

Absolute Home Care Kent Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Absolute Home Care Kent Limited is a domiciliary care agency providing personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The service was providing personal care to approximately 40 people at the time of the inspection.

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

People and their relatives were positive in their feedback about the agency and said they would recommend them to others. Comments from people included, "They're always polite and they make time to chat to me. I am not a rushed job and off to the next one" and "They do everything they are supposed to and never leave without checking whether there's anything else I want." A relative said, "We went through other care companies and they are not a patch on Absolute Home Care; they are the best, a 'Godsend.'"

People's safety was promoted and staff followed detailed guidance to keep people safe and reduce potential risks. Staff worked alongside other health care professionals to keep people safe in their own homes. Appropriate referrals were made when people required additional resources such as equipment to keep them safe.

Staff support was based on people's needs. People were provided with consistency and continuity of care by the same staff they knew well. Staff had been recruited safely with checks made to ensure staff were suitable to work with people.

Medicines were managed safely and administered by trained staff. Medicine audits highlighted any errors; appropriate action was then taken to reduce a reoccurrence.

People's needs were comprehensively assessed with them, their relative and a member of the management team, prior to receiving support from the agency. Care plans contained information about people's specific health support which were followed by staff. People were supported to maintain their nutrition and hydration when needed.

People's care plans were detailed and personalised, promoting people's independence and increasing their well-being. People and their relatives were given additional information about additional external health care agencies and referrals were made for additional support when required.

People were supported by staff that were kind, caring and respectful. Staff understood the importance of promoting people's privacy and dignity when supporting people. Staff knew people well and had developed strong working relationships with people.

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

Staff had been trained to meet people's needs and received regular support and supervision. Staff were encouraged to undertake additional courses to widen their knowledge and skills. There were open channels of communication where staff could freely discuss any concerns or make suggestions about the agency.

People were given the opportunity to give feedback and make changes about the service they received. Systems were in place to monitor and improve the quality of the service. The management team were committed to the continuous development and improvement of the service people received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 2 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Absolute Home Care Kent Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, an assistant 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The agency had two managers registered with the Care Quality Commission. This means that they and the providers are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the agency 48 hours' notice of the inspection. This was because it is an agency and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 2 August 2019 and ended on 7 August 2019. The Expert by Experience made telephone calls to people in their homes to gain their feedback on 2 August 2019. We visited the office location on 7 August 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and 10 relatives about their experience of the care provided. We spoke with seven members of staff including the two registered managers, the general manager, assistant manager and three care staff.

We reviewed a range of records. This included five people's care records and medicines records. We looked at four staff files, which included staff training and supervision files. We also saw a variety of records relating to the management of the service, including a sample of audits, health and safety checks, accidents and policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with the staff at Absolute Home Care because they were provided with consistency and continuity of care. Comments from people included, "They are very proactive like that and it makes you feel safe" and "They all wear uniforms and carry ID and are exceptionally good with their timekeeping. I think that's what makes me feel safe, the feeling that they are thorough."
- Staff continued to understand how to protect people from the risk of abuse and knew the action to take if they had suspicions. Staff received regular training and followed the provider's and local authorities' policy and procedure.
- The management team had a close working relationship with the local authorities safeguarding team; they had contacted them for advice when needed. A log was kept of any concerns that had been raised, the investigation and any outcome prior to the concern being closed.

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

- Risks relating to people's needs had been assessed with guidance for staff to reduce potential risks. For example, risks relating to the person moving around their home, skin integrity and risks whilst eating.
- Potential hazards in and around the person's home had been reduced with control measures that were put into place. For example, electrical and gas equipment, potential trip hazards and the external lighting.
- A relative said, "Absolute care are an exceptional company. The carer found [loved one] bleeding one day a while back and called the ambulance immediately." Staff understood the importance of acting quickly in the event of an emergency.
- Incidents and accidents involving people were recorded and monitored. The management team completed an investigation and analysis to identify any potential patterns or trends.
- Any missed or late calls were investigated and an action plan put into place to prevent a reoccurrence. Records showed people had received a written apology and staff had received additional supervision following a missed call.

Staffing and recruitment

At our last inspection we recommended the provider explored and recorded any gaps in staff's employment histories. The provider had made improvements.

- Robust recruitment checks had been implemented to ensure staff were suitable for the role they had applied for. Staff completed an application form giving a full work history, references were obtained, identity checks and Disclosure and Baring Service (DBS) background check. DBS checks help employers to make safer recruitment decisions.

- People were provided with continuity with the same group of care staff they knew well.
- Staffing was based around people's assessed needs. The registered managers had an active recruitment process in place to ensure there were always enough staff available.

Using medicines safely

- People's needs in relation to the management of their medicines were recorded. Staff followed specific guidance which included where the person's medicines were stored and the support required to take their medicines.
- Staff continued to be trained in the administration of medicines and had regular observational checks of their practice.
- Regular audits were completed of the medicine administration charts (MAR). If shortfalls were identified such as not signing the MAR, action would be taken such as, further training for staff.

Preventing and controlling infection

- Staff had been trained and understood the importance of using personal protective equipment (PPE) to reduce the spread of infection.
- Staff had access to PPE such as, gloves and aprons.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs continued to be assessed prior to receiving any support from the agency. The assessment detailed the exact support people required to maintain their health, medical conditions including any nutrition or hydration needs. A relative said, "They did a very in-depth assessment before they started, I was surprised how long it took."
- Records showed that where other concerns had been identified during the initial; assessment, additional referrals were made. For example, where it had been identified that a person may benefit from some equipment, referrals had been made to the appropriate health care professionals.
- People's assessments included characteristics covered by the Equalities Act (2010) such as religion and sexuality; these were respected by staff.

Staff support: induction, training, skills and experience

- People told us they felt the staff were well trained and were able to meet their needs. Comments from people included, "They are all terrific. They do everything they are supposed to do and never leave without checking whether there's anything else I want" and "They are first class staff. They'll do anything for me."
- Staff told us they were encouraged to complete additional courses to widen their knowledge. For example, an advanced medication administration course and supervising staff.
- Staff felt supported in their role, receiving regular supervision and feedback from their line manager. One member of staff said, "They are always here and at the end of the phone. If I have a problem you can ring or come in. If they can't answer your question they will ask someone else."
- New staff continued to complete an induction into the agency which included, meeting people, reading care plans, policies and procedures and working alongside experienced staff observing practice.

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

- Many people did not need support with their meals or planning a nutritious diet as family members prepared their meals, or other agencies delivered meals to their home.
- If people required support with their meals, staff followed guidance informing them where food items were stored and how meals were prepared. For example, one person's care plan detailed how they made a choice for their breakfast and where they wanted this to be served in their house.
- One person's care plan detailed how staff needed to check their fridge for any out of date food which they wanted to be discarded. Staff were to make and leave a hot drink before they left, records showed this was completed by staff. Another person's family arranged for their loved one's food shopping to be delivered during the care call so that the staff could assist with putting the food away.

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

- People's specific health needs were included in their care plan, informing staff of the specific support the person required to manage their health. For example, step by step guidelines informing staff how to use the hoist and sling.
- Staff had been trained and were given information fact sheets regarding people's specific health conditions such as, Parkinson's disease and dementia. Staff had a good understanding of people's health needs.
- Staff worked alongside other agencies to maintain people's health such as, the tissue viability nurse to promote and maintain healthy skin. Staff followed guidance from an occupational therapist for another person when supporting them to move around their home.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us staff asked for their consent prior to any care or support tasks. One person said, "They always ask before helping. I decide what I want to do and what I need help with they aren't pushy. They are like family really."
- A relative said, "Even though [loved one] has little understanding now they [staff] always include him, always ask him if it's okay to do things and they sing to him, he loves that."
- Staff had been trained and understood the importance of ensuring people made their own choices about their lives. Staff gave examples of how they supported people on an individual basis to have control over their lives. For example, some people's health needs required them to be given limited choices as to not be overwhelmed.
- When people did have restrictions in place the management team had checked to ensure these were lawful.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they received consistent support from the same staff, that knew them well. One person said, "They are lovely girls, I have a wicked sense of humour and we always have a bit of banter and a laugh while they are helping me. They are like friends. I just couldn't wish for better."
- People and their relatives spoke highly of the staff, saying they were kind, caring and respectful. One person said, "They are very caring. They always know if I'm feeling a bit fragile and adapt accordingly. I trust them a lot, they've never let me down, they're always there when I need them. They're a tonic." A relative said, "The carers listen to her, they have a really good way with them. They are sympathetic, honest and trustworthy."
- People's care plans included information about their background, likes and dislikes and staff were knowledgeable about these. One person said, "They are first class staff. They'll do anything for me. One of the girls got some special socks for me online because I couldn't get them locally anymore."
- Staff were very happy in their work and told us they felt valued by the management team. Comments included, "I enjoy working in a relaxed environment, it is happy, if there is a problem there is an open door policy" and "I like helping people, keeping them in their own home, giving people independence."

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

- People and their relatives continued to be supported to express their views and play an active role in their care and support.
- A relative said, "Mum likes all the staff and she is definitely in control of how her care is done. She tells them what she feels up to and they go with what she wants."
- Staff gave examples of how people were involved in their care and support. For example, getting direct instructions from some people and other people offering choices depending on how the person felt that day. Staff took directions from people ensuring their needs were met and ensuring they made decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity during personal care by making sure doors and curtains were closed. Staff had been trained and understood the importance of promoting people's privacy. For example, one member of staff spoke about a time when they asked another visiting health care professional to leave the room whilst they supported the person to dress.
- People told us that staff promoted their independence by encouraging them to do things for themselves as much as possible. People's care plans described what people were able to do for themselves and the

areas they needed staff support.

- Private information was stored securely in filing cabinets within the office. Computers and electronic devices used by the provider and staff were password protected to keep people's confidential information secure.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they received personalised care that was responsive to their needs and wishes. For example, one person's care plan detailed how they wore shower shoes during personal care as they did not like to have bare feet.
- People's needs were regularly reviewed and updated as necessary. Relatives commented, "The office staff are very accommodating and willing to be flexible. When they do the reviews it is done in front of him, he's always included" and "They review his care twice a year, it's not just a quick in and out either they go through everything and check that I'm happy too."
- Daily records completed by the care staff were stored electronically and were detailed, outlining the support the person had received during their care call. The electronic system enabled staff to identify promptly if there were any changes to a person's needs.
- The management team liaised with a nursing home on behalf of a person when their needs changed. The person did not have any relatives to offer support with this, the staff supported the person during this time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was presented in a way people understood. Specific communication needs were identified and recorded at the initial assessment, this information was then transferred into the care plan. Documents were available in other formats such as, easy read or large print.
- All staff completed communication training; this included communication with people that had different needs and disabilities. People told us that staff understood their communication needs.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint; even though they had not needed to do this. A relative said, "We've never had any reason to complain. I would ring the office if I had any problems but they are very thorough and willing to help so I think they would deal with it straight off, if you weren't happy about something."
- The management team were committed to learning from concerns to improve the service people received. For example, a relative had raised a concern that there had been an increase in the number of care staff visiting their loved one; because of care staff annual leave, the complainant was written to with an explanation and an outcome was agreed.

- There had not been any formal complaints raised in the 12 months preceding the inspection. However, the management team treated any concerns that had been raised under the formal procedure. This allowed learning and improvements to be made to the service people received.
- Staff had supported one person to make a formal complaint to their local hospital, when the person was discharged back to their home in the middle of the night. As a result, a communication was sent to A&E staff reminding them of the discharge process.

End of life care and support

- Staff worked alongside the local hospice staff and the district nursing team to support people at the end of their life. People were supported to complete a plan for their care at the end of their life and staff followed this plan.
- The management team during an assessment of a person noticed that they had developed pressure sores. The management team sent an urgent referral to ensure the person had a high-risk mattress in place to minimise the risk of the sores worsening.
- Family members were supported by the agency when their loved one had died. For example, the management team referred one relative to a local befriending service and the local hospice team for some additional support. Staff stayed with a relative following the death of their family member, to ensure they were not alone.
- The monthly newsletter that was sent out to people and relatives included information about local support centres and day centres; this was to improve and increase the well-being of people and their carers.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke highly of the registered managers and management team. They said the management team were approachable and easy to speak with. One person when speaking about the management team said, "Doing a good job leading an excellent team." A relative said, "It is an excellent company. If I ever need care I hope I am lucky enough to have carers like them."
- The registered managers were also the providers and were supported by a general manager and an assistant manager. Staff told us they felt there was an open culture where they were kept informed and their suggestions and ideas were listened to. Regular team meetings were held and communication briefings sent out to all staff enabling the opportunity to share best practice and enable staff to make suggestions for improvements.
- The registered managers were also nurses, this enabled referrals to be made requesting specialist equipment or support such as GP visits. There was a commitment to continuously learning and improving the agency. The management team attended various groups and forums where best practice and changes to legislation was shared.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers and the management team understood their responsibility in line with the duty of candour. The organisation had a policy and procedure in place which would be followed if something went wrong; this was to ensure all parties were open and honest.
- Systems were in place to ensure that any accidents or incidents and concerns were investigated to see if any lessons could be learnt to prevent a reoccurrence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The entire management and staff team were aware of their roles, responsibilities and who they were accountable to. The management team had submitted notifications to the CQC in line with their regulatory responsibility. Notifications are information we receive from the service when significant events happen, such the death of a person.
- Staff told us they felt proud to work for the organisation and felt valued in their role. Staff were given a job description and handbook which outlined their role and the expectations from the management team.
- Systems continued to be in place to monitor and improve the quality of the service people received. The

management team completed a range of audits which included, medicine records, daily report logs and incidents and accidents. Records showed if shortfalls were identified action was taken to prevent a reoccurrence. For example, staff were spoken to during their supervision when a medicine recording error had been identified; this had improved the number of recording errors.

- Senior staff continued to complete spot check visits, observing staff and speaking with people. These visits enabled staff to receive some feedback regarding their working practice, that had been observed. Following the care call the supervisor would speak to the person to listen to their views and comments. Action was taken when concerns had been identified for example, one person commented they had not been informed their care staff would be late. As a result, all care staff were reminded to contact the office if they were running late.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were involved in the development of the agency. Regular surveys were sent out to people, relatives, professionals and staff; these enabled people to give their feedback about the agency. Feedback from the July 2019 survey showed that people were happy with the care they received from the agency. A relative commented, "The carers are wonderful and the management is fantastic. They are a lifeline for both me and my parents."

- Feedback from the July 2019 staff survey showed that staff were happy in their role and felt proud to work for the organisation. One member of staff said, "I could not work for a better company, I feel so relaxed and happy here. They work with us, it is really nice that we are supported."

Working in partnership with others

- The management team had developed close links with external agencies such as Age Concern to offer people and relatives additional support and an increased quality of life.

- The staff team worked in partnership with health care professionals to promote people's health and well-being.