Absolute Care Agency (EM) Limited

Absolute Care - Barrow

Inspection report

2 The Churchrooms, 6 Church Street
Barrow Upon Soar
Loughborough
Leicestershire
LE12 8PR

Tel: 01509881595
Website: www.AbsoluteCareAgency.org

Date of inspection visit:
26 September 2016

Date of publication:
11 January 2017

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

The inspection visit took place on 26 September 2016 and was announced. We gave the provider 48 hours' notice because the service is a home care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be in.

Absolute Care Agency (Barrow) is a home care agency based in Barrow upon Soar in Leicestershire. It supports people who live in their own homes within a seven mile radius of the office.

The service had a registered manager. 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.

Care workers spoke in consistently positive terms about the quality of training they received. They told us their training prepared them for the role and gave them a full and comprehensive understanding of the needs of the people they supported. People who used the service told us they felt staff were very well trained and knowledgeable. The provider had a staff training plan that was linked to the strategic aims and objectives of the service. There was a particular focus on ensuring that care workers were supported to understand medical conditions people lived with and how to support them to best lead their lives. People using the service and their relatives spoke in consistently complimentary and positive terms about the effectiveness of staff.

Staff were supported through supervision and appraisal and they valued the support they received. Several staff obtained further qualifications and progressed to more senior positions in the service or to professional positions in healthcare.

The registered manager understood their responsibilities under the Mental Capacity Act (MCA) 2015. Staff had awareness of the MCA and understood they could provide care and support only if a person consented to it and if the proper safeguards were put in place to protect their rights.

Staff understood the importance of people having healthy diets and eating and drinking appropriate amounts of fluids. When they recognised people had difficulties with swallowing they informed people's GP so that a referral to a dietician could be considered. They also supported people to access health services when they needed them, carrying out additional routines to help people prepare for hospital appointments. They had training about people's medical conditions and were able to recognise if a person's health deteriorated. When people needed it they took appropriate swift action to support the person to access health services.

People using the service and their relatives told us consistently that they held staff in high regard. The registered manager and care coordinator `matched' staff with people using the service which meant people

were supported by staff that naturally empathised with them. Staff were consequently caring and knowledgeable about people's needs. People were supported by the same staff most of the time.

People were involved in decisions about their care and support. They received the information they needed about the service and about their care and support. Relatives of people using the service told us they were kept informed about things that were important to them. They told us the information was clear and easy to understand.

People told us they were always treated with dignity and respect. The registered manager actively promoted values of compassion and kindness in the service.

People contributed to the assessment of their needs and to reviews of their care plans. Their care plans were centred on their individual needs. People knew how to raise concerns if they felt they had to and they were confident they would be taken seriously by the provider. When people expressed preferences about their care and support these were acted upon by the service.

People who used the service were consistently safe. They were supported and cared for by staff that had been recruited under recruitment procedures that ensured only staff that were suited to work at the service were employed. Staff understood and discharged their responsibilities for protecting people from abuse and avoidable harm. They advised people about how to keep safe in their homes.

People's care plans included risk assessments of activities associated with their personal care routines. The risk assessments provided information for care workers that enabled them to support people safely but without restricting their independence.

Enough suitably skilled and knowledgeable staff were deployed to meet the needs of the people using the service. This meant that with very few exceptions home care visits were made at times that people expected. When people requested a different time on occasions, their needs were met. Staff arranging home care visits were knowledgeable about people's needs and ensured that people were supported by care workers with the right skills and knowledge. The care workers were consistently highly regarded by people using the service and their relatives.

People were helped to receive the medicines that they needed by staff who were trained in this area.

The service played a role in the local community and used media to raise awareness of conditions elderly people lived with. The service assisted a local Member of Parliament understand issues that affected people using home care agencies. It was also a leading member of a consortium of home care agencies in the Leicestershire area.

The provider had effective arrangements for monitoring the quality of the service. These arrangements placed a high value to people's feedback which was acted upon. The quality assurance procedures were used to continually improve people's experience of the service. Staff were motivated to provide quality care and support. Staff's views of the service were sought through an independently commissioned survey. Staff were consistently positive about the service and the support they received.

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 understood and consistently discharged their responsibilities for protecting people from abuse and avoidable harm.

Staff underwent a recruitment process that ensured as far as possible that only people suited to work for the service were recruited. Suitably skilled and knowledgeable staff were deployed to consistently meet the needs of people using the service.

People were supported to take their medicines at the right times by staff who were trained in safe management of medicines.

Is the service effective?

Good

The service was effective.

Staff were supported through consistently effective supervision, appraisal and training and were supported to study for further qualifications in health and social care. Their training fully prepared them to meet the needs of the people they supported because it included `real life' scenarios and taught them about medical conditions people lived with.

Staff discharged their responsibilities under the Mental Capacity Act 2005 and ensured that care and support was provided only if a person gave consent and they protected the rights of people to make decisions about their care.

Staff supported people with their meals.

Staff supported people with their health needs because they understood health and medical conditions people lived with. They supported people to achieve health goals that were important to them. People using the service consistently spoke highly about the quality of their care and support they experienced.

Is the service caring?

Good

The service was caring.

Care workers were carefully matched with people using the service and consequently developed caring relationships with people they supported. Care workers made special efforts, sometimes beyond their contractual responsibilities, to fulfil people's needs.

People were involved in planning their care and support. They felt strongly that the information they were given was easy to understand. Relatives of people using the service complimented the provider about the quality of information they were given.

People using the service and relatives consistently referred to staff as being kind and compassionate.

Is the service responsive?

Good

The service was responsive.

People received care and support that was always centred on their personal individual needs. People told us that the care they received had a positive impact on their lives.

People were supported to maintain their interests and hobbies and to participate in events in their local community.

People knew how to raise complaints. They emphasised to us that they had never had cause to raise a complaint, but they felt comfortable about contacting the registered manager if they needed to. People's views were valued by the service and were used to drive continuous improvement.

Is the service well-led?

Good

The service was well-led.

The registered manager and staff shared the same vision of providing the best possible care to people using the service. The service played an increasingly active role in the local community often involving people using the service in events they organised. The service collaborated with other organisations in the area to share ideas and good practice.

People using the service and staff knew how to raise concerns and were confident their concerns were taken seriously.

The service had very effective arrangements for monitoring the quality of the service that were used to drive continual

improvement. Under the leadership of the registered manager the staff provided a high quality service.

Absolute Care - Barrow

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 26 September 2016 and was announced. The provider was given 48 hours' notice because the service is a home care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we visited the office on 26 September 2016 we made telephone calls to people using the service or their relatives. We spoke with seven people who used the service and seven relatives of other people who used the service.

On the day of our site visit we looked at seven people's care plans and associated records. We looked at information about support staff received through training and appraisal. We looked at three staff recruitment files to see how the provider operated their recruitment procedures to ensure they only recruited staff who were suited to work for the service. We looked at records associated with the provider's monitoring of the quality of the service. We spoke with the provider, the registered manager, four care workers and a homecare visit coordinator.

We also looked at information about how the provider worked with other organisations in the Barrow on Soar and Charnwood district of Leicestershire. A local Member of Parliament's office contacted us after out visit to describe how the provider had assisted them to understand current issues and concerns about social care provision.

We spoke with the local authority that funded some of the care of people using the service. We contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care

services to see if they had feedback about the service.

Good

Is the service safe?

Our findings

Every person we spoke with told us they felt safe from abuse and harm. They gave a variety of reasons why they felt safe. Some said it was they felt that their care workers were well trained. A person said, "The care is very safe and the staff seem to be well trained". Another person said, "I always feel safe [when being supported]". A relative of a person using the service told us, "Yes, the care is delivered safely. We have no concerns. It is excellent"; and another relative said "[Person using the service] is safe. The staff stay with him in the bathroom, they never leave him on his own. It means we have no worries at all". A person who had used a different home care agency in the past told us, "I am much happier with this agency than the previous one". Another reason people told us they felt safe was that they were supported by the same care workers most of the time. This was very important to the people we spoke with. A person told us, "We have the same carer who comes every day. They understand my needs. I never feel rushed". People also felt safe because care workers visited them at time they expected including when they sometimes requested different times. A person told us, "They do come at the time we want them and will change these times if we ask or need them to". Seventy five people who used the service unanimously reported through an independent satisfaction survey that they felt safe.

Staff knew how to identify and respond to signs of abuse. They knew about the provider's procedures for reporting suspected or actual abuse. All staff had received training in safeguarding people from abuse or avoidable harm. Staff we spoke with demonstrated knowledge about the types of abuse recognised in the Health and Social Care Act. They knew how to protect people from such abuse. Their safeguarding practice included being alert to abuse by colleagues and risk of abuse from people's relatives, friends and visitors. Care worker's attentiveness resulted in the provider alerting the local authority safeguarding team to possible abuse by relatives and others. All the staff we spoke with told us they were very confident that if they raised any safety concerns with the registered manager they would be taken seriously.

People told us they felt comfortable about raising any concerns about their safety. A person told us, "I know I could approach someone at the office if I had worries" and another said, "I have no real concerns, if I did I'd report them". A relative told us, "If I had any concerns I'd call the office or go there. They are very nice and obliging". People were given information about how to raise concerns. A person told us, "I've been given all the information I need". People knew who the registered manager was and felt comfortable about contacting them if they had a concern. A person told us, "If I had any concerns I would feel comfortable speaking to [registered manager]".

Care workers we spoke with told us they advised people about being safe at home. For example, they told people about `telephone scams' and not letting people they didn't recognise into their home.

People's care plans had risk assessments of activities associated with their personal care routines. The risk assessments were detailed. Risks were assessed according to a person's dependency levels for a wide range of their daily needs; for example their mobility and the extent to which they needed to be supported with their personal care such as with washing and dressing. People were supported to be as independent as possible without exposing themselves to risk of serious injury or harm. Care workers referred to people's risk

assessments to read how people could be supported safely. A person told us, "They [care workers] understand what I need and help me do what I can within the limits of my condition. If they tried to overstep this then I would draw it to their attention". Care workers we spoke with told us they encouraged people to do as much as they could for themselves without exposing themselves to injury. For example, supporting a person to wash themselves whilst being on hand to help if the person needed it. A care worker explained, "I encourage a person to wash where they can reach and help them with the rest". The person told us that was how they wanted to be supported. Risk assessments associated with people's home environment were also carried out to help care workers manage those risks and to keep the person and care workers safe.

The provider had procedures for staff to report incidents and accidents that occurred or were in connection with home care visits. Staff were aware of those procedures and used them.

A contributing factor to people being safe was that the provider deployed enough suitably skilled and knowledgeable staff to be able to meet people's needs. An indicator of this was that people's home care visits were mostly at times they expected. The provider was not at the stage of being able to guarantee that people would receive home care visits at times they wanted. However, improvements were being made to how care workers were deployed to home care visits and the provider aimed to ensure that all calls would be at times agreed with people.

The provider operated recruitment procedures that ensured as far as possible that only staff suited to work for the service were recruited. Candidate's suitability was assessed through review of their job application form then at interviews when they were interviewed by the registered manager and a senior care worker. All necessary pre-employment checks were carried out before a person started work including Disclosure Barring Scheme (DBS) check. DBS checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce. We saw evidence that people who were interviewed were asked questions that tested their suitability to work with people who require personal care. This meant their suitability had been assessed and only people with `pass' scores were offered employment. A care worker we spoke with told us they felt their suitability had been robustly assessed at their interview. They told us, "It was a challenging interview. I was asked lots of tough questions". People using the service could be confident that the provider took great care in deciding who they employed.

Most people using the service did not require support with their medicines other than to be prompted or reminded to take their medicines. Comments from people who were supported with their medicines included "They do help with medicines which is good" and "They help with my medication and I have never had any problems with their administering them". People who required more support, for example with topical creams had that support. Their care plans included body maps that showed where those creams should be applied. Care workers recorded whether a person had taken their medicines. On occasions a person had not taken their medicines this was recorded on a medicines administration record and reported to the registered manager who was a qualified nurse. The registered manager monitored non-taking of medicines looked into the reasons a person was not taking their medicine and if necessary reported this to the person's GP.

Good

Is the service effective?

Our findings

People using the service consistently told us that they felt care workers were "well trained". Staff had the right skills and knowledge to meet their individual needs and preferences. A person told us, "They appear to have been trained enough" and another said "They are well trained for their roles". The provider worked closely with a local authority training organisation who complemented the provider on their commitment to training during the two and a half years they had worked together. They wrote, 'You showed a commitment to high quality training for your staff'.

The provider had a comprehensive staff training and development plan that which ensured that all staff were supported by training that equipped them to be able to support people using the service. For new staff this began with an induction meeting with the deputy manager when they were given essential information about the service and an individual training programme. The provider's strategy was to spread information sharing and learning activities over a 12 week period, rather than providing intense training over a shorter period because their research showed that this was a more effective way of training adults. During their 12 week induction period new care workers `shadowed' an experienced care worker at home care visits and were gradually supported to participate in care routines. They also had to complete six `on-line' training courses that included moving and handling, infection prevention and control, food hygiene and the Mental Capacity Act 2005. They also attended `class-room' training for subjects such as safeguarding people from abuse and avoidable harm, dementia, using equipment to support people with their mobility, management of medicines and supporting people with specific needs such as catheter care and stoma care. Their ability to put training into practice was assessed by an experienced care worker. At the end of the 12 week period their competence to work unsupervised was assessed and if necessary the period of induction was increased. Care workers we spoke with told us that their induction training had prepared them to support people who used the service. A care worker told us, "The induction training definitely prepared me to support people". Another care worker told us, "The induction was really good. It helped me to understand what was expected of me, it was very comprehensive. The shadowing was excellent because it introduced me to the people I would be supporting".

Class room training was delivered by the registered manager who is a registered nurse and an accredited trainer. They also provide training for NHS organisations. They collaborated with health professionals from a NHS Trust to deliver some of the training that required increased knowledge, for example pressure ulcer care and stoma care. Moving and handing training helped care workers experience what it felt like to be transferred from bed to chair and vice-versa by hoist. Training included helping care workers to experience what it felt like to have sensory loss, for example reduced sight or hearing. The provider had liaised with a charity specialising in support for people with visual impairment to assist with the training. This showed the training was innovative and very much focused on supporting people with their needs. A care worker told us, "My training really helped me to understand the conditions people [using the service] live with. The training was really impressive". Another told us, "The training I've had has matched the profile and needs of the people I support".

Care workers' ability to put their training into practice was evaluated through monthly 'practice

observations'. Care workers demonstrated that they put their training into practice. For example, after a care worker had been trained about pressure ulcer care they tested a person's pressure relieving equipment and assessed that it was no longer effective and recommended that new equipment was needed. After an assessment by a district nurse new equipment was ordered. This showed that a care worker put their training into practice and took action that improved a person's quality of life. People using the service and their relatives could be confident that care workers were well trained, skilled and knowledgeable about their needs. A relative expressed that confidence to us. They said, "The company's social media page shows what training is on-going, which is reassuring and useful for us to know". Another relative speaking about the quality of care workers told us, "Our previous care company was appalling so the comparison is noticeable. Absolute Care Agency are excellent, very professional and caring".

The provider encouraged staff to achieve further qualifications by studying under the Qualification and Credit Framework in health and social care. From a workforce of 60 staff, two had achieved a level 5 qualification, 22 already had a level 2 or 3 nursing qualification, seven were studying for a level 3 and nine for a level 2. A care worker told us, "I've been supported brilliantly to take higher level qualifications". This showed that the provider had a well-trained and qualified workforce which meant people who used the service could have confidence that they would be well cared for.

The provider's training and development strategy took account of the changing and increasingly complex needs of elderly people who relied on home care agencies for support. For that reason they supported staff to progress into nurse training when opportunities arose and then welcomed them back as clinical assessors or care managers whenever possible. On the day of our inspection a former care worker who had completed nurse training contacted the provider to inform them they would like to return.

Care workers were also well supported beyond their training. All told us that they received regular supervision and appraisal from the registered manager or a senior care worker which enhanced their skills and learning. They told us they found the supervision to be helpful and supportive. A care worker told us, "I've found the supervision to be a helpful process". Another told us, "I've been encouraged [through supervisions] to do things differently and better". Care workers told us they felt supported by each other. One said, "The support I've had is amazing". The provider operated a staff recognition and reward scheme to motivate staff. They supported staff who experienced difficulties outside or work. Some of that help went beyond contractual requirements and terms and conditions of employment. A care worker commented that the support they experienced made them feel that Absolute Care Agency "was the best company I've worked for".

The Mental Capacity Act (MCA) 2005 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. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

The registered manager had a thorough understanding of the MCA. Care workers we spoke with had a good understanding of the MCA and its importance. They understood that they could provide care and support to a person using the service only with their consent and that people should be given information in a way that supported them to make an informed decision. A care worker gave an example of a person they supported who sometimes declined support with personal care. The care worker respected the decision but explained how the person would benefit from their support. On most occasions the person agreed to the support after

receiving more information. Another care worker told us how they encouraged a person when they declined to eat a meal or have a drink at times. They said that on those occasions they made a drink and sandwich for themselves to help communicate what support they were providing and that the person also ate their meal. This also showed that care workers used innovative ways to communicate with people. All the care plans we looked at contained assessments of a person's mental capacity to make a variety of decisions connected to their care and support.

Staff supported people to eat and drink by reminding them and either assisting people to make their own meals or making meals for them. Ninety per cent of people who participated in the provider's satisfaction survey said that they were satisfied with the support they received with their food and drink. Care workers had been trained in food hygiene which meant they were taught how to prepare food safely. Care workers knew what food people liked and they made meals or snacks that people wanted. Two relatives felt that care workers did not vary the type of snacks they made and one of them said that sometimes care workers had not used the fresh ingredients they (the relative) had left. However, we were told of an example where a care worker went to lengths to support a person who was losing their appetite. They tried various snacks and ways of making food more agreeable, for example, watering down soup and they bought the person snacks that they thought they'd enjoy. Care workers understood the importance of ensuring people had sufficient to drink. A person using the service wrote to the provider to express thanks for the fact that a care worker had brought them lots of bottled water during a period their family members were away. The person wrote, 'Without me having to ask [care worker] brought me lots of bottles [of drinking water] which I thought was very kind and helpful to me'.

When people were assessed as having difficulties with eating the service contacted a GP to consider a referral to specialist services, for example dieticians at a Speech and Language Therapy (SALT) service. Care workers acted on the advice SALT gave.

People told us that care workers supported them excellently with their health needs and that they understood the medical conditions that they lived with. A relative told us about a period that care workers supported a person through a period of ill-health. They said, "My wife was poorly [whilst I was away]. The care workers did a great job, calling the GP, staying with her, phoning me and reassuring me. They took very good care of her". Care workers had received training about conditions that people lived with such as dementia, cerebral palsy and physical disabilities. They were supported by the registered manager who was a nurse who championed the need to support people so that they experienced the best quality of life they could. This was reflected in care plans we saw. For example, a care plan included guidance for care workers about how to communicate with a person who was unable to express how they felt other than by gestures. The guidance explained how to do that and how to ensure that the person understood the care routines they were being supported with. A relative of another person told us, "The carers take care of [person using the service] and tells us about problems which need seeing to by the GP".

The provider's links with other services were strong. People's lives were improved because the service engaged the support of health professionals such as occupational therapists and physiotherapists. The service had worked with eight different health and social services departments to support one person with a range of health and social needs.

Good

Is the service caring?

Our findings

People we spoke with unanimously told us that staff were kind and caring. A person told us, "They [care workers] are good people and kind". The provider's most recent satisfaction survey in which 75 people participated, found that all respondents said that staff were kind and friendly. People liked that care workers cared enough to `chat' with them. People told us, "The carers are friendly and make time for a chat". Relatives told us similar things. One said, "They are all friendly and have a good natter with you". Another told us, "They are caring. Some are brilliant and it is apparent in their behaviour that they are genuinely fond of [person using the service]".

Care workers were able to develop caring relationships with people. A person told us, "Some carers are like friends". Another said, "They are good people and kind". One relative referred to a particularly close bond a person and care worker had formed during a period they (the relative) went abroad. They said, "We needed someone to be with [person using service] and [care worker] did a marvellous job". Others referred to having good caring relationships. One person said, "We have a good relationship and we have a laugh too" and another told us, "The staff are really good. I feel I can trust them". A relative told us, "There are a lot of staff who have a great relationship with mum and have developed a good understanding of what she needs".

People and care workers were able to develop caring relationships because the registered manager and senior care workers 'matched' care workers with people using the service. They did this by matching staff profiles with the profiles of people using the service which resulted in people being supported by care workers who shared the same interests and other characteristics. A person using the service told us, "They [the service] found care workers that had similar interests to me. It has made such a difference to me to have carers with whom I can communicate at the level I need. It means I'm very confident about making suggestions about my care and support". The matching focused on detail. For example, a person who liked to play chess was supported by a care worker who played it. Another factor that helped people and care workers develop caring relationships was that people were mostly supported by the same care workers. People told us this was very important to them. A person told us, "I am seen by the same members of a team of staff who I know". This was very important to people using the service and was something the registered manager made a top priority as they believed it was something that helped people feel that they mattered. A person described how care workers made a difference. They said, "I do like my carers, they chat with me as they go along. It brightens my day". When home care visits were scheduled and staff rotas planned, the central aim of the process was to ensure as far as possible that people were cared for and supported by the same care workers. A relative was very appreciative of this. They told us, "The carers are always the same ones which I think is really important". Another relative told us, "They have a better rapport because of their experience".

Care workers we spoke with told us they had 'regular' people who they supported. They told us it was important to them as care workers. One told us, "We visit the same people. It's so important we do that because it means we get to know them including about little things that matter to them". The provider's monitoring procedures found that 80% of home care visits were by 'regular' care workers. On the rare occasions a non-regular care worker visited people they were informed, most of those times which people

also told us was important to them. They also told us they were nearly always informed if a care worker was delayed and would not be able to arrive at the expected time.

People using the service and relatives told us that care workers sometimes went 'an extra mile' to support them. A person told us, "Most carers offer to do extras like make the bed". A relative said, "Some carers go above and beyond" and another told us, "Carers often give extra time". This made a difference to people. A relative explained, "The carers are really nice and considerate and some are observant of small things, like turning the television on or checking if the water boiler is switched off." We saw 'thank you' cards relatives had sent to the provider, all referring to the service in very positive terms, for example 'Thank you for being so caring, kind and patient – such great support'.

People using the service were involved in decisions about their care and support. A person using the service told us, "I've been very involved". People and their relatives told us that they were involved in decisions about the times of home care visits which was something that was very important to them. A person told us, "We were definitely given choice with the care package and it is personalised to my needs". A relative told us, "We were given lots of information when we joined them. We were involved [and the] result was that the care is designed around [person's] needs".

People consistently told us that they received information and explanations they needed about their care and support. People told us they had care plan folders at their home which included information about their needs and how care workers would support them with their needs. A person using the service told us, "I have a care plan and I understand it". A relative told us, "We have a care plan in the house which I understand and am happy with" and another said, "There is a care plan which suits our needs and we are happy with its content". People using the service and relatives told us they had received information when care plans were reviewed.

People also received a 'welcome pack'. This contained information about the how the service would support them and services where they could get further advice from.

The provider promoted dignity and respect through policies, staff training and supervision. All people who participated in the provider's most recent survey feedback that they were treated with dignity and respect. People said they were treated with dignity and respect when they were supported during care routines. A person told us, "I am treated with respect by staff when they hoist me as part of my care. Another person told us, "They are respectful. There is no rudeness". A relative told us, "The staff are always respectful of [person's] dignity". Care workers we spoke with told us that in their training they were taught how to support people with dignity and respect during care routines. For example, a care worker told us, "When we support someone to wash we do it in stages. We only undress the area being washed and use towels to cover a person". A person using the service told us, "The carers are always careful with my privacy and dignity". People told us they were referred to by their preferred name, although one relative said that some care workers "have not always shown respect in calling [person] 'my darling, my lovely' which she doesn't like". Other care workers did use people's preferred names; one told us about a person who preferred to be addressed by her nickname rather than real name.

Good

Is the service responsive?

Our findings

People we spoke with consistently told us that the care and support they received was centred on their needs and preferences. Comments from people included "They are very aware of what my needs are" and "My care has been personalised to my needs".

People contributed to the assessments of their needs and their care records and plans included details about the care and support people wanted. People's most important and most commonly expressed needs were that the same care workers came and that they came at times they wanted. Most people experienced care and support that met those needs. A person told us, "We have got to know our carers really well" and another said, "They do come at times we want".

People were satisfied with the quality of care they experienced. One person said, "The care is brilliant, we have never had any concerns". People were supported to be as independent as they wanted to be. People told us they received the support they wanted and needed and that they were supported to do as much for themselves as they could. A person told us, "They [care workers] don't take over the things I can do for myself" and a relative said, "They [care workers] provide encouragement to do things without taking over". The support people received had made a difference to them. A relative explained, "My mum is always nicely dressed, bathed and in a good mood after they have been".

Care workers we spoke with told us they developed an understanding of people's needs and preferences from reading their care plans and from getting to know people by regularly supporting them. They told us they found people's care plans to be informative and easy to follow. Most people we spoke with told us they had seen their care plan and that the support they received was in line with it. A person told us, "They know what they can and can't do" and a relative told us, "They stay close to the care plan". Others said they sometimes asked care workers to do things differently. A person told us, "They would be flexible if I needed them to follow my wishes if I wanted something done differently". A relative said, "They listen to our requests and will change things". This showed the service was flexible and respectful of people's wishes and that the care was centred on what people wanted.

People using the service and relatives told us that care workers stayed with them for the required period of time. Comments from people included, "They aren't rushed and they always give me enough time" and "I don't ever feel rushed, we have adequate time at each call". Some people told us that sometimes care workers stayed longer than the scheduled duration of a call. A person told us, "They always ask if anything else needs doing". Care workers told us that they were sometimes able to stay longer with a person because travel time between home care visits was built into their rota. The provider used a log-in system which meant they could monitor when care workers arrived at a person's home and how long they stayed. The results of the monitoring showed that care workers did stay with people for the required period of time.

Care workers told us they provided care that was centred on people's needs because they referred to people's care plans and used the knowledge they acquired about people through supporting them regularly. They made records of their visits at the end of each visit. We looked at seven people's notes. We

found that the notes were informative because they recorded how people had been supported with the care routines in their care plans. The notes provided assurance that care workers supported people in line with their care plans, and sometimes did more. For example, after a care worker learnt that a family were having difficulty finding a suitable holiday location where they could take a person using the service; a care worker assisted them to find a suitable location and to complete the holiday booking forms. They also ensured that the family took all the necessary equipment with them to be able to care for the person using the service. The care worker said, "I'm happy to go the extra mile or two for my service users, I always try my best to make sure our service users have access to the same things we all do".

Other care workers went 'the extra mile'. For example, a care worker supported a person by sometimes taking a person's laundry home to wash and dry because this was something the person was no longer able to do themselves. Another care worker supported people with activities that made a difference to their quality of life. A person was supported to swim to strengthen their muscles and was supported to swim longer distances. This resulted in the person being able to stand more easily from a wheelchair which increased their confidence. Another person was supported to move home and said that without the support they received that would have been very difficult for them. They were also supported to attend a 50th anniversary function of a charity they were involved in. That person described the care and support they received as "absolutely rock solid".

Care workers often made special efforts to respond to people's individual preferences and changing circumstances. Some people had been supported to improve their physical strength and overcome traumatic events. Another person was supported to overcome the effects of fire damage at their home and care workers gave them items of furniture. Care workers told us they often did more for people so that their relatives could experience some respite from their caring responsibilities by having time to enjoy their own interests. The service referred people to other services that provided specialist support, for example for people with sensory impairment or impaired mobility. These actions added to the quality of people's lives.

People's care plans were reviewed every month by the registered manager or a senior care worker. The plans were reviewed with the involvement of people using the service and their relatives every six months. Some people we spoke with recalled reviews. A person told us, "We have had a review. The staff listen and respect my wishes". Another told us, "They come out to see me to do the review. I definitely could discuss confidently any concerns I had". People knew they could raise concerns at any time with the registered manager. A person told us, "If we have any issues I can call the office. When I've called I do feel I was taken heed of". People had information about raising concerns with external organisations such as the Care Quality Commission.

The provider's complaints procedure made clear that people's complaints and concerns would be used as an opportunity to identify areas of the service that required improvement. The procedure also referred people to organisations they could approach if they felt their complaint was not satisfactorily dealt with, for example the local government ombudsman.

Good

Is the service well-led?

Our findings

We found that the service was exceptionally well led, innovative and focused on providing the best possible care for people using the service and staff. A relative of a person using the service told us, "There is nothing that needs improving as far as I can tell". Another told us, "They do everything well and offer little extras" and another concluded "It's definitely well run". The service has had a consistent and stable management team and workforce since it registered in with CQC in October 2012. This had enabled the service to have track record of good performance and a clear direction of how it wanted to improve.

The provider's 'mission statement' included a statement 'the well-being of people and staff is at the centre of everything we do'. Under the direction of the registered manager and the management team; care workers were supported to provide people using the service with the care and support they expected and needed.

People`s needs were very well known to the registered manager and the team that organised home care visit rotas for care workers. They were involved in the assessment of every person's needs before they began to use the service. The registered manager told us, "Our assessments are thorough and we do not accept a care package [a request for care and support] unless we were absolutely confident we can meet a person's needs. We have had to refer people elsewhere". This meant that people using the service could have confidence their needs would be met.

Care workers we spoke with shared and understood the provider's vision. They were told about this during their induction and a staff room at the office had a display of the mission statement. A care worker told us, "It's the first company I've worked for that does what it says it will do". Care workers we spoke with told us how they put the provider's vision into practice and people who used the service told us they received care that was centred on their needs. One told us, "I'd definitely be happy for a relative to use this service. They pass the mum's test".

The service had an open and transparent culture, with clear values and vision for the future. This was communicated through policies and procedures, training, supervision meetings and daily dialogue with the registered manager. A care worker told us, "I've read the policies. I'm very comfortable about raising any issues or concerns. I haven't had to, but I'm absolutely confident that the manager would take me seriously and act". The registered manager investigated reports of incidents and gave staff feedback and support to reduce the risk of similar incidents occurring again. For example, an episode of miscommunication between a care worker and office staff almost resulted in a home care visit not being made. Actions were taken to ensure accurate communications occurred. Care workers told us that the registered manager took their views into account about how home care visits were planned, for example requesting that travel time between home care visits was realistically planned to ensure that care workers did not have to 'rush'. This showed staff were involved in decisions to improve the service. A care worker told us, "We are comfortable about making suggestions about how the service operates". In a staff survey carried out by an independent organisation, staff rated the provider's employee engagement highly.

People using the service and their relatives were confident they could raise any concerns they had without fear of repercussion. They told us the registered manager was approachable. A relative told us "The manager is very helpful and I am very happy". A person who had made a complaint told us, "We did complain about one carer. They listened as they didn't send them again". This showed that the service invited and responded to feedback from people using the service.

The provider had effective arrangements for monitoring the quality of the service. This included seeking the views of people using the service, their relatives and staff and a variety of audits. The provider sought people's views in a variety of ways including surveys, telephone calls, social media and the internet. The provider's satisfaction survey asked the same questions CQC ask when we inspect a service. These were whether a service was safe, effective, caring, responsive and well-led. People's responses rated the service highly in most areas. However, the lowest scores (ranging from 45 to 89%) were in relation to areas including care worker's punctuality, care worker's staying the scheduled duration of a call and being listened to. The provider was developing an action plan to address the lowest scoring areas. This showed that the provider placed high value of people's feedback and acted upon it in order to drive improvement.

People's views were also sought at reviews of their care plans and during visits the registered manager made to people's homes to observe the care provided by care workers. Those visits were used to monitor that care workers practised the provider's values and standards especially with regard to respecting people and treating them with dignity. The registered manager checked care workers' records of home care visits to monitor whether they provided care in line with people's care plans. Our review of care worker's records provided assurance that people received the care and support they required.

The provider's monitoring arrangements included assessing individual care worker's performance. These identified the reasons why individual care workers performed less well than others. This helped identify risks to people's care which the provider then addressed

Other monitoring and quality assurance activity included audits of care plans and care records, monitoring of punctuality and duration of home care visits and evaluation of staff training and monitoring of care worker's practice. The results of audits were consistently positive. Care worker's received feedback about their work practice.

The registered manager understood their legal responsibilities including the conditions of their registration. This included ensuring there was a system in place for notifying the Care Quality Commission of serious incidents involving people using the service.

The registered manager was making the service a part of the local community in Barrow on Soar by making their presence known in the village high street which was a busy area frequented by residents and people using the service. The provider arranged to have a stall at an event on 3 December 2016. They were organising themed coffee mornings where residents of Barrow on Soar could learn about conditions people lived with, for example diabetes and dementia. The registered manager also wrote articles for a local magazine raising awareness of issues that affected elderly people.

The provider liaised with local charities, church clubs and a library and schools to be part of a local support community with a particular focus on how to protect elderly people from social isolation and to encourage people to take up careers in social care. They were also a member of a consortium of 18 home care agencies which shared good practice. A local MPs office told us about how the provider helped them to understand issues affecting small and medium-sized homecare providers. They explained that the information they received would be very helpful when dealing with case work from constituents affected by changes that

were being made.

The provider commissioned an independent staff survey which guaranteed anonymity to respondents because the provider wanted staff to feel free to say what they liked. The results of the staff survey showed that the workforce was motivated. Reasons staff gave for this was the quality of leadership, the training and support they received and ethos of the service. Some staff made comments about things they thought could be better. For example, some staff thought home care visits could b planned better with more travel time included. The provider shared the findings of the survey with staff and sought their views about how improvements could be achieved. The provider offered incentives to staff to deliver outstanding care. There were communicated through monthly 'payroll newsletters. These demonstrated a commitment to continuous improvement. Comments from care workers we spoke with were consistent with the survey results. Comments included "It's the best company I've worked for" and "Absolute Care is a breath of fresh air".

The provider had an updated business continuity plan. This set out how the service could continue to meet the needs of people in the event of a major event such as loss of utilities, fire and flood.

The provider had a library of polices that were regularly updated, for example to reflect changes in legislation and national guidance. This ensured that policies were always up to date.