

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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Absolute Care South West Limited is a domiciliary care agency in Honiton which provided personal care to people living in their own homes in East Devon. People receiving a service included those living with dementia, mental health needs and with physical and learning disabilities.

At the time of the inspection the agency was providing personal care for 51 people and employed 20 care staff and two office staff. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People received an exceptionally personalised service because staff had an excellent understanding of their needs. Staff were committed to enabling people to live fulfilling lives. People, relatives and professionals gave us feedback about the exceptionally caring approach of staff.

The agency had a strong, person-centred culture and people valued their relationships with staff. Care staff were motivated and spoke with kindness and compassion about the people who they treated like members of their extended family. Staff went that extra mile for people to ensure they felt valued and remained part of their local community.

People praised staff who were excellent at promoting each person's dignity, wellbeing and independence, which improved their quality of life. The registered manager promoted people's human rights, they challenged and tackled discrimination on people's behalf whenever they encountered it.

People said they felt safe and well cared for and that the service was reliable. Staff had received safeguarding training and knew about the different types of abuse, and ways to protect people. People received their medicines safely and on time, with further improvements in medicine administration records planned.

People's care records were personalised about their care needs, wishes and preferences, although daily care records could be more personalised. People were consulted and involved in decisions about their care.

People received consistent support from well-trained staff who knew them well. People praised the quality of the service they received and told us they would recommend it to other people who required this type of support. Complaints and incidents were used as opportunities to learn and improve.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice. Staff made sure people's legal rights were respected.

The agency was well led by the registered manager who was also a director of the company. They worked alongside staff in day to day practice and sought feedback from people and staff to continually improve. The service worked well with other health and social care professionals to support people.

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 27 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Absolute Care South West Ltd

Detailed findings

Background to this inspection

The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector visited the service.

Service and service type This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. 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. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. In preparation for the inspection, we reviewed all the information we held about the service and statutory notifications. A notification is information about important events

which the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection

We visited six people in their home, met a person at the office and spoke by telephone to three further people to ask them about their experience of the care provided. We also spoke with six relatives and a person's legal representative. We looked at six people's care records and at medicine records.

We spoke with the registered manager, another director in the company and with seven members of staff which included five care staff, the care supervisor and a member of office staff. We looked at systems for staff recruitment, induction, supervision and at training records. We also looked at quality monitoring records relating to the management of the service such as 'spot checks' of staff working in people's homes and survey responses. We sought feedback about the service from commissioners as well as health and social care professionals who worked with staff. We received a response from one of them.

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

- People said they felt safe with the staff who supported them. One person said, "I feel safe, staff are kind and patient."
- People were protected because all staff received training on how to recognise and report signs of abuse. Staff said they would not hesitate to report any concerns and were confident the registered manager would take action to make sure people were protected.
- We followed up concerns previously raised with us about a person vulnerable to financial abuse. We found robust systems for accounting for any monies spent on people's behalf. We received positive feedback from the person's legal representative.
- The registered manager recognised signs of abuse. They made the local authority safeguarding team aware of any potential concerns and worked with them to protect people.

Staffing and recruitment

- The agency had sufficient staff to meet people's needs. People were supported by a small team of staff they knew and trusted. People and relatives said the service was reliable, they confirmed staff arrived at the agreed time and stayed for the full visit time. One relative said, "I've been very pleased." Where people required two members of staff to assist them, this was provided.
- Robust recruitment procedures minimised the risks of abuse to people. This was by ensuring all new staff were thoroughly checked and vetted before they began working with people.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager involved people and families in undertaking risk assessments. Risk assessments and discussions with staff showed they understood ways in which they could minimise risks for people. For example, to minimise people at risk of falling by ensuring they had everything to hand before they left the person.
- Where a person was identified at increased risk of choking, staff followed advice of a speech and language therapist to ensure a person was supported to eat and drink safely. This included making sure the person was seated in an upright position. Also, by giving the person time to swallow each mouthful of food, before offering them more.
- Accidents and incidents were reported by staff and analysed by the registered manager. This enabled them to learn from events and share that learning with staff. For example, when a person's key safe was not properly closed, which was a security risk, all staff were reminded to double check in future.

Using medicines safely

- People who needed help with their medicines were supported by staff trained in the safe administration of medicines. Staff understood what support each person needed with their medicines and kept records of any medicines administered. However, medicine administration records needed more detail to meet best practice guidance. For example, about what each medicine is for, what level of support each person needs and method of administration.
- Although medicines management was monitored informally, this could be improved through the use of staff competency assessments and medicine audits. This would ensure regular checks are made to ensure all staff have the knowledge and skills to administer medicines safely.
- We discussed our findings and made the registered manager aware of guidance available. They said they planned to review medicine administration charts over the next few weeks to make these improvements.

Preventing and controlling infection

- People were protected from the spread of infection because staff received training in infection control and understood the importance of hand washing.
- The registered manager made sure staff had access to personal protective equipment such as disposable gloves to prevent cross infection.

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 before they started using the service to ensure they could be met. Evidence based assessment tools were used to assess people's moving and handling, nutrition, and skin care needs.
- People's care and support needs were regularly reviewed with them as their needs changed. A care supervisor helped the registered manager with care plan reviews and undertook 'spot checks' on staff working in people's homes to ensure they had the required skills.

Staff support: induction, training, skills and experience

- People received effective care and support from staff who had the skills and knowledge to meet their needs. A relative said, "Staff are trained and knowledgeable, they keep me up to date with things."
- Staff received regular training which included online and face to face training. For example, infection control, moving and handling, food safety, first aid as well as equality and diversity training. Where people had specific needs, staff were trained to meet those needs. For example, to support a person with swallowing difficulties, and to care for people living with diabetes and Parkinson's (a neurological disorder).
- All new staff completed an induction period and worked alongside the registered manager and other experienced staff to get to know people's needs. Where staff were new to care, they had to complete the care certificate, a nationally agreed set of standards. A newer member of staff speaking about their induction said, "One of the owners took me out with him for two days, then I shadowed other staff as well. It was brilliant."
- Staff felt well supported in their work and had opportunities to receive feedback through regular supervision and appraisals. They praised training and development opportunities at the agency.
- Where staff had any difficulties with literacy/numeracy or English was not their first language, the registered manager provided additional support to meet individual staff learning needs.

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

- People were helped to access healthcare services and care staff supported people with any recommendations. For example, applying prescribed creams to help keep a person's skin healthy.
- Care staff monitored people's on-going health conditions and sought professional advice appropriately from GP's, community nurses, occupational therapy and physiotherapy services. For example, the service worked with an occupational therapist to introduce hoist equipment to help move a person around more safely.
- Professional feedback we received showed staff recognised changes in people's health, sought professional advice appropriately and followed that advice.

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

- Staff supported several people with menu planning, shopping, and made sure they had regular meals, snacks and drinks available.
- People said staff offered them drinks and meal choices and made sure they had drinks and snacks within reach before leaving. Staff were aware of people's likes and dislikes and any dietary restrictions. For example, related to their diabetes.

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 said staff sought the person's consent before delivering any care or treatment. For example, about timing of personal care.
- Staff understood the principles of consent. For example, about a person's right to make choices, and weigh up the risks and benefits in planning their care including decisions others may consider unwise. This showed people's rights and choices were balanced with their welfare and safety.
- Staff had undertaken training on MCA and on dementia awareness. Where people had memory problems or lacked capacity, families, legal representatives and professionals said staff worked with them to agree decisions in people's best interest. For example, about a best interest decision to give a person medicines in their food.
- We found records of individual mental capacity assessments and best interest decisions were difficult to locate. The registered manager said these were mainly captured in e mail correspondence and in people's daily records. We made them aware of local authority documentation provided for this purpose, which they said they will introduce to capture this information.

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 Outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People received an exceptionally caring and compassionate service from a small team of staff, they knew well and who understood their needs. People and relatives' spoke about the caring nature of the staff. People said, "Staff have been so kind and understanding," "Brilliant," "I feel part of a family" and "[Staff name] is thoughtful when dealing with my care and takes time to listen to me." Relatives said; "Staff seem interested and have a personal touch," "Staff care for [person's name] as a person, not a client." A health professional said, "Its lovely to see how caring staff are, [person] was not just treated as a client, they had a good relationship with them."
- The service had a strong, person-centred culture and ethos was to provide people with a personalised service. Care staff were motivated and spoke with kindness and compassion about the people they supported, who they treated like members of their extended family.
- Staff went that extra mile for people with acts of exceptional kindness. For example, doing household DIY jobs for people, offering manicures and hair styling, taking people on shopping trips for new clothes. A relative said they appreciated when the registered manager came to care for their relative, so they could attend a hospital appointment. This meant their relative could leave the house knowing the person had company and was safe. A staff member looked after a person's dog when they were admitted to hospital and took it on holiday with them. A staff member said these extras were "In built" in the culture of the service. They said, "We all do that, we don't get paid for it but to us, these people, are our friends."
- People were treated as part of an extended family and their involvement with staff enhanced their quality of life. People enjoyed visits from staff to meet new babies, watch them grow and spent time with beloved pets. We met a person who enjoyed a visit to the agency office each week. The person was excited about a forthcoming family wedding. Staff had bought them a photograph album and provided them with a selection of photographs they had taken of the person and other family members. The person spent time choosing their favourites to make a personalised wedding gift. When they had finished, they were looking forward to going for coffee and cake with the registered manager, a weekly treat.
- A member of staff was from the same country as a person they supported. Both enjoyed chatting together in their native language. On Christmas Eve, the staff member visited the person to share the 12 traditional dishes of their country. Their relative said, "[Person] really enjoyed that, it was a really lovely gesture." Other staff accompanied people to the local community centre on Christmas day for Christmas dinner for people living alone.
- The registered manager promoted people's human rights and stood up for people. For example, when a couple went to a care home for a respite stay. They made it clear they did not wish to remain there, when others were pressuring them to move in. The registered manager championed their wishes to return home

and wrote letters on their behalf. They involved an advocacy service to independently represent their views in multiagency discussions and worked with social services to try and accommodate their increased needs.

- Staff supported people to maintain their faith. They supported two people to attend regular church services. When the registered manager realised visits by church representatives had ceased for a person, they got in touch with them and arranged for regular visits to recommence, which the person was very pleased about.

Respecting and promoting people's privacy, dignity and independence;

- Staff were skilled in enabling people to remain independent. They encouraged people to exercise regularly to improve their mobility and made sure they had regular opportunities to socialise and go out. A relative of a person spoke movingly about how staff supported their spouse to person to return home after spending several months in a care home. They described how staff accompanied them to bring the person home for short visits to see how they got on. Gradually, they supported the person's relative to keep the person home for longer periods. The relative was delighted the person was now back at home with them. Their relative said, "We are very happy, it takes a lot of stress off me. It is the next best thing to managing by yourself."

- People and relatives all said care staff always treated them with dignity and respect. People's care plans included details about aspects of care people could undertake independently, and those they needed care staff support with. Staff described ways they promoted people's privacy. For example, covering a person with towels during personal care and encouraging them to do the aspects of personal care they could. For example, brushing their own teeth and styling their hair. A relative wrote, '[Person] is proud, with your help we can minimise their embarrassment.' Where people expressed a preference for female/male care staff, this was respected.

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

- Staff were skilled at helping people to express their views, wishes and choices. A relative spoke about how much they appreciated how staff consulted and involved the person in decision making, although they were unable to speak. They described how staff made eye contact, addressed them directly and interpreted their response by observing their facial expression and head movements. A staff member spoke movingly about how they connected with another person living with dementia, who was no longer able to speak. The staff member enjoyed singing and sang to the person. They were amazed and moved when the person sang along and remembered all the words. The staff member said, "I absolutely love my job."

- People were visited before they began to use the service. This enabled them to express their wishes about the support they would like to receive and who they would like to be supported by.

- People and families were partners in developing their care plans to achieve their personal goals by making sure they had the support they needed. They were involved in making decisions about their care, day to day and through regular reviews.

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 outcomes were consistently good, and people's feedback confirmed this.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 received care that was personalised to their wishes and preferences. People's comments included; "They get to know you," and "I appreciate the personal touch, you are not just a number." Relatives said; "We are very happy, it takes a lot of stress off me. It is the next best thing to managing by yourself," "It's a personalised service," and "{Person} quite likes that they talk to them about all kinds of things, makes them feel they know what is going on."
- Staff were responsive to people's changing needs. For example, when they identified a person's increased moving and handling needs, they contacted and worked with an occupational therapist to identify new equipment needs and train staff in its use. The health professional said, "I am very happy with the support [person] is getting." When another person's mental health deteriorated, staff alerted local mental health professionals and increased the person's support by undertaking extra visits until their mental health improved.
- People's care plans gave staff detailed information to support their care needs, such as moving and handling. Also, information about individual preferences and each person's life, family, interests and hobbies. These were regularly reviewed and updated as people's needs changed.
- However, people's daily records were mostly task oriented and lacked personalised information about each person's health and well-being. For example, 'Morning/lunch routine carried out, moving care plan followed.' Staff we spoke with demonstrated they knew a lot more about each person than was recorded day to day. We discussed this with the registered manager who planned to address this, so staff included more personalised information in future.
- Staff supported people to access their local community by accompanying people to appointments, local community groups and events. They supported a person with sight loss to access specialist enabling services, so they could access their community safely.
- Staff identified people at risk of becoming isolated and encouraged them to participate in local coffee mornings, join the local over 55's club and men only groups.

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, recorded and highlighted in their care plans. For example,

whether people needed glasses to read and about any hearing impairments and aids used.

- The registered manager provided personalised information to people, if needed. For example, weekly rotas in large print for two people, as well as photographic and easy read instruction for a person about their seating.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain if they needed to. There was guidance available in each person's home about who to make a complaint to, if required. A relative said, "Staff listen to me and take on board my concerns."
- The registered manager had improved the way they managed complaints since we last visited. A complaint log demonstrated the registered manager was proactive when any concerns or complaints were received. It showed they met with staff to investigate concerns and worked with the person and family to learn lessons and make improvements.

End of life care and support

- When we visited, the service was not supporting anyone with end of life care. Where people had expressed any advanced decisions about resuscitation or end of life care wishes, these were recorded.
- The registered manager spoke about people they had provided end of life care to in the past. They described how staff had worked closely with community nurses and hospice staff to make sure people were kept comfortable and pain free.

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

- The provider created a culture which put people first and was caring and supportive to families. They were committed to providing a high standard of care tailored to people's individual needs. The registered manager described their leadership style as "open and nurturing." They valued staff and encouraged them to contribute suggestions and ideas.
- People and relatives praised staff and spoke about the quality of care they provided. Comments included; "I'm happy with the service, I would recommend them to others" and "A very flexible, personalised service." Other written feedback included; 'You are amazing, thank you, [person] thinks the world of you and your team, we cannot thank you enough.'
- Professionals and staff told us the service was well-led. They said the registered manager was proactive, worked closely with them and gave them regular feedback. Staff said they felt valued for their contribution and were well supported. A staff member said, "[Name of providers] seem to care very much about people and staff," a sentiment other staff agreed with.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 were supported by a provider who monitored quality and planned on-going improvements. The registered manager and another director regularly worked in service alongside staff, which enabled them to monitor staff and the quality of care provided.
- Regular management meetings were held between both directors and care supervisor to discuss and review the quality of care provided. For example, minutes showed discussions about people's changing needs, medicines management and events such as roadworks which might impact on timeliness of visits
- Staff understood their roles and responsibilities and said people's care was person-centred and focused on their health and well-being. They appreciated both directors did care visits and knew people well. Staff always had access to a member of the management team for advice and support through an on-call system.
- Regular 'spot checks' were carried out on staff working in people's homes, so any performance issues identified were dealt with positively through training, supervision and one to one coaching. For example, concerns about knowledge, practice or interpersonal skills.
- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Where

mistakes were made, they were open and honest with people and families and informed them of improvements made.

- The registered manager notified the Care Quality Commission about any incidents, deaths and any safeguarding concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives' feedback, views and suggestions were regularly sought through regular telephone contact, face to face reviews and surveys. Feedback from the most recent survey in September/October 2019 was positive. Changes were made to a persons' visit time in response to their feedback.
- Staff felt able to make suggestions through daily contact with the registered manager, at one to one supervision meetings and through an annual survey. For example, discussions about people's changing needs and about training and development needs. Staff survey responses showed staff liked working in a small team, being able to provide person centred care and use their skills.

Continuous learning and improving care; Working in partnership with others

- The registered manager and the other director both had social work backgrounds and kept up to date with developments in social care. The director took a lead in staff training, particularly about supporting people with mental health needs, living with dementia and dealing with challenging behaviours. Both providers worked in partnership with community nurses, GP's, therapists and social workers to make sure they were providing a responsive service. The registered manager received regular updates from the Care Quality Commission about regulatory matters.
- The service had well established links in their local community. They worked closely with Alzheimer's society and local Admiral nurse (specialist dementia nurse) and sought advice on practical, clinical and emotional support for people living with dementia and their families. They worked in partnership with a local learning disability art workshops and helped people source advice/ equipment from their local mobility service.
- Staff appreciated improvements the provider had made by expanding the agency's premises to include a staff room they could use to have breaks and to do training. Future improvements planned included training staff to become 'dementia champions' so they could promote ways to support people living with dementia in their local community. Also, the provider was about to employ a second care supervisor. This would free up the registered manager to further develop audit tools, for example, to monitor medicines management and care plans.