with relatives or health professionals to ensure the changes were communicated.

The service worked with health professionals to ensure people's health needs were addressed. Records showed that people's healthcare needs were discussed when they joined the service and these were included in their care plan to guide care workers about their needs. Care records contained contact details of relevant healthcare professionals and their involvement in people's care, for example, information from the GP or district nurse. Staff told us they would notify the office if they noticed people's health needs changed. Records we viewed confirmed office staff contacted the GP or district nurse and or relatives when a change was identified, and additional support from healthcare professionals was requested when needed, to help people with any health needs.

Is the service caring?

Our findings

People were complimentary about the way care and support was provided to them. They described care that was warmly delivered, personalised to their needs and care workers who knew and understood them well. One person told us, "I am over the moon with them all! Sometime I phone to ask if my carer can bring me in fish and chips when they come and they do!" Another person commented, "They do it all for me, never any problem. They do bits of shopping and little things that make a difference, like posting my Xmas cards!" A third person remarked, "I have a lovely lady who comes all the week and the other one is very good as well." A relative said, "They are fantastic, really caring people and we all have a laugh." People told us in particular that they found the manager very caring and attentive and that care workers made an effort to get to know them and chatted with them while they provided care.

During the inspection we saw that office staff had organised Christmas presents for people who used the service to be delivered in time for the holiday season. Feedback we received from the local authority commissioners commented on the way the service had managed to meet the particular needs of each person they provided support to.

People told us they were treated with dignity and respect at all times. One person told us the care workers were "more than polite!" Another person said, "They are very polite and cannot do enough for you. They are wonderful and it's a wonderful service." Care workers knew people's preferred

names or how to address them correctly and respected this. People said staff ensured curtains were drawn and doors closed during personal care and that care workers treated any information confidentially and their property and possessions with respect. Care workers confirmed that they tried to ensure people's dignity was respected at all times.

People and their relatives told us they were involved in the drawing up of their care and support plan. They knew where the copies were in their home and that they could refer to it if needed. Care workers told us that care plans were promptly reviewed if someone's needs changed and that the care plans reflected people's up to date needs. Relatives said they were kept advised of any changes or relevant information. One person told us, "They all give 100% and they are more than helpful!"

People told us their independence was encouraged and this was reflected in the care plans. One person told us, "The more independent I remain, the better, and they all help me with that, letting me do the things I can do." Care plans gave guidance to staff about what people could manage to do independently such as a person likes to wash themselves but cannot manage to reach their back or feet so requires some assistance with these areas. People's diverse cultural and spiritual needs and human rights were addressed. We saw care plans addressed people's cultural needs with regard to people's diets, sensory needs or personal care routines. People told us that care workers were sensitive to their individual needs and would sometimes go out of their way to do a little extra for them.

Is the service responsive?

Our findings

People told us they had a plan of care to meet their support needs and this had been drawn up during discussions with them and or their relatives where this was appropriate. We saw people's plans were accessible in their homes for people and staff to be able to follow. People told us the plans were kept up to date so that in an emergency unfamiliar staff would be able to follow it. The plans were checked frequently by office staff or the manager. One person told us, "It is checked regularly... It is all in order." Another person said, "They are very good and come every two months or so to look at it."

We saw that an assessment of people's needs was carried out when people joined the service and an initial plan drawn up. Office staff told us that the care plan could take a few weeks to finalise to ensure that people's needs were safely met. Care workers told us that their views were regularly sought to see if the plan needed amending in any way. The plans identified a range of needs such as any mobility, health, dietary and cultural needs for staff and there was guidance about how to meet those needs, as well as, information about people's preferences and how to support people's independence in some areas. We observed that care had been carried out in line with people's plans when we visited them. Care workers told us the office was quick to update them with any changes to people's needs. One care worker said, "The office are very good about telling you about changes; we regularly get

emails from them about small things that make a difference." People told us that office staff regularly checked if they were happy with the care plan and that their care and support plans were reviewed with them.

People told us that the service was flexible where possible to try and meet their needs. One person said, "We discussed it and I increased it to a longer time to get everything done." Another person explained, "If I need it in the evening, I can ask and they come in to put me to bed. Sometimes they stay, and it can be a bit longer. I am very satisfied." Where the local authority funded the care the service liaised with them about any identified changes in needs. People confirmed that where there had been changes in their needs the plan had been updated with them. Care workers told us that if people's needs increased and equipment was needed to help them mobilise the office staff were very quick to arrange this.

People told us they had not needed to make a complaint but knew what to do if they needed to. They said the fact that the manager had such a 'hands on' approach meant that they could look out for any problems and address them quickly. One person told us, "The manager knows what is going on. If I had any problems I would speak with him and he would sort it out." Service user guides were given to people when they joined the service. These provided information on how to make a complaint and who to refer to if you were unhappy with the outcome. We looked at the complaints log and saw there had been no complaints since our last inspection.

Is the service well-led?

Our findings

People were complimentary about the way the service was managed. They told us they thought the service was well organised and tried to be flexible when there was a change in their plans for example for hospital appointments.

Several people commented particularly on the personal touch by the manager and his direct involvement in people's care. They said they felt this meant he was able to keep a close eye to ensure their needs were met. One person told us, "We see (the manager): he comes frequently, as a carer as well. He makes everyone feel comfortable." The registered manager was aware of their responsibilities as registered manager in relation to notifying CQC about reportable incidents. There had been two notifiable incidents which had been reported to the Care Quality Commission as required. He told us he wanted to provide a service with a 'personal touch'. He was aware that they needed to improve their medicines administration records and staff training in this area and was in the process of working on this with the office staff.

Care workers told us they were very happy working for the agency and understood the service's aim to provide personalised good quality care. They told us that the communication between the office and themselves was very good and helped to ensure people received their care as planned and any changes were notified and recorded. One care worker told us, "I enjoy working here. We are a good team, we work well together and the manager or office staff are always available if you need them." Another commented, "This agency is much better in the way it provides care and looks after its staff than some others I have worked for." Care workers felt supported in their roles and told us they worked well as a team.

Staff meetings were held at regular intervals to discuss any changes in procedures and policies and we saw that the most recent meeting had discussed the new electronic call monitoring system and infection control. Care workers were given a staff hand book as a guide to remind them about the service policies and procedures when they were

delivering care. A staff bulletin had been introduced quarterly to communicate any general updates effectively to all staff. We saw this had discussion points for all staff about a specific policy chosen each time and staff told us they received regular emails about any changes to people's needs.

People's views about the service were asked for and taken into account. People told us the manager asked them for feedback during the course of visits. Surveys were carried out twice yearly to obtain people and their relatives views of the service. The last survey had been conducted in September 2015. We saw responses gave positive feedback. One survey commented, "The staff excel at caring for (my family member) in a professional, humane and friendly way." Another stated, "The dedication and level of care meant we were able to leave (my family member) in the familiar surroundings of their own home." Office staff told us survey responses were checked to identify any issues that needed addressing. Recommendations for actions from a recent local authority commissioning visit had been introduced.

There were processes to monitor the quality of the service. The manager and other office staff delivered hands on care at times throughout the week. They told us they felt this meant they could directly check the quality of the service by observing staff and obtaining feedback from people who used the service. In addition spot checks on care workers were also carried out to ensure people received their care as planned. No issues had been identified at the time of the inspection from these checks. The daily log records were returned to the service at regular intervals to be checked to ensure that support was being provided as planned. Care plans were checked by the manager and office staff to ensure they remained up to date and reflected people's current needs.

The issues we identified with the administration of medicines had already been identified by the provider who had sought relevant guidance on how to address them and plans were being put in place to resolve the issues at the time of the inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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

Service Users were not always protected against the risks associated with unsafe management of medicines.

Regulation 12 (1) (2) (g).