

SMOBS UK Ltd

Abacus Care (Greenwich)

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 

Overall summary

Abacus Care (Greenwich) provides personal care and support to one person. This person funds their own care. In addition, Abacus Care (Greenwich) provides a domestic service to people in South East London.

We undertook an announced inspection of this service on 6 May 2015. At our previous inspection on 28 November 2013 the service was meeting the regulations inspected.

The service had a registered manager as required. 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.

A personalised service was provided tailored to the person receiving care. The person was involved in all decisions about their care. They worked with the registered manager to develop a support plan which identified what support they required from staff. We saw that care and support was provided in line with the support plan and the person's wishes. Staff supported the person with their medicines and meal preparations as required.

The person was kept safe. The registered manager had identified any risks to the person's safety and plans were

Summary of findings

in place to reduce the risk of harm to the person. Staff informed the manager if they had any concerns about the person's health so they could receive additional healthcare assistance when required.

Staff respected the person's privacy and confidentiality.

There were sufficient staff to meet the person's needs.

There had been no missed appointments and staff had

the knowledge and skills to provide the person with the support they required. Staff were supported by their manager, and were able to access them for additional advice when needed.

The registered manager undertook checks to ensure a quality service was provided, and any areas requiring improvement were identified and acted upon.

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 safe. Plans were in place to ensure the person was kept safe and any risks to their safety were minimised. Staff were aware of reporting procedures if they had concerns that a person was being harmed.

There were sufficient staff employed to meet the person's needs. Recruitment checks ensured staff had the experience and qualifications to provide safe care.

Safe medicines management processes were in place.

Good



Is the service effective?

The service was effective. Staff had the skills and knowledge to support the person. The manager provided staff with support and reviewed staff's competencies.

The registered manager was aware of their requirements under the Mental Capacity Act 2005.

The staff supported the person as required with meal preparation and physical health care needs.

Good



Is the service caring?

The service was caring. Staff respected the person's privacy. The person was involved in all decisions about their care and there was open communication between the person and their care workers.

Good



Is the service responsive?

The service was responsive. The person's care needs were identified and recorded in a support plan. This plan informed care workers what support the person required and how their physical health limited their ability to undertake some tasks independently.

The registered manager had regular contact with the person to obtain their views of the service. A complaints process was in place. No complaints had been received.

Good



Is the service well-led?

The service was well led. Staff told us they felt well supported by their manager and they had regular contact from them. Staff were able to access their manager if they had any questions or concerns.

The registered manager undertook spot checks to review the quality of care provided. Areas requiring improvement identified through the spot checking process had been addressed.

The registered manager adhered to the requirements of their registration with the Care Quality Commission.

Good



Abacus Care (Greenwich)

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.

A single inspector undertook an announced inspection of this service on 6 May 2015. We gave the provider 72 hours notice that we would be coming to inspect because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Before the inspection we reviewed the information we held about the service including the statutory notifications received.

During our inspection, we visited the service's office. We spoke with the registered manager. We viewed records relating to the person's care and records relating to the three care workers that provided them with personal care. We viewed records relating to the management of the service, including spot checks to review the quality of service provision.

After the inspection we spoke to the person receiving care, and spoke with two care workers.

Is the service safe?

Our findings

The person using the service was kept safe. The registered manager undertook an assessment of the risks to the person's health and management plans were in place to minimise those risks. This included ensuring the person was adequately supported to minimise the risk of falls. This was achieved by ensuring anything used was put back in its place to minimise the chance of the person tripping over it due to their restricted sight. Staff also ensured there was appropriate equipment in place to support the person move safely during personal care. Staff had received training so that they were able to support the person safely.

Staff were able to describe signs and symptoms that a person may have been harmed. No safeguarding concerns had been raised by the service. Staff were able to tell us the procedures and reporting processes they would follow if they had concerns about a person's safety. Any concerns would be reported to the registered manager, so they could investigate as required in conjunction with advice received from the local authority's safeguarding team.

On occasions the care workers undertook food shopping on behalf of the person using the service. Records were kept of all financial transactions and these were checked to protect the person from financial abuse.

The registered manager undertook checks to ensure potential employees were suitable to work with vulnerable adults, and had the experience, knowledge and qualifications to support people. Checks were undertaken to ensure staff were eligible to work in the UK.

Three care workers were available to support the person. In order to meet the person's care needs two staff were required at each appointment. The three care workers enabled this to take place, and meant staff leave and sickness could be covered. The registered manager was also available to support the person if staff were unable to make appointments due to unforeseen circumstances, for example if there were transport strikes.

There had been no missed appointments and the person confirmed that staff always turned up to attend to their needs. They told us staff were occasionally late to an appointment but that this was due to public transport delays. They told us they did not mind if one of the care workers was running a little late, as they still received the support they required.

The person using the service managed their own medicines, including ordering and delivery of new stock. The care workers supported the person to take their medicines by assisting them to get the medicines out of the packets and reading the labels for any new medicines, for example if the person was required to take a short term prescription of antibiotics. The majority of the person's medicines were provided by the pharmacy already measured out in a blister pack. The person had one medicine that was not included in this pack and staff kept a record of each time the person took this medicine. We saw from the daily records that staff recorded when they had supported the person with their medicines, and the person confirmed that they received support with their medicines as required.

Is the service effective?

Our findings

Staff had the skills and knowledge to support the person with their needs. Staff attended regular training courses to update their skills. Staff had received training on a range of topics including, safeguarding adults, medicines administration, moving and handling, and first aid. Staff attended classroom based training on these topics before providing any personal care. In addition, staff were required to complete online training courses. We noted that one care worker was currently completing all their online courses and another care worker was due to refresh their knowledge through completion of online refresher courses. This had been highlighted and discussed with the care worker at their appraisal meeting.

Care workers received support from the registered manager, through one to one meetings and practical support during spot checks on the quality of the service. This enabled the manager to ensure staff had the skills and knowledge to support the person as required. We saw that any concerns regarding staff performance were addressed with them, and if necessary a new care worker's probationary period was extended before being confirmed in post.

The person using the service had capacity to make decisions about their care. The registered manager was aware of their requirements under the Mental Capacity Act 2005 and was aware of the power of attorney arrangements in place should the person's capacity be limited in the future.

The person did not have any specific dietary requirements. The care workers supported the person with meal preparations and ensured the person had three meals a day. The person chose what they would like to eat and the staff provided it for them. We saw from feedback the registered manager had obtained, that the person enjoyed the meals provided by the care workers.

The person using the service managed their own health needs, including accessing the GP and attending hospital appointments when necessary. We saw that the care workers reported any concerns about the person's health to the registered manager. The registered manager liaised with healthcare professionals to ensure the person received the support they required.

Is the service caring?

Our findings

Staff had built caring relationships with the person. The person told us the service was “first class” and that the staff were “charming”.

Care workers maintained the person’s privacy whilst supporting them with their personal care, and were mindful of not discussing any care needs in front of visitors. The person told us, “If [the staff] are comfortable, I’m comfortable.” They told us they were happy having both male and female care workers. The person was registered

blind and the staff ensured they informed the person what they were going to do before they did it. The person told us there was good communication between themselves and their care workers.

The person using the service was involved in all decisions about their care. They told us the staff did what they wanted and needed them to do. The care workers we spoke with were clear about what support the person wished to receive and they told us, “[the person] knows what they want” and that they provided support in line with the person’s wishes. We saw from the daily records kept that care workers provided care and support in line with the person’s preferences even when this was not their usual performance of tasks.

Is the service responsive?

Our findings

The person told us, “I’m very lucky with what I get.” The person worked with the registered manager to identify what support they required, and how they wanted to receive that support. This information was recorded in a support plan, and clearly instructed care workers about how they were to deliver care and support. The information included in the support plan, identified any health needs or environmental needs the person had. For example, it gave information about the medicines the person required to support their physical health. It also gave information about the person’s physical health and how this limited their ability to do some of their personal care independently.

The person’s support plan was updated to reflect any changes in their care needs. This enabled staff to provide care in line with their current needs. We saw that daily records were kept by the care workers and showed that care was provided in line with the person’s support plan.

In order to promote the person’s social needs and protect them from being isolated, the registered manager had organised with a local charity for a volunteer to come and visit the person and read to them.

The registered manager had regular contact with the person to obtain their views about the service. This was achieved through phone calls and visits to the person’s home. The registered manager did not keep written records of the feedback received so we were not able to evidence the feedback received. The registered manager told us the person was happy with the service and the care workers providing them with support, and that the person had not raised any concerns or complaints. A complaints process was in place for the person to use if they were dissatisfied with the service they received. No complaints had been made by the person and they told us they were always very happy with the service.

Is the service well-led?

Our findings

The person using the service told us they knew the registered manager well and had regular conversations with them.

The registered manager encouraged the staff to come to them if they had any concerns or questions. She told us staff were able to raise any concerns they had, and made time to meet with them if they had any worries or questions. The registered manager was on call 24 hours a day, seven days a week and therefore accessible to staff as and when they needed additional support. Care workers told us their manager was approachable and easy to talk with. They said there was good communication from their manager and their colleagues.

The registered manager told us they had previously tried to hold meetings with the staff, however, they said this had been difficult to achieve, as it was difficult to find a date and time that suited all staff. The registered manager had regular one-to-one meetings with the staff, and staff told us they felt supported by their manager. Records were not kept of these meetings, so we were unable to evidence the frequency or content of these discussions. However, staff told us they were able to speak with their manager as and when they needed to and that she was responsive to any concerns they raised.

The registered manager undertook spot checks to ensure a high quality service was provided. These visits were unannounced and the registered manager observed the care and support being provided, as well as, reviewing records and asking the person about the care and support they received. We viewed the records of spot checks that had been undertaken with the staff since November 2014. The majority of spot checks showed that care workers adhered to the provider's policies and provided the person with the support they required.

The registered manager had during their spot checks identified concerns about a care worker's punctuality. This had been addressed with them and the person now rang the manager and the person using the service if they were going to be late due to transport delays. The registered manager had also identified through the checks they undertook on the daily records, that some care workers were forgetting to record the support provided at each appointment. This was addressed with the care workers involved, and the registered manager told us records were now kept appropriately. We checked the daily records for the two weeks prior to our inspection and saw that the support provided at each appointment was recorded.

The registered manager adhered to the requirements of their registration with the Care Quality Commission, and was aware of the situations where a statutory notification was required to be submitted.