

Absolute Healthcare Providers Limited

Absolute Healthcare Providers

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 11 November 2016 and was announced. Absolute Healthcare Providers is a domiciliary care service and at the time of the inspection was providing personal care to 37 people living in their own homes.

At the time of the inspection there was a registered manager in post. 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 told us they were happy with the service they received from Absolute Healthcare Providers and felt safe using the service. Risks to people and staff were assessed and staff were provided with guidance on taking appropriate measures to mitigate any identified risks. Staff had received training in safeguarding people and had a good awareness of how to keep people safe. They had access to policies and procedures to guide them.

Recruitment procedures were robust and relevant checks were conducted to help ensure only suitable staff were employed. Staff received training and had their competency checked to ensure they had the skills to care for people safely and effectively. They were provided with support through one to one supervision meetings, team meetings and annual appraisals. Staff had the opportunity to gain qualifications and develop their skills further.

People received their medicines safely and when they were required. Medicines administration was monitored and audited closely. Accidents and incidents were recorded, monitored and analysed for trends. Staff knew how to deal with emergencies and contacted appropriate services when necessary. The provider had a business continuity plan in place to deal with emergency situations.

Staff understood their responsibilities in relation to gaining consent before providing support and care. They protected people's right to make decisions and offered people choice.

People told us they were treated with kindness, dignity and respect and told us they were involved in decisions about their care. They said their decisions were respected and they felt they had been listened to. People's care and support needs were reviewed regularly with them.

Staff received up to date information regarding changes to people's wellbeing promptly to ensure they could provide safe and effective care. Staff contacted healthcare professionals to seek advice when necessary. People's nutrition was monitored when appropriate to help ensure they had sufficient to eat and drink.

There was an open door policy and a positive culture in the service. Staff were comfortable to approach the

registered manager for advice and guidance and felt able to raise concerns or issues as necessary. They told us they were listened to and action was taken promptly when required.

People were asked for feedback on the quality of the service they received and they were provided with information on how to make a complaint.

The quality of the service was monitored through regular feedback from people, staff and stakeholders. A system of auditing allowed the provider and registered manager to keep a clear view of the quality of the service provided. They used this information to plan and make improvements.

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.

Staff were trained and knew how to protect people from abuse. Risks were identified and managed to protect people and staff.

Recruitment procedures were robust. People felt they were safe when receiving care and support from staff.

The provider had emergency plans that staff understood.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People's right to make decisions was protected. People were involved in their care and their consent was sought before care was provided.

People were supported by staff who had received relevant training. Staff felt supported by the registered manager and provider.

Staff sought advice with regard to people's health and well-being in a timely way.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect. Their privacy and dignity was protected.

People were encouraged and supported to maintain their independence.

People were involved in and supported to make decisions about their care.

People were offered choice and their preferences were

respected.

Is the service responsive?

Good ●

The service was responsive.

Staff knew people well and responded to their individual needs.

People's assessed needs were recorded in their care plan which provided information for staff to support people in the way they wished. People's care needs were reviewed regularly.

There was a system to manage complaints.

People were asked to give feedback on the service.

Is the service well-led?

Good ●

The service was well-led.

There was an open culture in the service. People and staff found the registered manager approachable, open and transparent. They said she listened and acted promptly when necessary.

People, relatives and staff were asked for their views on the service and had the opportunity to make suggestions for improvement.

The quality of the service was monitored and action taken when issues were identified.

The registered manager and provider worked with staff to develop and improve the service.

Absolute Healthcare Providers

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 11 November 2016 and was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that senior staff would be available in the office to assist with the inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission to inform us of events relating to the service which they must inform us of by law. We looked at previous inspection reports and contacted eight community professionals for feedback. We received feedback from three of these professionals.

We also reviewed the Provider Information Return (PIR). This 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.

During the inspection we contacted ten people. Three people and a relative spoke with us. We spoke with seven members of staff including the registered manager, the director, the administrator, a manager's assistant, a senior care worker and two care workers. We looked at records relating to the management of the service including five people's care plans and associated records, a selection of policies, five staff files including recruitment records, staff training records, the complaints log and the accident/incident records.

Is the service safe?

Our findings

People told us they felt safe when they received care. One person said, "I feel absolutely safe, definitely. I have the office number if I need it and they are always helpful." Another said, "Yes, I feel safe with the carers." Staff knew their responsibilities with regard to protecting people. They had received training in safeguarding vulnerable adults and refreshed this on an annual basis. The provider had a policy for staff to refer to regarding the safeguarding of vulnerable people and each staff member was provided with a copy. Staff were knowledgeable and described what signs may alert them to identifying if a person was being abused. They were clear on the actions to take if they were concerned and knew how and to whom they would report including agencies outside of Absolute Healthcare Providers. Safeguarding concerns had been raised appropriately when necessary and the registered manager had taken action to report and investigate issues that had arisen. Staff confirmed prompt action was taken if they reported anything to the registered manager.

People had their individual risks identified and assessed. These included risks associated with moving and handling, falls, bathing and medicines. These assessments were incorporated into people's care plans and specific detailed guidelines were available for staff to follow in order to minimise risks. The home environment was also assessed to identify risks to both people using the service and the care staff visiting. Information on measures to reduce or manage risks were reviewed regularly. Staff told us they made observations at each visit to identify any changes or new risks. One said, "We report problems straight away and the managers act immediately." Information concerning changes to any risks was communicated throughout the care team and the care plan was updated to reflect the change. For example, when a new piece of equipment was required to enable safe moving and positioning.

Accidents and incidents were reported and recorded and when necessary investigated. Audits of accident and incident records were reviewed monthly and a full analysis to identify trends was completed six monthly. The provider used a grading system when identifying and analysing incidents which assisted them to prioritise and determine actions to investigate and report incidents appropriately.

Staff received training in the safe management of medicines and refreshed this training on an annual basis. Their skills, knowledge and competency were checked before they were able to assist people with their medicines without the supervision of more experienced and competent staff. The registered manager audited the medicines administration records regularly. Where discrepancies had been identified they had been investigated and issues discussed with staff. The provider had recently begun using a new computer system for record keeping. This included the records relating to the administration of medicines and allowed staff to monitor medicine administration closely giving precise times of administration. The provider told us this helped to avoid issues arising such as doses being too close together. Staff told us the system worked well and provided them with accurate details of the medicines people had taken at previous visits and any reasons why a medicine hadn't been given.

Recruitment processes were thorough. Checks had been carried out to establish the suitability of staff to work with vulnerable people. These included establishing proof of identity and a full employment history.

References were sought in relation to conduct in previous employment and a disclosure and barring service (DBS) criminal record check was completed. A DBS check ensures there are no criminal records which may prevent a prospective member of staff from working with vulnerable people. Prospective staff also completed assessments which the provider used to steer the interview process. They told us it helped to highlight areas which may need to be explored to ensure suitable staff were employed. Staff performance was monitored closely and when appropriate the provider had taken disciplinary action to manage staff performance in order to encourage improvement or if necessary dismiss staff.

The number of staff required was determined by the needs of the people using the service. Recruitment was ongoing in order to be able to increase care and support for people when necessary and also accommodate new care packages. The majority of staff were employed on a guaranteed salary for a defined number of hours. Some additional staff were employed on a zero hours basis which provided flexibility to manage variations in people's requirements. It also allowed for contingency planning to cover staff absence and leave. The registered manager confirmed new packages of care were only accepted if they were confident there were sufficient staff to cover them. The provider had an on call system to provide support for people and staff outside of the normal office hours. Staff confirmed there was always someone they could contact for advice and support if they required it.

Appropriate plans to manage emergencies were in place. The provider had a contingency plan to address such emergencies as, staff shortage, poor weather conditions and loss of utilities. Staff were able to describe the action to take in the event of an emergency and were familiar with the provider's policies relating to emergencies. One staff member commented, "There's procedures for everything and we have to know them." Other staff told us they had called 999 for medical emergencies relating to people they visit.

The provider told us they were aware of the safety concerns relating to lone working and took measures to keep their staff as safe as possible. Staff were supplied with a 'rucksack kit' when working. This contained personal protective equipment such as gloves and aprons, hand gel, policy documents, a residual current device (a piece of equipment designed to break an electric circuit and prevent electric shock) and a personal alarm. Additionally they were asked to contact the on call staff member when they arrived home safely if they worked late in the evening.

Is the service effective?

Our findings

People benefitted from receiving care from staff who were well trained. Staff received induction training when they began work which included a mandatory set of topics which the provider considers necessary. These topics included moving and positioning, infection control, food safety, safeguarding and emergency first aid among others. Staff knowledge was tested following the training and they told us they must attain a pass mark of 80% or they had to complete the training again. Induction was followed by a period of shadowing more experienced staff. During this period they had the opportunity to become familiar with their role and learnt required skills. There was no fixed amount of time for shadowing and the period could be extended until new staff were confident and they had been monitored to ensure their competence.

Staff completed the care certificate during the first three months of working with the agency. During this time they were observed doing their work regularly and signed off as competent by the registered manager. The Care Certificate is an identified set of 15 standards that health and social care workers adhere to in their daily working life. Following initial training delivered by a variety of methods including face to face training, DVDs and on line programmes, staff received regular refresher training in mandatory subjects. Training in topics related to the individual needs of people they care for was also provided. For example, Parkinson's disease, dementia, anaphylaxis and gastrostomy awareness.

Some staff had completed additional dementia training to become dementia champions and all staff were encouraged to become dementia friends. The service also worked with a local dementia friends group and held awareness sessions for the local community. Staff were provided with the opportunity to gain qualifications in health and social care and to take trainer qualifications in order to enable them to train and support other staff in certain areas of their work. For example, one staff member was about to take a train the trainer course in moving and handling, they said, "It means a lot to have this opportunity."

People told us staff had a good level of skill and they felt confident in their abilities. One person said, "They're very capable, really, really good" and a community professional told us the training and support for staff was "very good". Staff consistently told us they felt supported. They had regular one to one meetings with their manager and an annual appraisal of their work. In addition regular staff meetings included information sharing and awareness sessions on care related topics. Staff considered these meetings extremely useful and informative.

Staff were well supported. When asked about the support they received one staff member said, "They (registered manager and provider) are supportive, any problems they help you to sort them out, makes you want to give (something) back." Another spoke about the appraisal process and how this had identified skills which led to them to seek further training to enable them to get involved in delivering training to other staff. A third staff member commented, "I feel free to speak." They went on to explain they valued the support given and felt they could go to the office at any time or call for advice and guidance. Monitoring visits were carried out regularly to check on the practical work of staff. A system of peer review was also used, allowing staff to assess each other's working practice which staff reported to be effective in improving practice. The registered manager reviewed all peer assessments and spoke with individual staff with regard

to their performance on a quarterly basis.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff had received training in the MCA. People's rights to make their own decisions were promoted and staff had a good understanding of how the MCA related to their work. Staff told us they asked people's permission before helping them with their personal care and gave them choice in things such as what to wear, or what to eat and drink. People confirmed this was so and said staff explained what they were going to do. Where people had given power of attorney to representatives to make some decisions on their behalf this was clearly recorded in people's care plans and the provider sought verification of this. Whenever possible people had signed their care plan to demonstrate their agreement with it.

Staff provided support with eating and drinking when this was part of the planned care. It mainly involved heating up ready prepared meals or making sandwiches. When appropriate, people's food and fluid intake was monitored. Staff told us they left drinks and snacks available for people to have in between visits and paid particular attention to leaving plenty of fluids when the weather was hot. Staff had received training in safe food handling practices.

Most people told us either they made their own medical appointments or their relatives did this for them. However, staff sought medical attention for people when necessary. For example, they contacted people's GP or other healthcare professionals if they had concerns about a person's well-being or called the emergency services if it was a medical emergency. A community professional commented that the service, "Communicated concerns well".

Is the service caring?

Our findings

People said they were visited by a consistent team of care staff. For example, one person said they had a team of four regular care workers to assist them and felt they knew them very well. People were introduced to staff before they worked with them independently. The registered manager said this was something she felt was extremely important. It meant people were provided with care and support from someone they had previously spoken to and spent some time with. A senior care worker told us, "People like that and it's not like a stranger turning up."

Staff spoke about getting to know people and told us this was an important part of their job. They were clear that they wanted to do the best for each individual and felt in order to do that they needed to build up knowledge of the person and a rapport with them. One member of staff said, "We know everyone is completely different so we listen to what they want." Another spoke of taking time to get to know people and sharing that knowledge with the rest of the team so everyone understood people's wishes about how they liked things done and what mattered to them.

People were complimentary about the staff and the care they received. They described staff as "very good, all very good" and "really good, absolutely kind and caring". People told us that staff showed them respect and protected their privacy and dignity. Staff described and gave examples of how they respected people, for instance one said, "You must always tell them what you're going to do and make sure they're happy. (Then) ask if there's anything else you can do." Staff also gave examples of how they provided privacy and dignity while supporting people with personal care. These included closing doors, asking relatives to step out of the room and making sure people were covered appropriately.

Staff supported people to maintain their independence. People confirmed they were encouraged to do things for themselves whenever possible. For example, one person described how the care staff assisted them in keeping their mobility and told us, "I'm so pleased I've been able to walk today." People also praised the support they received to enable them to go out on trips and to events, commenting they would not be able to do this without the care staff.

Staff had received training in end of life care. One member of staff we spoke with was supporting a person approaching the end of their life and showed an awareness of the care required by both the person and their family. The provider stated in their provider information return that they had spent time working on the development of a palliative care and end of life strategy. This involved developing an agreed care plan which was reviewed and updated in response to the evolving care needs. Where people have do not attempt resuscitation documentation in place this is clearly noted in the care plan and the care file is a specific colour to indicate this immediately to care staff.

Is the service responsive?

Our findings

People's needs were assessed before they began using the service. The assessment was detailed and recorded information on a person's individual preferences, their cultural and religious needs, their social interests and their personal history. The registered manager explained that during an assessment they try to understand the level of support and care a person wants and what they are hoping to achieve from the using the service. Assessments led to the development of an individualised care plan that focussed on what people wanted from the service. People told us they had been involved in this process and had been given choices about their care.

People's care plans provided detailed guidance on how support should be provided. This included photographs of particular pieces of equipment and how to use them as well as people's individual requests such as, "I like a cup of tea when I wake up". Reviews of people's care plans were carried out regularly every three months. However, if changes occurred in a person's health or well-being their care was reviewed straight away so as to ensure appropriate and responsive care was given. Records demonstrated these changes were detailed in the care plans for staff to follow. For example one person had been prescribed antibiotics. This was clearly recorded and directions provided for staff with regard to administration and observation for any side effects.

Staff told us they received up to date information about people and their needs. The provider's computer system had an automated text messaging facility which relayed updated information to staff as soon as it was received. Staff told us they never went to a visit not knowing what was happening with people. This meant they could respond and provide appropriate care.

People were provided with personalised care which was responsive to their needs. The registered manager provided examples of how the service had worked with people to meet their desired outcomes and needs. They described how one person had been discharged from hospital requiring end of life care. They explained how they had worked with the person to assist in their recovery which had resulted in the person no longer being considered to be at the end of life. This person told us, "[Name of registered manager] saved my life, she got everything for me for when I came home. [Name] and her team looked after me and I made a good recovery."

Another person had been provided with care that enabled them to stay in their home which has a unique design. This has involved specific work and use of specialised equipment to meet the specific challenges presented by the person's home. We were also told of some intensive work which had been undertaken with another person with complex needs. The service had worked on building trust and developing a relationship with the person and their family. This has resulted in the person enjoying activities with care staff and allowing their family some respite time. This showed the service worked hard to be flexible and were imaginative in their approach to working with a variety of situations.

People were asked for feedback on the service and they told us they responded to quality questionnaires sent by the provider. Questionnaires were sent every six months and the provider regularly reviewed the

questions asked to ensure they captured relevant information from people. For example, the most recent survey asked for additional feedback on 'shadow' visits that take place. A shadow visit means there is an additional member of care staff observing the working practice of other staff. The response was very positive with 92% of people wishing to continue with current practice. Other feedback was also favourable with 96% of people reporting the service they received was either good or outstanding. From the survey the provider had identified that some people were reporting they did not know how to make a complaint and planned to remind people that a copy of the complaints policy along with a complaints form and a stamped addressed envelope were provided in their care folders.

The provider took complaints seriously and investigated them in line with their policy. Three complaints had been received by the service in the last year. These had been investigated and dealt with appropriately. Staff told us people were encouraged to raise concerns if they were not happy with something and people said they knew how to make a complaint if necessary.

Is the service well-led?

Our findings

There was a manager in post who had been registered with the Care Quality Commission since 12 October 2011. The registered manager had responsibility for the day to day operation of the agency and was also one of the directors of Absolute Healthcare Providers Limited. She was supported in her role by another director, two manager's assistants and an administrator. It was clear the management team had a thorough knowledge of people's current needs and were committed to the principles of person centred care.

We found the registered manager operated an 'open door' policy which encouraged communication, transparency, and a positive working culture. Some of the staff comments included "there's definitely an open door policy", "there's good rapport with [names of managers] no doubt", "(I) can voice concerns and feel comfortable" and "[Name of registered manager] fosters an open door policy". There were regular discussions with care staff about people they supported and at times the registered manager and the manager's assistants covered visits themselves.

Feedback about the quality of the service was seen as very important. In addition to quality assurance surveys, regular contact was maintained with people using the service and/or their relatives. Details of these communications were recorded on the computer system to ensure the information received was captured and informed practice when applicable.

The providers valued the opinions of staff members and in their Provider Information Return described how they believed "to achieve good quality care we needed to foster an environment whereby our staff are well looked after and are motivated to learn, improve and aspire for excellence". They had introduced an employee engagement platform and encouraged staff to recognise and thank each other when they had done something special or positive. This platform also had a wellness section providing assistance for staff in their daily lives. Additionally, staff were surveyed for their feedback. In the most recent survey in July 2016 100% respondents rated the provider as good or outstanding and said they would recommend them to a friend looking for work.

Staff were complimentary and positive about working at Absolute Healthcare. One stated, "I feel like a member of the team, with my previous employer I was just a number." Another said, "It's a wonderful company to work for." A third commented, "I can only say good things about this company." and a fourth told us, "I have stayed here a long time because of the support I get."

People were positive about the management of the service. One person stated, "Fantastic company." They went on to describe how they could contact the office at any time and they always got a helpful response. Another person told us, "[Registered manager] and the team have been brilliant, they do their very best." A community professional also praised the management of the service and spoke of the approachability of the registered manager.

The quality of the service was monitored and audits were carried out to identify any shortfalls or areas for development. The providers were keen to improve their service and continually looked for ways to further

develop. They had recently engaged with a local care home and were planning a combined community engagement event around dementia. They had begun working toward building stronger and more collaborative working relationships with community healthcare professionals. They were working with staff to redefine the service values and encouraging them to put them into their own words.

Staff meetings provided an opportunity each month for team members to come together to share ideas and discuss important matters about all aspects of the service. We saw discussions took place relating to individual people using the service as well as best practice. Each meeting also provided an awareness session around an aspect of care. From time to time people using the service were invited to speak about a subject that affected them. For example, a person who lives with Parkinson's disease spoke to staff about how it affected their lives.

Staff had a clear awareness of the values of the service and they said these were enforced by the registered manager who led by example. Some comments made by staff demonstrated how these were put into practice. For example, "We listen to what they want, not what we want." "They are their own person and we respect their wishes" and "We need to make sure they are happy with the care."