

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Abacus Care (Birmingham & South Midlands) Limited

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Abacus Care (Birmingham and South Midlands) Limited
Registered Managers	Mrs. Susan Elizabeth Rickwood Miss Amy Alexandra Gillman
Overview of the service	Abacus Care provides personal care and support to people living in their own homes.
Type of service	Domiciliary care service
Regulated activities	Nursing care Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 December 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with three people who used the agency and two family members. During our inspection we looked at a selection of care records for three people who used the agency. We spoke with the management team, and three members of staff. We also looked at the comments that had been received from people who had used the agency and their families. This helped us to gain an insight into the experiences of people who received care and support in their own homes from Abacus.

People were very satisfied with the care and support they received from Abacus. They were involved in the way that care and support was given and reviewed. People were supported to retain their independence as much as possible. Care staff and the care people received were described as: "It's care of a very high order, they (care staff) are caring when carrying out their duties. The great joy of it is my wife gets on with them." "I am happy with all my carers" and "I can't speak too highly of them."

People who used the agency were protected from the risk of abuse because the service made sure all staff recruited were suitable to work with vulnerable people. People told us they felt safe when care staff visited them in their homes and that care staff were helpful and kind.

We found that the manager had systems in place to monitor the quality of the care and treatment provided. For example, there was continuous monitoring of people's views about their care so that these could influence improvements.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

During our inspection we found that there were arrangements in place that supported people who used the agency to be involved in all aspects of their care and support provided.

We found that the care plans and other records seen were clearly signed by people who used the agency. This demonstrated that people had been involved in the decisions made about how they would like their care delivered to meet their preferred daily routines. We also saw examples where care plans had been reviewed and updated to reflect people's updated wishes. Where people were unable to make their own decisions or provide their consent this had been given by their family members who knew them well. This ensured that people's best interests were promoted when their daily needs were met.

The care staff that we spoke with gave us examples of how people were supported to understand the choices available to them on a daily basis to meet their needs. One care staff member explained: "Everyone has choices" and: "I talk to people and explain what I'm going to help with. I would do what I can to make the choice a safe one." People who used the agency and their family members confirmed that this did happen in practice. One person who used the agency said: "I like my routine and they (care staff) know this" and: "It all works like clockwork which I like." One family member said: "They (care staff) report to her and tell her what they will be doing." This meant that people were supported to give their consent to the care and support provided to them in their own homes.

Staff we spoke with were aware of the importance of treating people with respect and dignity regardless of their diverse backgrounds. One care staff member said: "We know how important it is to treat people how we would want to be treated." People who used the agency confirmed that care staff had consulted with them and were aware of their preferences and daily routines. They told us they had been provided with information about the agency and knew who to contact if they wished to discuss their care or if they

had any concerns. This meant people who used the agency were suitably informed.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with three people who received care and two family members. They told us that they were happy with the service they received and that care staff completed the care and support required.

Many people who used the agency described how they were supported by a small group of regular care staff who understood and appreciated people's different abilities and preferences. We talked with two people who were able to discuss the support received from the care staff with us. They were very positive about the support provided. One person told us: "I can't speak too highly of her (care staff)" and: "Care is very good." One family member said: "They (care staff) know mum well, this is reassuring for me and my mum. The time really suits us and it fits in with me."

People's needs were assessed prior to the start of their care service and care was planned and delivered in line with this. People had been involved in this process. We saw that staff documented any changes in people's care and support needs. This meant that any changes to their plan of care could be made. We saw that people and their family members had been involved in the review process. One family member told us: "They (care staff) help him to retain his dignity and we have confidence in all of them (care staff)."

We looked at some of the care and support plans of three people who used the agency. The care files we looked at contained plans that provided care staff with detailed information about the care and support each person needed. We found care staff had enough information about what they needed to do to support people safely and promoted people's independence. For example, one person required aids to support their safety when they walked but also wanted to aim to improve their mobility as much as possible. The documentation was detailed and up to date so that care staff who may not be involved with that person's care on a day to day basis would know what to do.

Plans included a process for assessment and management of the risks associated with people's care, for example people's mobility, skin integrity and medicines. One family member told us: "They check his skin and make sure it is clean and dry which is important

to ensure it does not get sore."

Staff we spoke with had a good understanding of the needs of the people they supported and what they needed to do to meet those needs. For example, staff recognised when someone needed additional support or referral to other services, such as the doctor or social worker. Care staff shared with us some positive examples of where people's lives had been improved due to them recognising when people's needs had changed or more time was required to meet people's changes in their needs. Care staff told us about the process for reporting changes to a person's care needs. They referred people to the manager and office staff for a review. When required this process included gaining the views of external professionals to support the person's identified needs.

Staff that we spoke with confirmed that when there had been a need, referrals had been made to appropriate health and social care professionals. These had included referrals to social workers for care input, reassessment of need and equipment to promote safety and independence.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

There were effective recruitment and selection processes in place.

Reasons for our judgement

There were effective recruitment and selection processes in place to ensure that care staff who worked for the agency were suitable to work with vulnerable people.

We looked at the recruitment information for three members of care staff. All the files reflected that a formal application and interview process had been completed before any offer of employment was made. All the necessary checks had been completed to ensure that care staff who worked for the agency were suitable to work with vulnerable people.

One member of care staff told us: "People that are recruited are vetted; it is a good system here as clients benefit from trustworthy staff." Another care staff member said: "The calibre of staff is good" and "They (the provider) employ caring people."

All new care staff had to complete a formal induction training programme before they worked independently with people. This ensured that only care staff assessed to have the right skills and abilities to meet people's needs were able to deliver people's care and support.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The views of people and families were used to improve the quality of services delivered, for example, completing surveys and by approaching staff. People and their family members were also asked for their views on the care they received and what could be done to improve the service generally as part of the review of people's care.

All the people we spoke with were complimentary about the service that they received from the agency. One person told us: "I get a very good standard of care." One family member described the care staff that provided the care to their relation as: "Very good" and: "They go beyond the call of duty."

We asked staff whether they could give their opinions on how the service was run. All the staff told us that they could and felt their opinions were listened to.

There were monitoring systems in place that included regular checks to monitor that staff arrived at people's homes at the allocated times, and carried out all tasks in line with the care plan. We were told by staff that spot checks were undertaken and any issues were raised with them. This meant that staff were well supported, and the standard of their work was monitored so that people could be confident that they were in safe hands at all times.

There was evidence that the provider responded to themes and risks identified in regards to the care and support people received. We saw that where any risks to people were identified safety measures were put in place to minimise risks to people who used the agency and staff.

We saw that environmental health and safety checks were in place to protect the people using and working at the service. Care records we looked at contained an environmental risk assessment for each home environment that care staff visited.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The provider took account of complaints and comments to improve the service. We saw that information provided to people who used the agency included a copy of the complaints procedure. We looked at the complaints procedure which was accessible in other formats and languages if required. The complaints procedure showed how people would make a complaint and what would be done to resolve it. People we spoke with told us they had no concerns but felt confident in raising any issues. One person said: "I have no complaints about my care or the carers but if I did I know that they would listen and make sure things were right for me." This meant people had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

We saw a folder in the office contained many letters complimenting the service and the support provided. One person stated: "You two ladies were the highlight of his week! I am so grateful to you for your cheerful support, care and thoughtfulness over the months that you knew him."

We looked at the three complaints that had been received by the manager since our last inspection. We saw that all complaints made had been investigated in line with the procedures and action taken to resolve the issues raised. This meant people's complaints were fully investigated and resolved where possible to their satisfaction.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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