Absolute Care South West Ltd

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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

Absolute Care South West Limited is a family run, small domiciliary care agency situated in Honiton that provides people with personal care and support in their own homes in the East Devon area. This includes people living with dementia, mental health needs and with physical and learning disabilities. The inspection took place on the 12 and 18 June 2015 and was the first inspection at this location. At the time of our visit, the agency provided over 400 hours of care for 26 people in their own home and employed 24 care staff.

The provider has two directors, both of whom work in the agency. One is the registered manager in day to day charge of the service. 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.

People felt safe and well supported by staff they knew and trusted and said the service was reliable. People knew how to raise concerns and complaints and said these were addressed to their satisfaction. However, two relatives were unhappy with the provider's initial attitude when they raised concerns.

Summary of findings

People received their medicines on time and in a safe way. People were protected because recruitment procedures were robust. Staff could identify the signs of abuse and knew the correct procedures to follow if they had concerns about suspected abuse.

People were supported by staff that had the necessary skills, knowledge and experience to support their care needs. Staff received regular training and supervision.

Staff were kind and compassionate towards people. They promoted people's independence, respected their dignity and maintained their privacy.

People were supported to express their views and be involved decision making and were offered choices. The provider understood their responsibilities in relation to the Mental Capacity Act (2005) and acted in accordance with them. Care records included information about how to support people to make day to day decisions for themselves wherever possible. Where people lacked capacity, mental capacity assessments had been completed and relatives and other professionals were consulted in 'best interest' decision making.

People received care and support that met their individual needs. They were supported by a regular team of staff they knew well and had developed strong relationships with. People's care and health needs were assessed and care plans included detailed information for staff about individual care needs. These were reviewed and updated regularly as people's care needs changed.

The provider promoted a positive culture that promoted a service tailored to people's individual needs. People were positive about the service they received and they appreciated having care from experienced and skilled care workers. The provider had a range of quality monitoring systems in place. The provider was aware of their strengths and areas for further development. Where they identified areas for improvement, they were taking further steps to make those improvements.

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.

People felt safe, the service was reliable and people felt well supported by staff they knew and trusted.

Staff could identify the signs of abuse and knew the correct procedures to follow if they thought someone was at risk of abuse.

Risks were assessed and action taken to reduce them.

People received their prescribed medicines on time and in a safe way.

The service had enough staff to support the needs of each person and provided care at a time convenient for them.

Good

Is the service effective?
The service was effective.

People were supported to have their needs, preferences and choices met by staff with the right skills and knowledge.

Staff received regular training and support through supervision.

Staff recognised changes in people's health and sought health advice appropriately.

Staff acted in accordance with the Mental Capacity Act 2005 for people who lacked capacity to make decisions about their care and treatment.

Good

Is the service caring?
The service was caring.

People were positive about the staff who worked for the agency and the care and support provided.

People were treated with dignity and respect, and staff involved them in discussions and decisions about their care.

Good

Is the service responsive?
The service was responsive.

People received care and support that met their individual needs.

People were supported by a regular team of staff they knew well and had developed strong relationships with.

People knew how to raise concerns and complaints and said these were addressed to their satisfaction.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

The provider promoted a positive culture of an individual service tailored to people's needs.

They used a range of quality monitoring systems in place to monitor the quality of the service.

The provider sought feedback from people, relatives and staff and made improvements in response.

Absolute Care South West 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 checked 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.

This inspection took place on 12 and 18 June 2015 and was announced. The provider was given 48 hours' notice. This was because the location provides a domiciliary care service and we needed to arrange to visit some people that used the service and ensure the registered manager was available for our visit. The inspection team included an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using a care service for older people.

Before the inspection we reviewed the Provider Information Record (PIR) and all information we held about the service such as any contact with the provider and feedback received from people. The PIR 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. This enabled us to ensure we were addressing any potential areas of concern.

We spoke with 16 people and nine relatives, this included home visits and telephone calls. We looked at seven people's care records. We spoke with 14 staff, which included the registered manager, a director in the company, care workers and an administrator. We looked at seven staff records and at quality monitoring information such as survey findings of questionnaires sent to people and staff, spot checks and at complaints and compliments. We contacted commissioners, and health and social care practitioners and received feedback from four of them.

Good

Is the service safe?

Our findings

People trusted the staff who visited them to provide care. All staff wore distinctive uniforms and identity badges so they were easily recognisable. One person living with dementia said, "'I can't remember anything but she wears a yellow uniform and is very smiley." Another person said, "They're very good indeed… they come to see me to check I'm all right and they give me my medication." A third person said, "They're very honest…I've always got money here and valuables and they've never been touched." For security, some people or relatives had agreed staff could use a key safe system so they could let themselves into the person's house.

People had a regular group of staff who visited them that they got to know and felt safe with. They were happy with the timing of their visits, no-one felt rushed and they said staff stayed for the full amount of time allocated. The agency calculated travel time between visits to ensure staff always arrived within 15 minutes of the time agreed. One person describing improvements in timings said, "I am diabetic and they need to come at the right time. Previously this did not happen but it's lovely now they come at 9.30." Staff agreed they had enough time allocated to provide the care each person needed. Where there were any difficulties or a person was unwell, staff could stay a bit longer. They contacted the office if they needed help, advice or to ask them to let the next person know if they were delayed.

The registered manager confirmed the agency currently had enough staff to provide the care people needed each week. They were recruiting more staff, including bank staff in order to provide more flexibility to cover sickness and annual leave. Both directors provided hands on care which helped reduced the impact of staff sickness or travel delays on people's care. However, the registered manager had identified they needed to spend more time based in the office. There were no reports of missed visits and, where people needed two staff to care for them, this was always provided. This meant the service was reliable.

People were protected because staff had received training, knew the signs of abuse and were confident that any concerns reported would be responded to. The agency had policies and procedures for staff about how to report safeguarding concerns. Where a concern had been identified by a member of staff, the registered manager appropriately reported this to the local authority safeguarding team and to the police. The service worked with other agencies so that a safeguarding plan was put in place to protect the person. Where staff handled people's money, detailed records and receipts of all expenditure were kept which reduced the risks of financial abuse.

Risks assessments were undertaken, which identified individual and environmental risks and how to reduce them. These included people at risk of falling, skin damage, any moving and handling or other risks related to the property. Care records included details about equipment in people's homes such as location of grab rails, use of moving and handling aids, wheelchairs and walking frames. Staff were trained to use moving and handling equipment such as hoists and stand aids. Moving and handling plans completed were in accordance with health and safety regulations. This meant risks for staff and people were reduced. A community occupational therapist confirmed agency staff worked well with them to support people's moving and handling needs and followed any specific instructions provided.

People were positive about the standard of personal care, they confirmed staff wore gloves and aprons and washed their hands. However, two relatives commented about a couple of occasions where a staff member did not deal hygienically with soiled linen and thought further staff training on this area might be beneficial.

A number of people received help with their prescribed medicines, this included prompting or administering people's medicines, and applying prescribed skin creams and instilling eye drops. Staff were trained to administer medicines and Medicine Administration Records (MARS) were well completed. Staff collected several people's medicines for them from their local pharmacy. Medication risk assessments were completed and the provider used locked boxes for storing medication securely, where necessary, which had been agreed with people and relatives.

Staff identified medicine risks for a person recently and took appropriate action. The person had been administering their own medicines with staff prompting. However, staff noticed the person had become more forgetful and had taken their medicines twice on a couple of occasions. Staff met with the person and their relative and arranged for their GP to provide their medicine in a

Good

Is the service safe?

blister pack format which showed them clearly when they needed to take their medicines. This ensured the person maintained their independence and could take their medicines safely and as prescribed.

People were protected because the provider had robust recruitment procedures to assure them about the fitness of applicants. All staff were interviewed, references sought and appropriate background checks were undertaken to ensure staff were suitable to work with people, known as Disclosure and Barring Service (DBS) checks. These checks help employers make safer recruitment decisions and should help prevent unsuitable people from working with people who use care and support services. For one staff member, where a disclosure was made, there was no written risk assessment about this decision, although a satisfactory explanation was provided about this and the provider had monitoring arrangements in place.

Accidents and incidents were reported and reviewed by the registered manager with actions taken to reduce the risk of recurrence. For example, the accident/incident log showed a medicine error had occurred, which had been reported to the person's GP and investigated. Following this, the provider introduced more simplified and interactive medication training during March/April 2015 for all staff to complete. This ensured lessons were learned, and steps taken to improve practice.

Good

Is the service effective?

Our findings

People were positive about the service they received and appreciated having reliable, and skilled care workers visiting them who knew how to meet their needs. Where people or relatives expressed preferences about individual staff, these were accommodated as much as possible. One person said, "The staff are very experienced, very good." A relative said, "One staff in particular is amazing…she knows mum and her needs so well…she is fantastic." Another relative said, "One is fantastic as she has had loads of experience with dementia, whereas others are not quite as skilled." A third said, "They have the skills for people with dementia and he accepts personal care from them."

People were supported by staff that had the necessary skills, knowledge and experience to support their care needs. They had access to ongoing healthcare support. One social care professional said, "I have found Absolute Care a caring, reliable and flexible service who were prepared to take on complex care packages with a range of needs."

In the provider information return, the provider outlined how they accompanied new members of staff to introduce them to people and how they worked with other staff to begin with to familiarise themselves with people's needs. Also, where staff were inexperienced they worked with more experience staff working with people who needed two staff to provide their care. Staff received induction training when they first came to work in the service, which most staff were happy with, although two staff thought it could be further improved.

Most staff had qualifications in care and said their training was appropriate to the needs of the people their supported. This included medicines management, safeguarding, health and safety and practical moving and handling training. The registered manager outlined how some staff had been given specific training to support people's individual health needs. For example, diabetes training from a diabetes nurse. The provider had recently purchased some new e learning training materials.

Staff received one to one supervision and confirmed there were effective between management and staff. Records showed one to one supervisions and some "spot checks" were undertaken. This is where senior staff observed staff practice in people's homes and provided feedback.

However, these arrangements were somewhat ad hoc, and supervision sessions were not always documented. In their provider information return, the provider identified this as an area for further improvement and outlined plans for introducing group supervision to discuss people's care and to update staff.

People were offered choices and care records included information about how to support people to make day to day decisions for themselves wherever possible. The provider understood their responsibilities in relation to the Mental Capacity Act (2005) and acted in accordance with them. Care records included details about others who had legal power of attorney for care and welfare or financial decisions or who were subject to the Court of Protection for decision making. Although staff had not received any training on the Mental Capacity Act, they had access to appropriate policies and procedures. Staff demonstrated a good knowledge about the principles of consent, including for people who lacked capacity.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Where people lacked capacity, mental capacity assessments had been completed. Where the person lacked capacity to make their own decisions we saw several examples of how the service had involved relatives, GP's and other health and social care professionals in 'best interest' decision making.

Staff established good relationships/work with local nurses, GP's, and occupational therapists who confirmed they were contacted appropriately and that staff followed their advice. For example, one relative said, "I didn't know he had developed a rash, but they noticed and told me so that I could take him to the doctor." Another person told us how staff from the agency supported them with managing their diabetes, including meeting the diabetic nurse with them. This included an emergency contingency plan about how to support the person and what to do if they became unwell. The person said this helped to reassure them and reduce their anxiety.

Staff supported people with their health care needs and promoted them to have a healthy lifestyle and avoid admission to hospital. For example, by keeping people's skin healthy, through regular pressure area care. One relative said previously the person had bedsores, and described how staff were "On a mission to make her better, turning her every four hours." Staff recognised when a

Good

Is the service effective?

person became unwell and acted quickly by contacting health professionals. For example, one person was very prone to urine infections and recently staff recognised signs of a urine infection and contacted the doctor who prescribed an antibiotic for them. The service had also introduced food/fluid charts to record people's eating and drinking and help monitor them for signs of malnutrition and dehydration.

Staff supported several people with eating and drinking. They described how they helped people to choose and order their ready meals each week and offered them a choice of main meal each day. Where care records identified people at increased risk of malnutrition or dehydration, staff had detailed care plans about how to support those people with eating and drinking. For example, how one person had a very small appetite and needed prompting to eat and to drink plenty of fluids, drank Complan and hot chocolate and also liked yogurt and milk puddings. For those people, detailed records were kept of what the person had eaten/drunk during their visit and whether they needed prompting to eat or drink more at the next visit. This meant people were supported to eat and drink enough to maintain their health.

Good

Is the service caring?

Our findings

Staff developed caring relationships with people who used the service and with relatives. One person said, "I've never come across an agency before that has been so genuinely caring." Another person said, "They're very good people, very nice, they'll do any little job I ask". A relative said, "They always speak to her very kindly." A social care professional said, "They provide a good caring service."

Everyone said staff treated them respectfully and kindly and one person described staff as "discreet." One person said, "'They're very good, always polite.. they let themselves in and shout so I know they've arrived." Peoples' individual needs were being taken into account by staff. A relative speaking about the care the person received said, " They are absolutely brilliant and my mother is only alive because of the care she has received from them". . anything she needed, they were brilliant." Another relative said, "They are also sensitive to the wider family needs."

Staff shared a number of examples of how they treated people with respect and protected their privacy and dignity. One staff member said they always knock on the door to announce their arrival even when they are letting themselves with a key. Other staff told us how they pull the curtains, and cover the person with a towel when giving them a wash. Where people expressed a preference about having male or female staff, their wishes were respected.

People were supported to express their views and were involved in making decisions about their care, treatment and support. Before the service began, the registered manager met with people and their relatives (if needed) to assess and agree their care needs with them. People confirmed they were consulted and involved in the assessment of their care, and in developing their care plans, and in updating them.

Staff demonstrated they understood social interaction as well as care was an important part of their visit and told us they made sure they chatted to people. One staff said, "A lot of people like to sit and chat, they love to talk about 30-40 years ago, I sit and listen." Relatives also said they appreciated how staff included them and asked them how they were when they visited. One said, "They're very good, very nice and I get on well with all of them…different ones come at different times but they're all lovely."

In the provider information return, the registered manager outlined how staff tried to go 'that extra mile' for people. For example, picking up a prescription or magazine, and remembering special birthdays, by sending a card, flowers or chocolates. Also, by listening to people and trying to make sure they get the staff they have requested or have built good relationships with. One person with a physical disability told us how much staff had helped them improve their quality of life and helped them become more independent. They appreciated how staff supported them to improve their physical strength and fitness by accompanying them to the gym and swimming. Also, to attend their child's school events.

Good

Is the service responsive?

Our findings

People knew how to complain and raise concerns, each person had a copy of the complaints procedure in their care records and knew how to contact the agency's office. People knew the names of the providers and referred to them as the people they speak to with any problems. We received mixed feedback about how the provider responded to complaints.

One person said, "I've never had to complain once" and another said, "They're brilliant, they're lovely...I've no complaints whatsoever…they're caring, attentive and always ask what I'd like." A relative said, "I've made observations but not complaints and they have responded to those comments". Two relatives described initial problems when the service first started, but said these had been sorted out. One said, "We've had a few glitches but things have been put right and it all goes smoothly now." They went on to explain that at one time there were too many different staff coming to visit which wasn't good for their relative who was living with dementia, and that now only three staff visit which is much better for the person.

However, two relatives mentioned the attitude of the registered manager in relation to how they responded to a complaint about the service. One said, "When I complained I thought they were very defensive, and I had to argue my case, but in fact it was put right and we've not had the problems again. Another relative said they were made to feel in the wrong when they raised an issue, which made them feel their views were not encouraged or welcomed. We followed up one complaint in particular with a social care professional. They said, after the initial emotional response from the provider, they were satisfied they had dealt with the person's complaint appropriately.

Written policies and procedures were in place about managing complaints, including details about how people could contact the ombudsman if they were dissatisfied about how the provider had dealt with their complaint. The provider information return showed the agency had received 25 compliments and one formal complaint in the past 12 months. We looked at the complaints folder which logged any negative feedback or minor grumbles and documented what action was taken in response. This showed written and verbal complaints were investigated, recorded any actions taken to address them as well as identifying lessons learned.

Care plans are a tool used to inform and direct staff about people's health and social care needs. Following assessment, detailed care plans were developed which gave staff instructions about how to meet people's individual needs. Where social services commissioned the service, a detailed assessment document provided the agency with initial information about the person and their needs. Any changes in people's care or health needs were identified and reported to the agency's office and relevant health professionals. People's care records were regularly reviewed and updated as their needs changed. One relative said, "Communication is good between staff, they follow things through."

Support for people included personal care such as washing and dressing, preparation of meals and assisting people to eat and drink, and helping people with their medicines. Visits to people ranged from between 30 minutes up to an hour and 15 minutes, and some people had up to four visits a day. People and staff appreciated how the providers also provided hands on care including if there was staff sickness. One relative said "(name of staff) works as a carer and is very helpful. He'll go out of his way, for example collecting a prescription if I am unable to." People also described how staff helped them with accessing other services and helped a person apply for a disabled parking badge.

Most people (and relatives) were very pleased with the standard of care provided and how it was personalised for their needs. One person said, "They keep me lovely and clean, make sure I have my pills and my cream, give me my breakfast." Another said, "They respect your individual needs and personality." One relative talking about a particular member of staff said, "She is responsive and remembers what my father wants, such as the temperature he likes his bath water". Another relative explained how staff promoted the person to maintain their independence by assisting them to prepare their own breakfast by prompting and supervising them and making sure the cooker was turned off afterwards. Several people and commissioners of the service told us how flexible the agency were at providing additional care at short notice. One said, "They go over and above for clients, sort things out quickly." For example, overnight care for one person when their relative was admitted to hospital.

Staff knew people well, their circumstances and family history, about their needs and preferences for care. The

Good

Is the service responsive?

provider had established good working relationships with local health professionals such as nurses, GP's, occupational and physiotherapy staff. This included joint visits to review people's changing care needs. One person told us how staff had worked with their physiotherapist to learn how to use their specialist equipment to help their mobility. On the day we visited the office, a care worker was concerned about a person's skin and rang the agency office. The provider contacted the community nursing service who arranged to visit the person in the afternoon. The provider arranged for the staff member to return to the person's home for the nurse's visit. This showed staff were responsive to people's changing care needs and took appropriate action.

Care records were personalised and included lots of details about each person and how they liked things done. They also included information about what people could do for themselves and which aspects of care they needed help. Daily entries were made in records which showed what care was provided and about people's physical and psychological well-being. People confirmed they thought their care records accurately reflected their needs. Any new information, such as changes regarding medication, or skin care were reported so that records were updated.

Good

Is the service well-led?

Our findings

The provider promoted a positive culture that promoted an individual service tailored to people's needs. People were positive about the service they received and they appreciated having care from reliable, experienced and skilled care workers. One person said, "They are absolutely wonderful, so passionate … I can't fault them." Another said, "I've found them very good with no problems at all." A relative said, "They have become friends, they chat and discuss things with me, we get on well."

People said the service was very reliable. They received a weekly rota so knew the times of each visit and which staff member was expected. They said the visits were arranged efficiently. Commenting on what the agency did well, one person said " I think the owners choose very nice staff…they're all fabulous" and another said, "They employ very good carers who do their job well."

The registered manager was in day to day charge of the service and both directors worked in the service. In the provider information return, the registered manager outlined an ethos of compassion, kindness, dignity and how they promoted a person centred approach. This was reflected in the feedback we received from people.

People, relatives and staff said they were able to contact the provider, although the agency's office wasn't staffed all of the time. When the office was closed, they left messages and said they received a response within a reasonable timescale. Out of hours, senior staff and the provider took it in turns to respond to any messages, requests for support or advice. The provider had employed a part time staff member to provide administrative support at the agency's office. Two social care professionals said sometimes they experienced difficulties getting hold of the provider and delays in them responding to messages and emails. The registered manager was aware of this and said where there was staff sickness, these delays occurred because they prioritised ensuring people's care was delivered.

Most staff gave us positive feedback about the provider, said felt well supported and appreciated their "hands on" approach to people's care. They described the registered manager as "Very on the ball" and described the providers as "caring" and "compassionate." One staff said, "I'm very happy to work for them," and another described the agency as, "A close knit family." One member of staff said the best thing was the provider's, "Total commitment to good care for people."

Staff demonstrated they understood the principles of individualised, person centred care through talking to us about how they met people's care and support needs. They spoke about their commitment to the people they supported and used words like "individual "and "personalised" when they talked about them.

The provider had some basic quality monitoring systems in place and further improvement in quality monitoring were planned. People and staff files were generally well completed with checklists to ensure everything that should be included was present. The provider had a range of evidence based policies and procedures. There were effective systems for reporting any accidents, incidents, and complaints. However, where we identified a safeguarding concern, it was appropriately dealt with but had not been notified to the Care Quality Commission, as it should have been. We discussed this with the registered manager, and went through the CQC online notification system with them to make sure they knew how to notify us in similar circumstances in future.

People and relatives feedback was sought and showed they were very satisfied with the service provided. One said, "Staff are all very nice and I feel comfortable with them." Another said, "I feel like my views have been listened to and taken into account."

There were effective systems in place for monitoring staff performance. Where concerns about the attitudes, values and behaviour of individual staff were identified these were followed up with additional supervision, training and monitoring. For example, one person said in the past the agency had sent people who were unsuitable and they asked for them not to be sent again. We followed this up with the provider and found where there were on-going problems with performance, these were dealt with through the agency's formal capability procedures.

The provider actively looked for ways to improve the service. They had recently invested in additional staff training materials and had increased the support and monitoring of staff through regular 'spot checks' of care provided in people's homes.

Good

Is the service well-led?

Following feedback in a recent staff survey, some staff gave feedback about the need for improvements in staff induction. Two staff recently recruited as apprentices were just starting the national Skills for Care, Care Certificate. The registered manager had arranged for all staff to undertake this over the next year, which showed staff induction training was being improved in response to staff feedback. The registered manager showed us a training matrix they were developing. This was so they could see at a glance the date staff had completed their training and when their next update was due.

The registered manager said a lot of time was currently being spent doing rotas for people and staff by hand. In order to free up more time, they had recently invested in an electronic rota system which they had not yet implemented, as they were trying to recruit a member of staff with the appropriate IT skills.

In their provider information return, the provider demonstrated a good awareness of what the agency did well and identified areas for improvement. For example, in the past 12 months, the provider had purchased a new record keeping system to document people's initial risk assessments, care plans and on-going reviews. The registered manager told us about future plans to reduce their involvement in 'hands-on' caring so they could focus more on developing the agency's quality monitoring systems, and be more accessible at the office. They were developing two senior care workers by giving them additional responsibilities to help with this. For example, to support new staff through induction and help with undertaking staff supervision and 'spot checks'. They also told us about plans for further investment to purchase commercially available quality assurance tools. This showed the agency was committed to continuous improvement.