Abacus Care Solutions Ltd

Abacus Care Solutions LTD

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Abacus Care Solutions Ltd is a domiciliary care service. At the time of this inspection they were providing personal care to 28 adults living in their own homes in the Ferndown, Christchurch and West Hampshire area.

This was the first inspection of this service we have carried out.

As required under the conditions of its registration, the service had a registered manager, who was also one of the directors of the company. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had systems in place to help protect people against abuse and avoidable harm. Risks were identified and managed so that people were protected from harm. These included infection prevention and control procedures.

Medicines were managed and administered safely.

There were systems in place for responding to emergencies, including an out-of-hours on call service.

Staff were recruited safely, following checks to validate staff were of good character and suitable for their role. There were sufficient appropriately trained and skilled staff to provide people's care.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's physical, mental health and social needs were assessed with up to date care plans in place. The service worked with other organisations when appropriate, to ensure people received the care they needed.

People were supported with meal provision, where this formed part of their care package.

Staff treated people with kindness and compassion and promoted their independence. People spoke highly of their care workers, who they felt understood them well and attended to how they liked things to be done.

Complaints were investigated promptly and outcomes recorded.

The culture of the service was open, transparent and person centred. There was a willingness to investigate learn if things went wrong, and to bring about any improvements necessary.

Staff meetings were held regularly, and staff were also supported through supervision.

Governance systems were in place to ensure the service remained safe, effective, caring and responsive to people's needs.

Further information is in the detailed findings below.

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.

People were protected from harm because risks were identified and mitigated through risk assessment procedures.

People were supported safely with assistance in taking medicines they required.

There were sufficient staff with the right skills and knowledge to meet people's needs.

Is the service effective?

Good

The service was effective.

People's needs had been thoroughly assessed.

People were supported by staff who were appropriately trained and they were also supported through regular supervision.

People's rights were protected because staff followed the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People reported that the agency and staff provided a compassionate and caring service.

Is the service responsive?

Good

The service was responsive.

People received the care they needed with care plans reflecting their individual needs and goals.

The agency had a complaints procedure and people felt able to raise any concerns.

Is the service well-led?

Good

The service was well led.

There were systems in place to monitor the quality of service provided.

There was a positive culture where people and staff were confident to report any concerns to the management team.

Abacus Care Solutions LTD

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 was 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 was the first inspection we have carried out of this service. The agency has been operating for some years but has not been inspected before because of a change of ownership and name.

The inspection took place on 17 and 19 July 2018. We contacted the provider a few days before the inspection to arrange short notice for our visiting the office to make sure the registered manager and key staff were available, it being a small service.

The inspection was carried out by one inspector. The first day of the inspection was spent in the office with the registered manager and coordinator for the service. We discussed how the agency operated, its aims and objectives and how it was managed. We reviewed a sample of three people's care and support records, policies and procedures, three staff files, schedules, medicine administration records, audits and quality assurance records.

On the second day of the inspection we visited four people who received a service from the agency, telephoned four other people who also received a service from the agency and spoke with two members of staff.

Before the inspection we reviewed the information we held about the service. This included a Provider Information Return, which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed incidents the agency is required to notify of. We also obtained feedback from a local authority contract monitoring team.

Good

Is the service safe?

Our findings

Everyone we either met or spoke with was very positive about the agency and the care and support they had received. No one had any concerns about safety or about their, or their relative's welfare. People made comments such as, "I've always been satisfied, I love them to bits", and "A very good service".

The registered manager had developed systems to help protect people against abuse and avoidable harm. Staff had been trained in safeguarding adults. The training included knowledge about the types of abuse and how to refer concerns or allegations. Training records confirmed staff had completed this course and received refresher training to update their knowledge. Staff could therefore identify the signs of abuse and knew how to report possible abuse to local social services.

Risks were identified and managed so that people were protected from harm. Risk assessments were undertaken at the start of a package of care and covered areas including falls, vulnerability to pressure sores, moving and handling, and the person's home environment. These were reviewed at least annually and as people's needs changed.

There were systems in place for responding to emergencies. During office hours, people were provided with the telephone number to contact the office. Outside office hours there was an on-call telephone contact system. The registered manager had developed emergency policies and procedures to cover eventualities such as extreme weather or staff sickness.

The agency employed sufficient numbers of staff to meet the needs of people they had contracted with to provide a service. The registered manager told us that they always checked that there was capacity within the teams before new packages of care were agreed. They told us that although there were plans to open a branch office in West Hampshire, their intention was to remain a small agency so that they could focus on providing a quality, personalised service. People we visited and spoke with on the phone confirmed that visits always took place as agreed. They told us that they always knew the care workers who visited them and that they had never had a missed call.

Recruitment procedures had been followed and all the required checks had been carried out. Records contained a photograph of the staff member concerned, proof of their identity, references, a health declaration and a full employment history with gaps explained and reasons given for ceasing employment when working in care. A check had also been made with the Disclosure and Barring Service to make sure care workers were suitable to work with people. The registered manager agreed to making the start date clear on staff recruitment records, so that it was easy to validate that all checks had been completed before staff started working with people.

Medicines were managed and administered safely. People who received assistance with medicines told us they had their medicines on time and as required. Care staff were trained how to administer medicines and senior staff checked their competence in handling medicines at least annually to ensure they continued to administer medicines safely. Assessments and care plans set out the extent to which care workers were to

support people to take their medicines. Medicines administration records (MAR) were detailed and contained few, if any, unexplained gaps. MAR were returned to the office at the end of each month for audit by senior care workers. Where any issues were found, these were recorded and followed up with the care worker concerned.

The registered manager had taken steps to minimise risks of the spread of infection. People told us that staff wore protective equipment, such as disposable gloves and aprons, and always cleaned their hands.

We discussed with the registered manager how and whether there had been learning when things went wrong. They told us about a change to systems whereby the staff now check blister packs supplied for some people by their pharmacist and any information about allergies to medicines, following an error by a GP and pharmacist.

Good

Is the service effective?

Our findings

The registered manager ensured that within 48 hours of accepting a referral, a senior member of staff would contact the person of family concerned to carry out a full assessment of need. People we spoke with confirmed this to be the case. Assessments and care plans covered people's required needs; such as, washing and dressing, sleeping, eating and drinking, mobility, communication, health and medical care, medication, mental health, social needs and relationships, and finance.

We discussed how the agency ensured that people with protected characteristics under the Equality Act, such as sexuality and ethnicity, had their rights protected. The registered manager gave examples demonstrating awareness and compliance with this legislation.

People told us that the staff had the skills and knowledge to deliver effective care and support. They received training in areas such as: manual handling, equality and diversity, challenging behaviour, dementia awareness, health and safety and safeguarding.

Newly recruited staff completed an induction training programme when they started working with the agency. This included a period of work shadowing with experienced staff. Care workers, new to the care industry, had induction training that led to the care certificate, a nationally recognised induction qualification.

Staff confirmed they were supported through regular supervision meetings with a more senior member of staff, to discuss their work, any concerns they may have, and opportunities for development. Staff files contained records of supervision meetings.

Minutes of staff meetings showed that these were held regularly for the area teams. They also showed that staff could raise issues of importance to them as well as being kept informed of any changes in policy or procedure affecting them.

The way people were supported complied with The Mental Capacity Act 2005 (MCA). This provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. The MCA also stipulates that when people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and the 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. People we met and spoke with on the phone all confirmed that staff acted with their consent and people had signed their care plans where they could give this consent. Where people could not give informed consent, the agency had followed the requirements of MCA.

The agency worked with other organisations to ensure people received the care they needed and that they had support to manage their health. People's care records contained details of GPs and other health professionals involved in their care.

People told us that the agency had supported them appropriately where meal preparation formed part of their care package.

Good

Is the service caring?

Our findings

People told us the staff treated them with kindness and compassion. People made comments such as, "The girls are lovely and I have got to know them all well", "They are like extended family", and "The older ones are the best, but I get on with all of them and look forward to seeing them". Overall, it was clear from out conversations that staff made people feel as though they mattered and that staff listened to them.

One person, who had experience of care provided from other agencies in the past, said that Abacus was the best they had had. They said the staff had taken time to get to know them as a person and said that they were like extended family.

The agency respected people's preference for gender of care workers.

People told us that overall, visits took place at their preferred times and as agreed in the schedule that they received each week. They said if there were any changes, the office would ring and notify them. They also said that if the care workers were running late for any reason, such as traffic congestion or running late because of needs being met at previous visits, the worker or office would ring and let them know.

People also told us that the agency were flexible where they could be if alterations were needed in schedules. A comment in a returned quality assurance survey said, "The ladies are so lovely and helpful. I don't have a bad work to say about them. Whenever I need an earlier call, it's no trouble."

The registered manager discussed with us how they often worked with and alongside relatives, giving us examples of how the staff had managed these situations. A relative told us about how the agency had successfully involved them in setting up their relative's care and support.

Examples of how the agency had worked with district nursing services and other health professionals were evident in the care plans seen.

People and their relatives told us that staff always respected privacy and dignity.

Good

Is the service responsive?

Our findings

People confirmed that before a service was provided, a full assessment of their needs had been carried out. This procedure made sure the agency had capacity and staff skills to meet each person's individual needs. Care plans had then been developed with the person or their representative and shared with the appropriate parties concerned.

People we visited and spoke with all said they had received an information folder containing a copy of their care plan together with other information about the agency. Care plans we looked at were up to date and fully reflected people's individual physical, mental and social needs. They contained clear information about people's health conditions, setting out what people could do for themselves, such as washing particular areas of their body. This ensured that staff could act consistently and provide a person centred service to people. Care plans we looked at were up to date and reflected the care and support people described to us.

The registered manager told us that on occasion the agency was asked to provide a service at short notice. In this circumstance, a temporary care plan would be put in place, using whatever information they had from the referrer.

One nice touch was to get people to explain what constituted a good day and what things made a bad day to help staff support people better.

The service met the Accessible Information Standard. The Accessible Information Standard requires that health and social care providers ensure people with a disability, impairment or sensory loss can easily read or understand and get support so that communication is effective. Assessments and care plans flagged up sensory loss or impaired communication and the way in which staff should support people with this. People whose care we reviewed received the support they needed. For example, staff used a picture board to communicate with one person and a writing board for another person.

The agency had received two complaints in the last year. These had been investigated promptly and outcomes recorded. On visits to people receiving a service, we saw that people were provided with information about how to complain. People we spoke with told us that had confidence that their complaints would be listened to.

Good

Is the service well-led?

Our findings

The service was well managed with a positive culture of openness. The registered manager and office staff provided good leadership with positive ideals that were cascaded to the staff team. Staff we spoke with said the morale was good within the agency. Feedback from people receiving a service was all very positive as well, with their telling us there was always good communication from the office.

The registered manager and management team had an open-door policy to help staff feel able to raise any concerns they may have. Staff knew how to raise concerns and felt these would be taken seriously. Staff had training about whistleblowing and during the inspection, information about how to blow the whistle was displayed around the offices. Staff meetings were held at least monthly. Staff met in their locality team to discuss the best ways of caring for people, agree outcomes, and discuss any additional support needed and ways in which the service could be improved.

Quality assurance systems were in place to monitor and improve the quality of service being delivered. People were periodically invited to comment and give feedback on the quality of service they received. Returned surveys had been analysed, looking for areas where there could be improvement. However, all of the feedback through the surveys was positive with no areas where improvement was necessary.

There were other systems in place to ensure the quality service was maintained.

The registered manager and provider both undertook spot checks to people's homes to make sure visits were meeting people's needs and that all company procedures were being followed. People we spoke with confirmed that these spot checks took place.

The registered manager carried out various audits, rotated on a monthly basis, to monitor areas such as; record keeping, medicines and training.

Staff had a good understanding the whistle blowing policy, which was in line with current legislation

The registered manager had notified the Care Quality Commission about significant events, as required in law. We use this information to monitor the service and ensure they respond appropriately to keep people safe.