J 2 G Limited

Absolute Care Services (Havering)

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

Summary of findings

Overall summary

This inspection took place on 5 July 2017 and was announced.

Absolute Care Service (Havering) is a domiciliary care agency, which provides personal care to people in their own homes who require support in order to remain independent. The office is located in Romford in Essex. At the time of our inspection, approximately 30 people were using the service, mainly for support with personal care.

There was a registered manager at 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.

At the last comprehensive inspection on 4 August 2016, we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to a lack of sufficient risk assessments and guidance for staff about how to mitigate these and a lack of person centred support plans to meet people's individual needs. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements.

As part of this inspection, we checked if improvements had been made by the service in order to meet the legal requirements. We found that the service was now compliant in these areas.

Systems were in place to minimise risk and to ensure that people were supported as safely as possible. Staff were aware of their responsibilities to ensure people were safe and what to do if they suspected any abuse or had other concerns. They were confident that the registered manager would address these concerns.

Risk assessments were undertaken and staff knew what actions they needed to take to keep people safe and minimise any potential risk of accident and injury. People were protected by the provider's recruitment process, which ensured staff were suitable to work with people who need support.

Adequate staffing levels ensured that people received a consistent service from staff who they were familiar with, knew of people's individual circumstances and could meet their needs.

Appropriate systems were in place regarding medicines management so that people were supported to take their medicines as required.

Staff received induction training and the support they needed when they started work. This ensured that they did their job safely and provided support to people in the way they preferred. Staff told us that they had received training that was required to meet people's needs and to keep them safe.

People and their families were involved in making decisions about their care and how it was delivered. They told us that staff were caring and provided support in line with their individual needs and wishes.

People were supported and encouraged to make choices about all aspects of their care and support. Staff supported people, where required, to have drinks and meals that they enjoyed.

People were cared for and supported by staff who were kind and caring. Staff supported people to be as independent as possible.

The service had a system in place for receiving and responding to complaints. People who used the service and their relatives were aware of the complaints procedure and knew who to speak with if they had concerns.

Systems were in place to evaluate and monitor the quality of the service in order to make continuous improvements to the service. People, relatives and staff had confidence in the management team. They told us that the quality of service was good and that the management team were approachable and helpful.

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.

Risks were assessed and managed in a way that promoted people's freedom and choice.

Staff understood their responsibilities in relation to safeguarding adults from abuse and keep people safe.

There were sufficient, suitably skilled staff on duty to provide care safely and effectively. Recruitment systems were robust.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff were supported through training and supervision to maintain and develop the skills they needed to perform their roles effectively.

People's rights were respected because staff worked in a way that was consistent with the requirements of the Mental Capacity Act 2005.

People were supported to manage their health. Staff provided assistance to meet people's nutritional needs, where required.

Is the service caring?

Good

The service was caring.

People received care and support from a team of regular staff who knew and understood them.

People were treated with compassion and respect. Their privacy and dignity was upheld by staff who understood their needs.

Is the service responsive?

Good

The service was responsive.

People's care and support was planned in partnership with them and where appropriate, their relatives.

The service was flexible and responsive to people's individual needs and preferences. People and their relatives praised the staff and the care they received.

People knew how to make a complaint about the service. The provider had systems in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Good

The service was well led.

There were robust quality assurance processes in place to assess, monitor and improve the quality of the service.

The management team led by example and were available to staff for guidance and support.

Absolute Care Services (Havering)

Detailed findings

Background to this inspection

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

This inspection took place on 5 July 2017 and was announced. The provider was given 24 hours notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to support us with the inspection process. The inspection visit was carried out by one inspector.

Before the inspection, we checked some key information about the service and the provider which included notifications of any safeguarding or other incidents affecting the safety and wellbeing of people.

On the day of the inspection, we went to the provider's registered office and spoke with the registered manager and the office staff team. We also spoke with three support workers. We reviewed the care records for four people who used the service, the records of three members of staff and other records relating to the management of the service. After the inspection, we undertook telephone calls to four people who used the service and also spoke with three relatives to seek their views and about the service.

Good

Is the service safe?

Our findings

At our last comprehensive inspection in August 2016, we found that support plans , did not clarify whether staff were to prompt medicines or administer them to people. This meant that staff were not given clear information about the level of support to provide to people, which could result in people not always receiving their medicines as prescribed. At this inspection in July 2017, we found improvements had been made in the way support plans were completed. These had clear instructions for staff to follow about medicine management.

We found that medicines were managed safely. A medicine policy and procedure were in place. Staff completed medicine administration training and were aware of the procedure to follow. We found that where staff prompted or administered medicines, this was identified in the support plan. People told us they were happy with the support they received with regards to their medicines.

The Medicines Administration Records (MAR) seen for people had been completed by staff and outlined that medicines had been provided by staff as prescribed. The corresponding daily notes completed by staff immediately after providing care and support confirmed that people had received their medicine as stated in their support plans.

Staff authorised to administer medicines had all received medicines awareness training within the past 12 months and they had all been checked by senior staff, for their competency to safely administer medicine.

At our last inspection in August 2016, we found that the service did not have comprehensive risk assessments in place for people, to ensure their safety was being maintained during care delivery. At this inspection, we found improvements had been made in the way risk assessments were completed for people. We noted that people who used the service and their relatives were consulted to discuss potential risks prior to the service being offered. Up to date risk assessments had been carried out in people's homes relating to people's health and safety and the environment.

We looked at how risks to people's individual safety and well-being were assessed and managed. The assessments we looked at reflected risks associated with the person's specific needs and preferences. Strategies had been drawn up to guide staff on how to manage and respond to identified risks. Risk assessments covered areas relating to people's personal risks, such as risk of falls, medicine management, skin integrity, personal hygiene and managing challenging behaviour. Risk assessments were reviewed and updated with any necessary additional information when required. For example, "Ensure [the person's] mobilising areas are all clear of obstruction. The tube on their oxygen is long and must be kept clear from [the person's] path whilst [they]are walking." Another risk assessment stated "Due to pressure ulcer on [the person's] heels, feet need to kept in a floaty position with a cushion under the legs. Change positioning of pillow to prevent further sores."

The provider had taken appropriate steps to ensure staff had the information and knowledge needed to protect people from the risk of abuse. All staff had received training in safeguarding adults at risk. Staff

received an employee handbook which gave detailed guidance about how to recognise whether a person may be at risk of abuse and the action they must take to protect them. Staff were able to explain their responsibilities for safeguarding the people they cared for. They knew how and when to report their concerns and to whom.

People told us that they felt safe with the staff that supported them. Comments included, "They are friendly. Yes, I feel safe with them." and "Yes I do feel safe with them." A relative told us "Oh yes I do feel [the person] is safe. They are absolutely superb." Another stated, "Oh yes, [the person] is safe."

A whistle blowing policy was in place. The staff were aware of the policy and knew the steps to follow if they had any concerns. Whistleblowing is a means of staff raising concerns about the service they work at, if they felt they were not being listened to by the management team. They were aware that in the first instance, all concerns would be reported to senior managers of the service. The staff were confident that senior managers would take appropriate action. They were also aware that they could report their concerns to external organisations such as the local authority or the Care Quality Commission if they felt they were not listened to.

The service used an electronic staff scheduling system (i care system) which allowed staff rotas to be sent to a staff members' phone, including any changes and live updates. The staff rotas we looked at showed that sufficient numbers of staff were available to ensure people received the care they needed. Staffing levels were determined by the number of people using the service and their needs. The registered manager told us that they continuously recruited staff to make sure they had enough staff with the right skills to meet any shortfalls, when needed.

Rotas confirmed that staff were allocated travel time between shifts so that they had enough time to arrive to their next allocated shift at the agreed time. People and their relatives confirmed that they normally received care from a regular team of staff members, although this varied at weekends and during holidays. They confirmed that staff were usually on time and stayed for the allocated time.

The provider had a robust recruitment and selection procedure in place. They carried out relevant checks before they employed staff in order to make sure staff were suitable to work with people who used the service. This included Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults, to help employers make safer recruitment decisions. At least two references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of their passport and driving licence. Staff confirmed that they had undergone the required checks before starting to work at the service. When appropriate, there was confirmation that the person was legally entitled to work in the United Kingdom.

Staff were required to wear identification badges and full uniform along with disposable gloves, aprons and hand cleansing gels to minimise the risk of cross infection. We noted care staff had received 'infection control' training and showed a good understanding around infection control issues.

Good

Is the service effective?

Our findings

People told us that the staff were kind and helpful and never rushed them in their daily routine. One person said, "Yes the carers know what they are doing and have the skills to assist me." Another told us "They are jolly and cheerful. They chat to me, it's very nice." Relatives commented, "Yes they know what they are doing and keep me informed of any issues." and "Yes, they are very good."

All new staff completed an induction in line with the new Skills for Care certificate. The Care Certificate replaced the National Minimum Training Standards and the Common Induction Standards for Health and Social Care workers. The Care Certificate was developed jointly by Skills
for Care, Health Education England and Skills for Health and brought into force in April 2015. It is a set of minimum standards that social care and health workers work towards in their daily working life and sets the new minimum standards that should be covered as part of induction training of new staff. All new staff undertook a day of shadowing with an experienced member of staff to support their introduction into the role. In addition to the Care Certificate, the staff induction process involved an induction about the company and their personalised policies and procedures. Training was delivered via a mix of e-learning and class room based sessions.

The training matrix showed that staff received relevant training to enable them to support people. Staff attended training in topics and subjects, which were relevant to their roles. This included training in safeguarding people, personal care, medicine administration, infection control, moving and handling, fire safety, health and safety, food hygiene and preparation. The majority of training was delivered by an accredited in-house trainer and it was monitored to ensure staff were up to date with their training needs. They attended refresher training to update their skills and knowledge. We saw that staff who supported people with complex needs had received appropriate training in areas such as epilepsy management, dementia awareness and diabetes awareness. Staff confirmed that they received an appropriate amount of training which was up to date and helped them carry out their role competently. This meant that staff had sufficient skills and knowledge to competently support people with these needs.

Staff were encouraged to contact the office if they had any queries or concerns. They told us they received regular supervision and appraisal with a senior person. We saw records of supervisions held and noted that plans were in place to schedule supervision meetings. Staff told us that the manager and senior staff were approachable and provided on-going daily support to them when needed. One staff member said, "There is always someone from the management team on call. They are always available to provide support and guidance whenever we need it." This ensured staff had the opportunity to discuss their responsibilities and the care of people who used the service whenever required. Staff told us they felt this approach was useful.

People's care was planned and delivered to maintain their health and well-being. People were supported to maintain a balanced diet for example, by staff reheating ready meals for them if needed or preparing simple meals if requested. Relatives and the GP were informed of any concerns.

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 make particular decisions any made on their behalf must be in their best interests and as least restrictive as possible.

People and their relatives were involved in decisions about their care and it was only provided where they accepted this. The staff and registered manager had completed training about the MCA. They recognised the importance of involving people as far as possible in decisions about their care and not assuming that living with dementia automatically rendered people unable to make decisions. Staff understood they could not force care on people. If people declined care, staff offered this again later; if people persistently refused, staff reported this back to the office, who would liaise with the relevant care professionals to carry out a mental capacity assessment. Where there were concerns about people's mental capacity to consent to aspects of their care, mental capacity assessments and best interests decisions were made through the care management process. The registered manager and staff were able to describe action they would take to ensure the best interests of any person who used the service were protected if any such concerns were identified.

Staff described how they would seek people's consent when delivering care. A member of staff said, "If someone didn't have the understanding I would always still offer choice. People can still make simple choices such as whether they want the television on or which item of clothing they would like to wear."

Good

Is the service caring?

Our findings

People and their relatives spoke highly of the caring nature of the staff and some talked about them in terms of going 'above and beyond' when providing care and support. Comments included, "The ones I have got are very good. I couldn't ask for any more." And "I can't complain about any of them. They are very good and caring. They listen and explain things to me." A relative told us, "They take care of my [relative] which is important. I couldn't praise them enough."

The care records we looked at included information about the person being supported. This included people's individual wishes about how they wanted to be assisted. People told us that they were involved in decisions about their care and that communication was good. Information that was documented about a person in their support plans gave staff a clear understanding of the needs of the person they would be supporting. People and relatives told us that the staff were caring and kind. They told us that the staff listened to them and were friendly. People told us they usually had the same team of staff visit them. A relative told us, "Yes it's the same team of carers who come regularly."

People received a service from staff who were mindful of their privacy and dignity when providing support. Relatives talked about how the staff respected the needs of the person who was receiving care. They told us that the staff ensured that doors and curtains were closed when supporting people with their personal care and knew it was important to maintain people's dignity. A person told us, "Staff treat me with respect and make sure I am covered when they are helping me to wash and dress." Another said, "They are very respectful of my privacy."

People were supported to maintain their independence. For example, one of the support plans stated, "Be on standby to assist but encourage independence. Encourage safe raising and seating. Ensure [the person] uses both arms to push themselves up to standing position."

During the inspection, we looked to see how the service promoted equality, recognised diversity and protected people's human rights. We found the service aimed to embed equality and human rights through well-developed person-centred support planning. This enabled staff to capture information to ensure people from different cultural groups received the help and support they needed to lead fulfilling lives. The service was able to meet their individual and cultural needs for example, by providing same gender care worker and deploying staff from similar ethnic backgrounds to people who requested this.

Compliments received by the service included, "The staff have helped me so much on the road to my recovery. I would like all the staff to know that I have appreciated their kindness to me over the last 9 months." Another commented "The staff have been particularly kind, sympathetic and compassionate following the loss of my husband."

Good

Is the service responsive?

Our findings

At our last comprehensive inspection in August 2016, we found that support plans were not personalised and did not give guidance to staff about people's specific care needs and how best to meet these. At this inspection, we found that people's care and support was planned in partnership with them and where appropriate, their relatives. There was a thorough assessment of people's needs before they started to receive a service. Information was sought from the person, their relatives and professionals involved in their care. Once the person's needs and interests had been identified, the service matched them with compatible and suitably skilled staff who worked in their locality.

We found that people's support plans were personalised and clearly explained how they would like to receive their care and support. The examples seen were thorough and reflected people's needs and choices. They were reviewed regularly and when people's needs changed, to ensure they were up to date. Care files included personal information and contact details, entry instructions for the staff, information about the person's medical history and any known allergies, the way they communicated and any behaviours that could be important. Staff confirmed they read support plans and told us they found them clear and easy to follow. They said that if they had any concerns that people's care needs were increasing, they were encouraged to report this back to the office so the support plan could be updated and additional time negotiated with commissioners.

Where people needed support with specific health conditions, support plans contained information for staff about the person's condition and any signs and symptoms they should be aware of. For example, where people had diet-controlled diabetes or lived with dementia . There were information sheets for staff on how to recognise hypo or hyperglycaemia and what to do. Staff had completed dementia awareness training and were aware of the signs and symptoms which people living with dementia may display. There was guidance about how staff should communicate with them in a way they understood in order to provide the care they needed. Systems were in place to record the support that had been provided during each call or visit.

People and their relatives said that they knew who to speak to if they had any concerns or complaints. The people and relatives we spoke with were positive about the service and told us they have not had cause to complain and any minor issues raised were dealt with in a timely manner. We saw records of two complaints that had been logged since the last inspection, which had been taken seriously and investigated thoroughly by the manager with satisfactory outcomes for the complainant. People were provided with care files at home which included a service user guide that contained information about the service, including the complaints procedure.

Compliments received by the service indicated people were happy with the service. One comment read, "Everything is going very well. I am very pleased. They (support workers) are all doing a great job." Another commented "Absolute Care Service gives an A* service. I am very happy with the service I receive."

Good

Is the service well-led?

Our findings

People and their relatives were positive about the service they received and with the management of the service. People's comments included, "They come and ask me if I am satisfied" and "I can assure you they are very good. [Senior person] always comes and asks what I think [about the service]."

Staff had a good understanding of the lines of accountability and the reporting structure within the service. This included use of the whistleblowing procedure to raise concerns within the service. All the people and relatives we spoke with made positive comments about the service they received and the way it was run.

Staff felt they had good communication with the manager through supervision meetings, phone calls and visiting the office. One member of staff told us "They [management team] are very supportive. We are able to discuss any concerns with them." Another staff member told us "There is always some one from management on call. They are always available to provide support and guidance when we need it."

The registered manager and staff told us they had staff meetings and they were able to contact the office at any time, which gave them a chance to share information and discuss any difficulties they may have. This also gave them an opportunity to share ideas about how best to manage issues or to share best practice.

People and their relatives had opportunities to feed back their views about the quality of the service they received. People's experience of care was monitored through the provider's customer satisfaction surveys, which asked people and their relatives to rate various aspects of the service. These included the degree of choice and control, communication and the approach of staff. Staff from the office periodically contacted or visited people and their relatives to check they were happy with the service and whether anything needed to be changed. Staff confirmed they had regular observed spot checks. The surveys helped the provider to gain feedback from people and relatives about what they thought of the service and areas where improvement was needed.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.

The manager and staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office. Records held on the computer system were only accessible by staff authorised to do so as the computers were password protected. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.