Absolute Care Agency (EM) Limited

Absolute Care Agency - West Leake

Inspection report

47 Main Street
West Leake
Leicestershire
LE12 5RF
Tel: 01509 881595
Website:

Date of inspection visit: 23 July 2014
Date of publication: 29/12/2014

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This inspection was unannounced. During the inspection we spoke with seven people who used the service and relatives of four other people who used the service. We spoke to the registered manager and four care staff.

Absolute Care Agency is a home care service that provides personal care for people in their own homes. There were 80 people who received personal care at the time of our inspection. The service had a registered

Summary of findings

manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

All of the people we spoke with told us they felt safe when they were being cared for, but one person said they didn't always feel safe when care workers used a hoist to lift them. People knew how to raise any concerns. Staff had received training in safeguarding of vulnerable people. Staff we spoke with knew how to identity and report signs of abuse.

The service employed enough care workers to be able to ensure all scheduled home visits were made. The service had effective recruitment procedures that ensured as far as possible that only suitable people were recruited to work as care workers.

The service involved people in decisions about which care workers supported them. The service had matched people with care workers. For example, care workers who spoke a person's first language and understood their cultural needs were people's assigned care workers.

Staff told us the training they had received had helped them be able to meet the needs of people who used the service. Nearly all people we spoke with, including relatives, felt that staff had the necessary skills.

People's health had been monitored. When necessary, the service had referred people to the appropriate health and social care professionals.

People told us that care workers were kind and caring. People felt that they had been listened to and treated with dignity and respect. People who used the service and their relatives had been involved in discussions and decisions about their care and support.

The service had policies about respecting people's privacy, dignity and human rights. Staff had easy access to those polices.

The service arranged in the region of 1,200 home visits per week. People mostly received visits at times they expected. People who used the service told us that care workers understood their needs and had provided the care and support they expected. Where necessary, people's care plans had been changed when people's needs had changed.

People who used the service and their relatives had been encouraged to provide feedback about their experience of the service. That had happened at reviews of care plans and through a satisfaction survey. People had been able to contact the office at any time to leave feedback. The service had a complaints procedure that was used as an opportunity for learning and improvement. Only five complaints had been made in the last 12 months and all had been responded to appropriately.

The service had a clear vision about what it wanted to achieve. That vision was understood by the staff we spoke with. Staff were supported to raise concerns they had about the service through a whistle blowing procedure. The registered manager was office based but also spent time on home visits to check on the quality of care provided.

Staff we spoke with were motivated and enthusiastic. They knew how to raise any concerns and were aware of the service's policies. They were aware of and had used the service's procedures for reporting and investigating incidents and accidents.

The registered manager operated an effective system for assessing and monitoring the quality of care and support that people received. Information from that system had been used to drive improvements in the quality of care and support provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

The provider had procedures to protect people from harm and abuse.

The service employed sufficient numbers of suitably trained and experienced staff to be able to meet the needs of people who used the service.

.

Is the service effective?
The service was effective.

People who used the service were supported by staff who had received appropriate and relevant training.

Staff were supported through effective supervision, appraisal and training.

People's day to day needs were met because care and support had been effectively planned and delivered.

Is the service caring?
The service was caring.

Staff and care workers had a clear understanding of the needs of people who used the service. The service had involved people in the assessments of their needs and in decisions about their care.

People told us they were treated with dignity and respect. Care workers we spoke with had a clear understanding about what dignity in care meant in practice.

Is the service responsive?
The service was responsive.

People received care and support when they needed it. They had been encouraged to express what was important to them and the provider had respected their preferences.

People had opportunities to express their views and their views had been acted upon.

Is the service well-led?
The management team operated effective procedures for ensuring they were aware of the quality of care that had been provided. Staff were encouraged to raise concerns about the delivery of care.

Quality of care was central to the provider's approach.

Absolute Care Agency - West Leake

Detailed findings

Background to this inspection

We visited the service on 23 July 2014. We spoke with seven people who used the service and relatives of four other people who used the service. We spoke with the registered manager, a director and four care staff. We looked at four people's care records, staff training records and records about how the home was managed.

The inspection team consisted of an inspector and an Expert by Experience who had experience of older people's care services.

At the start of our inspection we looked at and reviewed the provider's information return. This is information we asked the provider to send us about how they are meeting the requirements of the five key questions. We also reviewed historical data we held including safeguarding and statutory notifications that the provider has to inform us about. None of the information we saw gave rise to any concerns.

Is the service safe?

Our findings

People who used the service told us that they felt safe when they were supported by care workers. One reason people felt safe was that they felt care workers understood their needs and had the right skills, experience and training. One person told us, "The [care workers] I get are fully trained." Another person said, "They know what to do because they're experienced." Only one person we spoke with reported that they sometimes didn't feel safe when a hoist had been used to support them with transfers. They told us, "I don't really like the hoist sometimes when they get in a bit of a muddle." We spoke with the registered manager about training and looked at training records. We found that care workers had received practical training to use equipment safely.

All care workers we spoke with demonstrated that they understood and knew how to identify and report signs of abuse. Training records we looked at showed that staff had received safeguarding training. We looked at the training material and found that it was comprehensive because it included information about how to recognise signs of abuse and how to report concerns. Staff had access to the provider's safeguarding policies and procedures. This meant staff knew how to report concerns to the registered manager or to external bodies such as the local authority social services, police or ourselves.

The provider had worked and cooperated with local authority social services to protect people who had been identified as at risk of abuse from relatives. This showed that staff had put their training and policies and procedures into practice.

People who used the service had been provided with information about how to contact the office if a care worker had not arrived on time. People were able to raise concerns by contacting the office. One person told us, "I know I can always ring them." People were also able to raise concerns at reviews of their care plan and on occasions when the registered manager visited their home to carry out observations of care worker's practice.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005. The requirements of the MCA had been included in training that staff had about dementia. That helped staff understand issues about people's capacity to make decisions and choices in the context of their health. Staff we spoke with understood that they to seek a person's consent before providing personal care and to respect people's choices.

The provider had, with people's and relative's involvement, carried out risk assessments of people's home environment. The service had, where appropriate, acted to minimise the risk of people suffering injury, for example from falls in their own home. The service had referred to occupational therapists services to supply people with equipment to reduce the risk of accidents and injury.

People's care plans included risk assessments of personal care routines. This meant that care workers had access to information about how to support people with specific individual needs. Care workers told us they referred to peoples care plans when they visited them. Comments from people who used the service included, "They [care workers] know what they need to do" and ""They know what to do because they are experienced." People could therefore be confident that care workers were able to provide the right care.

The provider effectively deployed care works in a way that meant most visits where made at times people expected. People had a say in which care workers visited them. People were cared for by the same care workers most of the time and that had contributed to their feeling safe.

We looked at the provider's recruitment procedures and four staff files. We found that the provider followed safe recruitment practices that ensured as far as possible that only people who were suited to work with vulnerable adults were recruited.

Is the service effective?

Our findings

People were supported by staff who had received training that was relevant and appropriate to the needs of the people who used the service. Staff we spoke with told us that they felt the training they had received had enabled them to provide effective care. Most people we spoke with told us that staff had the necessary skills. People who used the service told us, “”They [care workers] know what to do” and “They [care workers] seem to know completely what they are doing.” Most relatives felt staff had been well trained. One told us, “The staff seem to have been trained up fairly well”; but another said “I don’t think they have been given enough training.”

The provider had matched people with care workers from the same ethnic and cultural backgrounds. That meant people were cared for and supported by care workers who spoke their language and understood their cultural preferences.

The provider had an effective induction programme for staff. No care workers had been allowed to work alone with people until they had satisfactorily completed three shifts. During the shifts they had progressed from observing an experienced care worker to assisting them before they provided care and support whilst being observed. In some cases care workers had participated in as many as 18 home visits before working alone. During the induction period staff received relevant and appropriate training.

The registered manager promoted good practice by care workers. They did that through structured supervision meetings where staff had opportunities to discuss the provision of care. Staff had been supported to take additional training to develop their knowledge and skills. Staff we spoke with told us, “There is always some training [available]” Staff told us about training sessions that were available on Wednesday afternoons that covered subjects such as pressure sore care, medications and various health conditions.

We found that staff were supported by effective induction, supervision and training. All staff had an annual appraisal of their performance. Staff told us they had regular meetings with their line managers. Staff had been observed delivering care at least one a year to ensure their skills were up to date. Care workers we spoke with told us they felt well supported.

Most people who used the service made their own meals and did not require support with eating or nutrition. However, we saw that staff had received training and guidance about how to ensure that people had sufficient drinks available during hot weather to protect them from risks of dehydration.

People told us they felt comfortable discussing their needs with care workers, staff in the office and the registered manager. A person told us, “I know I can always ring them.” People and relatives told us that care workers had stayed for the full duration of a schedule call and had completed all care routines. One person told us that on occasions a care worker had stayed longer when they needed them to.

People had their care plans at their home. They therefore had access to information about their care and support. People told us they had seen care workers making notes in their care plans. We looked at notes care workers had made and we found that they had recorded they had carried out care routines set out in care plans. Most people told us they had not looked at their care plans and had left it to their relatives to do that. They and relatives told us that care workers had carried out the care they expected. Most relatives we spoke with told us they had been involved in discussions and decisions about care.

People’s day to day needs were met because they had been cared for by the same team of care workers. That meant people were care for by care workers who were familiar with their needs. On occasions a different care worker visited them the care worker had read a person’s care plan before providing care. People and relatives told us that care workers stayed for the scheduled duration of a call. Records we looked at confirmed that to be the case. The service had a system for monitoring care worker’s punctuality. This showed that 85% of calls were made within 15 minutes of scheduled time. Relatives told us that they were contacted if care workers were running late. One relative told us of two occasions when calls had been missed and another told us of an occasion when care workers came much too early. No harm had come to people because of missed calls which accounted for a tiny proportion of calls made per week, which were in the region of 1,200 calls per week.

Care workers had been attentive to people’s health needs and had made referrals to appropriate health care professionals. Relatives of one person who had fallen ill wrote to the registered manager and thanked them for how

Is the service effective?

care workers had responded. They wrote, “The carer carried out her duties above and way above normal duties.” Another relative had written, “Your carers have made an enormous difference.” This showed that care workers had provided effective care.

Is the service caring?

Our findings

People who used the service spoke in complimentary terms about the care workers who supported them. One person told us, "The carers are very friendly, very caring." One person described how they looked forward to seeing their care worker because of their kindness; they told us, "I'm really pleased to see them in the morning." Another person told us, "Nothing has been done without consent." People and relatives told us that care workers showed dignity and respected people's privacy. One person told us, "It's our home. We are not made to feel uncomfortable. The [care workers] know that." A relative told us, "My parents are treated as individuals." Another relative had written to the registered manager, "You and your colleagues are providing tender loving care superbly." People told us they were listened to. A person told us, "Carers are good at listening." People told us that the service listened to them about things that mattered to them; for example ensuring that they received care from the same people, or that the service respected their choice about the gender of care workers who visited them.

People said that care workers were caring and kind. One person told us that their care worker always asked them if there was anything else they wanted doing. Another person told us their care worker always stayed longer than the scheduled time if they needed them to.

Care workers knew about the people they supported. That was because the service had organised care workers into teams that provided care to the same people most of the time. People told us that care workers understood their needs. Comments included, "They know what they need to do" and "They seem to know completely what they are doing." We discussed people's care plans with care workers we spoke with. They demonstrated that they were familiar with people's care plan and understood people's preferences, likes and dislikes.

People felt confident about raising any concerns or suggestions with staff. Most people had not done so, but those who had told us that staff had listened and had acted on what they'd said. For example, the service had respected a person's request that they receive care from female rather than a make care worker.

It was evident from some people we spoke with that they enjoyed the company of their care workers. One person told us, "We have good conversation" and another told us, "I'm really pleased to see them [care workers] in the morning."

People who used the service were involved in the assessments of their needs when they first began to use the service. People told us they had been involved in reviews of their care needs and discussions about changes to the care and support they received. People told us they'd been asked how they wanted to be addressed and most had been asked about the gender of care worker they wanted. All relatives we spoke with told us they had been involved in discussions and decisions about the delivery of care. Results from a recent survey of people who used the service and their relatives showed that 77% of respondents felt involved and 13% felt they did not feel a need to be involved in decisions about the delivery of care.

Care plans we looked at were informative because they included information about people's assessed needs; risk assessments associated with people's care and details of care routines. Care plans contained information about advocacy services that people could use if they wanted or needed to. Relatives told us they looked at care plans. This meant that people had access to information about the delivery of care.

People told us staff respected people's privacy when they provided care and support. Staff we spoke with understood that they had to treat people with dignity, respect, kindness and compassion. They had received training that included all of those things. Staff told us about the training they had received and how they had put the training into practice. They described how they protected people's dignity and privacy when they provided personal care. What they told us was fully in keeping with guidance in the service's policies about putting dignity in care into practice.

Is the service responsive?

Our findings

People who used the service told us that they had received care and support when they needed it. That was because the service had encourage people to express what was important to them and had responded to what people had said. For example, it was important to people that they received support from regular care workers and that care workers were punctual. The service had responded by ensuring that people were care for by teams of care workers and had achieved a high rate of punctuality (85%) that was improving.

People had been able to express their views about the quality of the care and support they had experienced through regular satisfaction surveys. People's responses to the survey had been acted upon where required. For example, some people's care plans had been changed or additional equipment had been provided.

People needs had been regularly reviewed. This had been either through reviews of care plans or through home visits carried out by the registered manager as part of their monitoring about the quality of care that people experienced. People told us that their needs had been met and that was confirmed by the results of a recent survey which showed that 98% were happy with the care they had received.

The service had planned care in such a way that care workers had time to provide care and support. Care worker's rotas included travel time in between visits which meant that care workers had time to complete a person's care routines before leaving to do their next visit. Care workers received their rotas at least a week in advance which meant that any changes could be made in plenty of time. Care workers told us that times of visits had been matched with people's wishes.

People's care plans included information about how they could raise concerns or make complaints. People therefore knew how to make complaints and a very small number of people had made complaints. Those complaints had been thoroughly investigate and appropriately responded to. The service had a positive attitude to complaints and viewed complaints as providing opportunities to learn and improve the service. For example, after a complaint had been investigated a person's care plan had been reviewed and changes were made to the times care workers visited to provide care and support.

Is the service well-led?

Our findings

People who used the service and their relatives had opportunities to be involved in developing the service. These opportunities had arisen through regular satisfaction surveys, care plan reviews and meetings with the registered manager. Most people we spoke with told us they had met the manager several times. Most people knew how to contact the registered manager and office. The registered manager had used people's feedback to identify improvements to the service. For example, a new system for monitoring punctuality and duration of home visits had been planned to be introduced in the weeks after our inspection.

The management promoted a service that emphasised openness and fairness for people who used the service and staff. People who used the service and staff were able to make suggestions and provide feedback. Staff were supported to raise concerns or propose improvements through effective supervision meetings and regular contact with the registered manager. Staff we spoke with told us that they felt confident about raising concerns if the need arose. Staff told us that their induction and subsequent training had helped them to understand the aims of the service. The registered manager had regular contact with all staff and had often delivered training courses to staff. A staff survey took place every year which the registered manager had taken account of. The registered manager had therefore kept themselves aware of the day to day culture within the service. The registered manager had carried out effective checks to ensure that staff practiced dignity in care and had delivered safe and effective care. Staff we spoke with knew what the provider's aims and ambitions were.

The registered manager had provided leadership to all staff and had established relationships with people who used the service and their relatives. The registered manager was assisted by a four team leaders each of who managed teams of care workers. The provider's structure was well embedded and understood by staff.

Management and care workers had a shared understanding of the key challenges that faced the service. These included improving punctuality of care worker's home visits, which was already at a high rate, and expanding the size of service.

The provider had the resources and structure that supported improvement and growth. The registered manager was a registered nurse, staff were experienced and qualified. We saw that the registered manager had utilised their nursing experience to ensure that staff received and had access to high quality training material. Staff we spoke with told us they enjoyed working for the service and it was evident they were enthusiastic and well-motivated.

The provider had an effective procedure that staff used to report accidents and incidents. All reports of accidents and incidents had been investigated by the registered manager and team leaders. The reasons why accidents and incidents had happened had been determined and steps taken to reduce the risk of similar events happening again.

Providers of social care have a legal responsibility to ensure that the Care Quality Commission is notified of certain incidents. The provider had effective procedures in place for ensuring that happened.

The registered manager told us that they had a "relentless commitment to delivering high standards of care." That, and policies and procedures we saw, the satisfaction survey and what staff told us showed that quality was integral to the provider's approach. The registered manager and team leaders practised robust quality assurance procedures to monitor the quality of care provided. These included reviews and checks of care plans and care records, spot checks of care workers' practice and satisfaction surveys.