

Abacus Homecare (Bromley) Limited

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Inspection report

40 Larch Way
Bromley
Kent
BR2 8DU

Tel: 07442503520
Website: www.abacushomecarebromley.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Abacus Homecare (Bromley) Ltd is a domiciliary care agency located within the Borough of Bromley. It provides personal care and support to people living within their own homes. Not everyone using Abacus Homecare (Bromley) Ltd may receive a regulated activity. CQC only inspects the service being received by people provided with personal care; that is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection the service was providing support to five people.

People's experience of using this service

Relatives of people using the service spoke positively about the service and staff. There were safeguarding policies and procedures in place and staff had a clear understanding of these procedures. Robust recruitment checks took place before staff started work and there were enough staff to meet people's needs. Risks to people were assessed to ensure their needs were safely met. Medicines were managed and administered safely. The service had procedures in place to reduce the risk of infections and staff had enough personal protective equipment.

Assessments of people's needs were carried out before they started using the service. People received support to maintain good health and were supported to maintain a balanced diet where this was part of their plan of care. People were supported to have maximum 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 were supported by staff who were kind and respectful. Staff understood people's diverse needs and supported them appropriately. People's communication needs were assessed and met. People knew how to make a complaint if they were unhappy with the service.

There were systems in place to assess and monitor the quality of service that people received. The service worked in partnership with health and social care professionals. The provider took people's views into account and used their feedback to improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good report published (28 March 2018).

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Abacus Homecare (Bromley) Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Abacus Homecare (Bromley) Ltd is a domiciliary care agency. It provides personal care and support to people with varying needs living within their own homes. The service had a registered manager in post. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection to ensure the registered manager and or staff would be present and available to speak with.

What we did before the inspection

We checked the information we had about the service including notifications they had sent since registering with us. A notification is information about incidents or events that providers are required to inform us about. We asked the local authority commissioning and safeguarding teams for any information they had about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this

information to plan our inspection.

During the inspection

We spoke with the registered manager, office manager and operations manager. Following the office visit we also spoke with two care staff by telephone and five relatives of people using the service to seek their feedback on the service provided. We reviewed a range of records including three people's care plans and records and two staff recruitment and training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring records and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records related to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse or harm.
- Relatives spoke positively about the care staff provided and that they felt their loved ones were safe. One relative commented, "I feel [loved one] is in safe hands." Another relative told us, "The carers have good safeguarding knowledge and they respect [loved ones] privacy in all they do."
- Policies and procedures to help keep people safe were in place and up to date. Staff had received training in safeguarding adults and were aware of their responsibilities to report and respond to any concerns.

Assessing risk, safety monitoring and management

- People were kept safe from the risk of avoidable harm.
- Risks to people were assessed and documented to ensure their well-being and needs were safely met. Care plans included assessments of risk to people's physical and mental health. Risk assessments provided staff with up to date information on how identified risks should be managed; for example, when supporting people to safely mobilise with the use of equipment.
- Risks were regularly reviewed to ensure people's changing needs were safely managed and staff knew people very well and understood their individual needs and risks.

Learning lessons when things go wrong

- There were systems in place to monitor and support learning from accidents, incidents and safeguarding.
- Records showed that staff had identified risks and understood the importance of reporting and recording accidents and incidents. We saw that staff took appropriate actions to address accidents and incidents, including seeking support from health care professionals where required.
- A relative told us, "I am reassured by the fact that managers phone and email me every month to update me on [loved ones] progress. I feel Abacus do 'above what I expect'."
- Accidents and incidents were monitored on a regular basis to identify any themes as a way of preventing recurrence. Lessons learnt were shared with staff through meetings and supervisions.

Staffing and recruitment

- There were enough staff to meet people's needs and relatives said staff visited when required. One relative told us, "They [staff] are reliable and do what they are supposed to do." Another relative commented, "I am reassured that the care [loved one] receives is the same at every visit."
- There were arrangements in place to deal with emergencies and out of office hours support should be required. Staff told us management support was always available and they had regular people that they

visited. One member of staff commented, "It's a very small service that really care and listen, they [management] are fab. The managers are very responsive to people's needs and are always at the end of the phone if we need them."

- Staff were safely recruited and pre-employment checks were completed before a new member of staff started work. Checks included employment history, identification, references, right to work in the United Kingdom and criminal records checks through the Disclosure and Barring Service (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Using medicines safely

- Medicines were safely managed.
- People were supported where required to safely manage and administer their medicines. Care plans detailed people's prescribed medicines and any known risks. Staff completed and checked medicines administration records (MARs) to ensure people received their medicines as prescribed and to ensure continued safe practice.
- Staff had received up to date training and had their competency assessed in administering medicines to ensure safe practice.

Preventing and controlling infection

- People were protected from the risk of infection.
- Personal protective equipment (PPE) such as facemasks, aprons and gloves were made available to staff. Staff had completed training on infection control and COVID-19.
- Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal hygiene and their home environment.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them receiving the service, to ensure they could be appropriately met. One relative told us, "I feel involved in all decisions about [loved ones] care. I'm impressed how the manager sorts things out when [loved one] goes into hospital."
- People's diverse needs were assessed and supported, such as religion, gender and culture. People's needs and wishes were reviewed on a regular basis to ensure the care they received met their needs and desired outcomes.

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

- People's nutrition and hydration needs and preferences were met and supported by staff where this was part of their plan of care. One relative told us, "I'm able to discuss [loved ones] meals with the carer. They can do batch cooking; they are able to liquidise and freeze dinners for [loved one]."
- Care plans documented people's nutritional needs, the support required with meal preparation, support with eating and drinking, and any known allergies or dietary requirements.
- Staff received training on safe food handling and were aware of people's dietary needs, risks and preferences.

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

- People received support to access services when required to maintain good health and well-being. A relative told us, "I visit [loved one] every day and support with visits to the GP, however, if necessary carers will pick up prescriptions and administer them. I have every confidence in Abacus."
- The service worked in partnership with health and social care professionals such as GP's and district nurses to ensure people's physical and mental well-being. Staff monitored people's well-being and documented any issues or concerns taking appropriate actions where required.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to meet people's needs. People told us they were supported by competent and well trained staff. Comments included, "The carers have the right knowledge and training", "They [staff] have the right skills for the job", and, "The carers listen, they have become part of the family."
- Staff completed an induction when they started with the service in line with the Care Certificate. This is a nationally recognised training programme for health and social care workers.
- Staff we spoke with were knowledgeable and told us they received appropriate training to meet people's needs. One member of staff said, "We get lots of relevant training such as safeguarding and health and

safety. The management is 100% supportive and they really do put their heart and soul into caring for people."

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were consulted and supported by staff to make choices and decisions for themselves. Staff promoted people's rights and worked within the principles of the MCA to ensure these were upheld. Staff had received training on the MCA and understood the principles and application of these in practice.
- Staff assessed people's capacity for making decisions in line with the MCA and in their best interests. Care plans documented people's choices and decisions made about their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us their loved ones were supported by staff that treated them with kindness and respect. Comments included, "The carers don't rush, they do things at [loved ones] own pace so [loved one] is not rushed", "They [carers] have a laugh and a joke. They respect [loved ones] needs and choices", and, "There is always good communication from staff regarding [loved ones] care. They [staff] use text, phone calls, emails and WhatsApp. I certainly feel listened to when discussing [loved ones] care."
- Professionals were positive about the support provided to people, the caring attitude of staff and the management of the service. One social care professional commented, "The managers regularly attend all care forums and meetings. They have been excellent in the submission of data and are always very responsive to any requests and pilots which we have undertaken."
- Staffing was consistent and staff had built good relationships with people and their relatives. Staff we spoke with understood the importance of working within the principles of the Equality Act and supported people in meeting their diverse needs in relation to age, race, disability, sexuality, sexual orientation and religion. For example, they respected people's preference for receiving support from a specific gender of staff.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff that promoted their independence and treated them with dignity. One relative told us, "The carer respects [loved one] and makes [loved one] feel comfortable. She helps [loved one] walk around the house but is fully aware that [loved one] chooses not to go outside."
- Staff knew how to support, maintain and promote people's privacy and dignity and were aware of the importance of maintaining confidentiality. Staff told us information about people was treated sensitively and shared on a need to know basis only. People's personal information was stored securely and held in line with the provider's policy.

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

- People and their relatives where appropriate, were fully involved in decisions made about their care and support. Relatives told us they were provided with information and choice and their decisions were respected by staff. Comments included, "I am always involved with the planning of [loved ones] care", "Abacus always consults me and any decisions made are between the family and the carers", and, "The whole family are involved in any decision making."
- People's views and choices were sought and documented within their plan of care. These were reviewed on a regular basis to ensure individuals needs and wishes were met and respected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; end of life care and support

- People's care and support was planned and delivered to meet their individual needs. One relative told us, "[Loved one] is getting personalised care, the best we could give."
- Care plans documented people's physical, emotional and mental needs and well-being and the things that are important to them. Staff maintained and monitored people's care and records on a regular basis to ensure they received the support as agreed and planned.
- People's relatives told us they had choice and control over their care and staff respected and supported their decisions and wishes. Staff were aware of individual diverse needs and understood differing needs, wishes, views and beliefs.
- At the time of our inspection no one required end of life care and support. However, we saw care plans documented individuals end of life care wishes, where they had chosen to share the information. The registered manager told us that where required, they worked in partnership with people, their relatives, health and social care professionals and palliative care teams to ensure people's end of life care needs and wishes were met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, assessed and documented in their plan of care to ensure staff had relevant information on how best to support them.
- Staff understood the importance of effective communication and the service produced information in formats that met people's needs, for example, easy to read or large print.

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

- People were supported where requested to meet their social interests and needs, and staff supported individuals to protect them from the risk of social isolation and loneliness.
- Care plans documented people's social needs, interests, hobbies and any support required from staff to meet those needs.

Improving care quality in response to complaints or concerns.

- There was an up to date complaints policy and procedure in place and people, their relatives and staff knew how to make a complaint. One relative commented, "I have no complaints at all, communication with the manager is first class."
- Systems were in place to document and investigate any complaints. This ensured the provider responded to them appropriately.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People received good care from staff who had the knowledge, skills and experience to carry out their roles and responsibilities.
- Relatives spoke very positively about the staff and how the service was managed. One relative said, "Abacus is extremely well run and well organised. They are responsive and efficient, pro-active and professional. They treat my [loved one] 'like a person'." Another relative commented, "Office staff are very polite and pleasant to deal with. The care my [loved one] receives is good and consistent."
- The registered manager and office manager were actively involved in the day to day running and delivery of care which promoted a well-led service. The registered manager was aware of their responsibilities under the Duty of Candour and acted with openness and transparency. The Duty of Candour is a regulation that all providers must adhere to.
- Staff told us they felt well supported by management. Comments included, "They really listen and value us, they are always responsive and on hand if we need them", and, "We are really supported to do our jobs well, it makes such a difference."

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

- There were systems in place to ensure the service sought the views of people through reviews of their care, spot checks, telephone monitoring and surveys. We looked at the results of the survey conducted in April 2021. All responses received were very positive rating the service they received as 'outstanding'.
- The provider listened to the views of staff. Staff told us they had regular opportunities to feedback about the service and to share ideas. One member of staff commented, "They [management] really listen to what we say and how we feel. They really do put staff and people at the heart of everything they do."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a registered manager in post. They understood their responsibility to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They were aware of their registration requirements with CQC and the legal requirement to display their CQC rating. The registered manager understood the importance of quality monitoring and continuous learning within the service.

- There were systems in place to assess and monitor the quality of the service. Checks and audits covered areas such as medicines management, care plans, staff training and accidents and incidents.

Working in partnership with others

- Staff worked effectively with health and social care professionals to ensure people received good standards of care. Records showed staff had contact with health and social care professionals such as, GP's and district nurses.