Newton Care Limited

Absolute Care - Westbourne

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This comprehensive inspection was announced and took place on 20 and 21 September 2017. We told the provider two working days before our visit that we would be coming to ensure that the people we needed to speak with would be available. This was the first Care Quality Commission inspection the service had received since the provider changed their registration. Prior to the inspection we had received some information of concern regarding the recruitment of staff, poor medicine management, staff not following the principles of The Mental Capacity Act 2005, missed visits and a lack of moving and handling training for staff. During the inspection we considered all of these concerns, our findings are identified in the full version of the report.

Absolute Care Westbourne provides personal care and support to people who live in their own homes. At the time of our inspection they were providing personal care to 45 people.

Absolute Care Westbourne has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received very positive feedback from people we met, and spoke with. They told us they were very satisfied with the service they received and said the staff were, kind, friendly, professional and caring. People told us they would be happy to recommend the service to their family and friends.

People's medicines were not always managed safely. There were systems in place for the management and administration of medicines but these had not always been followed. This meant that people may not always receive their medicines as they were prescribed.

The provider had a recruitment policy in place, however this had not always been followed and some staff records did not show a full recruitment check had been completed before they commenced employment at Absolute Care Westbourne.

Some staff had a basic understanding of the Mental Capacity Act 2005. However, where people did not have capacity to make their own decisions, staff had not completed an assessment and a best interests decision procedure for them. You can see what action we told the provider to take at the back of the full version of the report.

Management arrangements and quality monitoring systems at the service had not been implemented. The registered manager had begun to identify shortfalls within the service and there were action plans in place to start to address areas of weakness that had been identified. You can see what action we told the provider to take at the back of the full version of the report.

The service had recently improved their system of assessing the risks to the health and safety of people. Risk assessments were clear and gave good guidance for staff to follow.

Staff received regular supervision meetings, however some staff had not received an annual appraisal since they had commenced their employment at Absolute Care Westbourne. This was an area for improvement.

Staff received training to ensure they had the skills and knowledge they required to be able to provide care safely.

Staff knew people well and understood their needs and how they preferred their care and support to be given. People were kept informed of any changes to their timetable or if staff were running late. People told us they felt safe and had confidence in the staff.

People knew how to raise concerns and complaints and records showed that these were investigated and responded to. Staff understood how to protect people from possible abuse and how to whistleblow.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not always protected against the risks associated with the unsafe management and use of medicines.

The risks to people's health and safety whilst receiving care had been properly assessed.

Staff recruitment systems to ensure the suitability of care workers were not always followed consistently.

Systems were in place to protect people from harm and abuse. Staff knew how to recognise and report any concerns.

Is the service effective?

Requires Improvement

The service was not always effective.

People's rights were not always protected because some elements of The Mental Capacity Act 2005 were not followed.

Staff received induction and on going training to ensure that they were competent and could meet people's needs.

Staff received regular supervision to monitor performance and provide support and identify training needs. However, some staff had not received an annual appraisal since joining the service.

People were supported to have access to healthcare as necessary.

People were supported to eat and drink if this was required.

Is the service caring?

Good

The service was caring.

People received personalised care and support from staff who were motivated, kind and caring.

Staff understood how to support people to maintain their dignity

and treated people with respect.

Is the service responsive?

Good

The service was responsive.

People received the care they needed. Care plans reflected their individual needs and were regularly reviewed and updated.

The service had a complaints policy and complaints were responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Management and audit systems were not in place. Quality monitoring systems were not effective and had not identified weaknesses in the service.

There was a positive, open, supportive culture where people and staff were confident to report any concerns to the management team.

Absolute Care - Westbourne

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 checked 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 20 and 21 September 2017. One CQC inspector undertook the inspection and an expert by experience conducted telephone calls to 14 people who used the service and their relatives. 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 the inspection, the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service; this included incidents they had notified us about. Additionally, we contacted the local authority safeguarding team to obtain their views

We spoke with the owner, the registered manager, the human resources manager, the field operations manager, three members of staff and visited three people in their and homes and spoke with 14 people on the telephone. We looked at four people's care and support records, a selection of medicine administration records and reviewed staff meeting minutes. We also saw records about how the service was managed. These included three staff recruitment and monitoring records, staff rotas, the training schedule for all staff and three staff training records and a selection of the providers policies which included, recruitment, and safeguarding adults.

Requires Improvement

Is the service safe?

Our findings

All the people we spoke with told us they completely trusted the care staff and felt comfortable with them in their home. People said they really looked forward to their visits. People told us the staff were smart and easily recognisable in their uniforms and they valued their professionalism and skill. People said the staff were kind and treated them as individuals.

There were systems in place for the management and administration of medicines but these had not always been followed. Prior to the inspection we had received some information of concern regarding poor medicine management processes.

The manager told us about the new electronic medicine system that had recently been implemented. They explained it had been in use for two weeks and the staff were still getting used to it and finding some areas of weakness that they were in the process of addressing. Where people had handwritten medicine administration records these had not been signed as correct by two members of staff, to reduce the risk of errors being missed. This meant there was a risk that some people may not receive their medicines as prescribed. We discussed this with the owner and registered manager who told us they would improve their system to ensure all MAR's were checked and signed by two staff. They told us they would ensure these improvements would be made as soon as possible.

When creams and medicines were opened, staff put the opening date on the container to ensure the medicine was not given when it was out of date. However, when we checked the stock of people's medicines we found one person was being administered medicine that had expired. We raised this concern with the manager who told us they would arrange for the medicine to be removed and replaced.

Some people received their medicine 'as needed' (PRN). The provider did not have PRN medicine plans in place, staff noted on people's MAR when they had received their PRN medicine. However, this was not noted in a consistent way which could lead to confusion regarding how much medicine people had had administered to them.

The provider had recently added a system of body maps to be completed for people that had creams administered to their skin by staff. This system was in the process of being implemented for people who used the service. When completed the body maps would give clear direction for staff on where, how and how much cream staff were to administer for people.

The shortfalls in the management and administration of medicines to people were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not protected against the risks associated with the unsafe management and use of medicines.

Prior to the inspection we had received some information of concern regarding the systems operated by the provider for recruiting staff. There were systems in place to ensure that recruitment practices were safe but we found that these had not always been followed. All staff whose files we checked had not had their fitness

to work checked and employment histories for staff did not always contain full details. Some staff had gaps in their employment that had not been assessed by the provider. One staff record showed references had not been taken up before the member of staff had commenced employment at Absolute Care Westbourne.

These shortfalls were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because checks had not been consistently carried out to ensure that staff were suitable to work with vulnerable people.

The provider had validated identification for all members of staff and had ensured Disclosure and Barring Service (DBS) checks had been completed on staff to ensure they were suitable to provide care and support to people. The DBS is a national agency that keeps records of criminal convictions.

People were protected against the risks of potential abuse. Staff spoke knowledgeably about their responsibilities to keep people safe and protect them from harm. Staff were aware of the different types of abuse and how to raise any concerns. Staff had completed safeguarding adult's awareness training. The manager had made notifications to CQC of any concerns that they had reported to the local authority.

Clear risk management systems were in the process of being put in place. Risks assessments had been completed for fifty per cent of the people currently using the service. The provider had an action plan to complete the remaining fifty per cent as soon as possible. Risk assessments were detailed and covered a wide range of areas which included, a risk of falls, self neglect, environment, infection, mobility and moving and handling. This meant that the provider was in the process of undertaking steps to help ensure people's safety.

Accidents and incidents were recorded, however the manager told us this was an area they would be developing further. The current system did not highlight any investigation or analysis so that preventative action could be taken where possible. This is an area for improvement.

There were arrangements in place to keep people safe in an emergency. There was an out of hours on call system, where people could phone for assistance. Staff and people confirmed this system worked well and they had no concerns about using it.

Prior to the inspection we had received some information of concern regarding people not always receiving their scheduled visits. However, we did not identify this as an area of weakness. Every person we spoke with told us they had never had a 'missed call'. The registered manager discussed an incident with one person where an error had been made due to confusion over a surname. They confirmed this was the only missed call they were aware of.

There were enough staff employed to provide care for everyone they looked after. Rotas showed people had a named carer allocated for all calls. This meant that people always received care from staff who had been recruited and trained by Absolute Care Westbourne and there was no reliance on agency staff. People told us they always received their rota each week and they had no concerns about the staff allocated to them. One person told us, "I've got their phone number , I know it off by heart, I get my rota each week, but they are so good with their routine I never have to worry about it." People told us where possible their requests for specific staff were listened to and met. One person told us, "They all have their own personalities, I get the same two to three people each week, and I've got to know them all."

Staff said they had sufficient time to travel between visits and were given adequate time during their visits to ensure people were supported and cared for in the way they preferred. People confirmed staff spent time

with them and were not rushed or hurried. People told us that the carers took the time to chat and even do some extra small tasks. One person said, "They always have a look around to see if there's anything else that needs doing, like hanging up the washing, once they've finished with me."

Staff told us they were supplied with their personal protective equipment such as gloves and aprons and they had enough supplies to care and support people safely.

Requires Improvement

Is the service effective?

Our findings

People told us they felt they could rely on the service, that their needs were met and staff understood their roles. One relative told us, "I don't live locally, so I need to be able to trust them to make day-to-day decisions about dad, and I do." Another person said, "I would really like to praise the two receptionists. They are so efficient and reliable. They know who I am when I call and nothing is too much trouble."

Prior to the inspection we had received some information of concern regarding some staff not following the principles of The Mental Capacity Act 2005.

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 themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. Staff demonstrated they had a basic awareness of the MCA. Most of the people supported by staff had capacity to make their own day to day decisions. People told us that they made their own decisions and that staff respected these and carried out their instructions. However, where people may have lacked capacity to make a specific decision, such as taking their medicine or using safety gates to restrict their mobility to keep them safe, for example to prevent them falling down the stairs. The manager acknowledged that further work was required to ensure mental capacity assessments and best interests decisions were carried out as these had not been completed.

These shortfalls were a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the service was not always working within the principles of the MCA.

Prior to the inspection we had received some information of concern regarding staff not receiving appropriate moving and handling training. However, we did not identify any areas of weakness around staff training.

Staff told us they took part in a variety of training courses that ensured they were well trained to deliver effective support and care. People told us they felt the staff knew how to do their job. One person told us, "They are very good, always know what I want and how to do things."

We spoke to staff about the training they received. The induction was completed over a period of two to three days and covered 17 specific areas which included, infection control, safeguarding people, medicine management, moving and handling and food hygiene. These courses led to a nationally recognised qualification that was the same standard as the Care Certificate. The Care Certificate is a set of minimum

standards that social care and health workers use in their daily working life. Staff told us they completed a lot of their training through computer based courses, however, practical training such as moving and handling and learning how to use hoists were conducted on a face to face basis in small groups of staff. The provider used an independent training company to deliver specialist training courses. The training manager told us they were planning to do more specific training across a range of topics such as, dementia care, end of life care and diabetes. They would also be introducing staff champions for specific topics such as dementia and continence care and said some staff had already put themselves forward to be a champion.

Staff completed shadow shifts with experienced staff before supporting people on their own. Staff told us this had been very helpful and gave them confidence. One member of staff told us, "I feel so appreciated, they genuinely care about their staff, I'm confident with the training and always get trained before I get asked to do something." Another member of staff told us, "If I don't know something, I just ask, they always help me." People told us they felt all of the staff were well trained and competent. They confirmed that generally new staff shadowed a more experienced member of staff before supporting people independently. Two people said they had been visited by a new member of staff who came on their own, however they said they had been quite happy to explain what they needed to be done.

There was a system of support and supervision in place for staff. Supervision sessions were constructive, completed every six weeks and gave staff the opportunity to express any concerns they may have or to request further specific training. Annual appraisals had not been completed. The manager said this was an area they would be developing and everyone would have an annual appraisal by the end of the operational year. This is an area for improvement.

Staff meetings were conducted and minutes written up and displayed for staff to read if they had been unable to attend the meeting. The manager told us about the new electronic application system that the provider had recently implemented. Staff spoke very positively about this new communication system, they said, "It's really useful, it's so quick to get advice from others on it and it is so easy to leave notes for others, it makes communication really easy." Another member of staff said, "It has helped us feel like a proper team, the little messages really help with morale."

People were supported with their meals to ensure they had enough to eat and drink. Care plans gave clear detail on people's nutritional needs. For example, "I have a small appetite and I enjoy a varied diet, I would like my breakfast prepared for me. I like coffee with sugar, cereal and toast but please check with me before you prepare it…I like to have a jug of water by me during the day". People told us when they had their meals prepared for them they were always offered a choice of what they would like. They said the staff always made sure they had had a cup of tea or a cold drink if they wanted one. One person said, "They make a nice sandwich and do my tea just as I like it."

Most people managed their health care needs either independently or with family support. Records showed people were supported to maintain good health with visits from GP's, district nurses and chiropodists.

Good

Is the service caring?

Our findings

All of the people we spoke with were very complimentary about the staff and service provided by Absolute Care Westbourne. One person said, "Absolute Care, I call them absolutely marvellous!" One person told us, I'm so glad to get the chance to tell you what a fantastic difference they have made to my life." Another person told us, "They help me with things I can't do anymore around the house, but they're not cleaners, they're carers! That's what they really care about ,me." And, "[person]is a great carer because she talks to me as if I am a person with thoughts, opinions and ideas of my own. She doesn't 'look down' on me because I need help, and I don't 'look down' on her because she provides it."

Staff spoke knowledgeably about people and were able to tell us exactly how people preferred their care and support to be given. Care and support plans reflected this detail and were completed in accordance with how people liked their support to be given. People and relatives told us the staff were, caring, kind, professional and friendly. One person said, "They know me so well and they know how I like things done. I'm sure they must find me a pain sometimes, but they never let it show."

People told us staff respected their privacy and treated them with dignity when providing their personal care and support. One person said, "I would never have believed I could feel comfortable and unashamed while someone washed me. They are so down to earth, we have a laugh, but they are also very professional and so good at helping me feel at ease." People told us how staff ensured their privacy was respected by ensuring family members were aware when people were receiving their personal care.

One person told us how important their independence was to them. We saw this was reflected in their care plan which gave staff clear guidance on how to provide support for them. For example, their care plan stated, "On good days I am able to walk to the lounge with the aid of my frame but on bad days I will need carers to assist me and use the wheelchair." Another care plan stated, "I would like carers to encourage me to do as much as I can for myself but I will need carers to assist me with setting up tasks, for example placing the soap on the flannel."

People and relatives told us they felt involved in the delivery of care and support they received from Absolute Care Westbourne. One person told us, "I can just pick up the phone at any time and discuss things." One relative told us, "Mum hasn't got any family nearby anymore, so it's important to me that there's that strong link. Last month when mum wasn't well, they rang me regularly to let me know what was happening."

Good

Is the service responsive?

Our findings

People's needs were assessed before they began to receive a service. Care plans were clearly written and gave staff detailed guidance on how people preferred their care to be given. Care plans described what people were able to do for themselves and what activities they would need additional support with. For example, one care plan stated, "I need carers to support me with my foot hygiene and when I need my nails cut, to contact the GP surgery and arrange for the podiatrist to visit me" and "I would like carers to supervise me when I mobilize and be mindful that I have a history of falls. I would like carers to ensure my tripod stick is always within reach, I am wearing my lifeline and have my mobile phone with me and it is charged."

There was a system to ensure care and support plans were reviewed when people's needs changed. Care plans showed care and support provided to people was appropriate, consistent and met people's needs. People told us that the managers were accessible and responsive and had acted promptly and effectively when any changes had been required. One person told us, "I don't think we have had a review of mum's care plan, but we do chat regularly with the managers on the phone."

People told us staff provided them with support for a range of tasks. They said staff arrived on time and knew what support people needed and how they preferred it delivered. People told us they had a small group of staff, between five to seven who regularly visited them. They said they had got to know them well. One person told us, "It's like a friend walking in."

The manager told us people's care plans were constantly evolving due to the new electronic system that had just been installed. Staff told us, "I've had no problems with the new system, all tasks are easy, daily notes everything, it's all there and easy to understand." Care plans followed a straightforward format which included summarised information on people's social and medical history, daily living skills, washing and dressing, eating and drinking and mobility needs. Care plans gave staff clear, information that guided them to care and support people how they wished. For example, one person was diabetic and there was basic guidance included in their care plan for staff on recognising the symptoms of hypo and hyperglycaemic incidents. Some people required the use of a hoist to transfer from their bed to their chair. There were interim guidance sheets for staff included in people's care plans which gave staff diagrams and step by step instructions on how to correctly hoist people. The manager confirmed once a completed occupational therapist's report was received they would ensure full guidance regarding all hoisting and lifting procedures would be placed in people's care plans.

People told us they knew how to complain if they needed to and had guidance showing who they needed to contact if they had to raise a complaint. One person told us, "I raised a small complaint once, but it was all sorted out straight away, no bother." A complaints procedure was in place and the provider had recorded six formal complaints. These covered a range of topics such as incorrect positioning of rubbish in communal area's and inappropriate car parking. All complaints had been acknowledged, appropriately investigated and satisfactory outcomes communicated to all parties involved in the complaint. The provider had just started to keep a record of compliments they received.

Requires Improvement

Is the service well-led?

Our findings

Staff told us they felt well supported in their role. One staff member said, "It's been very good, everything is very well organised and I have been well looked after." Another member of staff told us, "The team work and organisation here is really good, there is no hesitation with any type of support, you don't feel you are on your own at all…It's nice to work somewhere that is so organised, it's lovely." One person told us, "The carer's couldn't do their jobs as well as they do, if they didn't have good systems in place. I can tell the girls who come to see me feel that they are well treated by the management, so they come to work happy and that rubs off on me."

There was not a programme of quality and safety audits in place. This meant the provider did not have a system in place to drive continuous improvement. We discussed this with the manager who acknowledged there was further work to be done around all areas of audit and quality assurance. They showed us the action plans that had been drawn up and told us there was a plan to introduce regular audits covering a range of areas which would include, medication, staff observations, accidents and incidents, complaints and compliments.

The provider acknowledged that their current monitoring systems and reviews had not identified the shortfalls found at this inspection which included, medication, recruitment, staff appraisal, The Mental Capacity Act 2005 and quality audits. We recommend the provider introduces an effective programme of audit and quality monitoring systems to ensure a process of continuous improvement is implemented.

The lack of quality audits and monitoring systems were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the start of the inspection the owner and manager explained the service had gone through a rapid level of growth in a relatively short space of time. This had led to the recruitment of a new management team that were in the process of implementing a variety of action plans across the service. The action plans, once completed would aim to ensure areas of weakness within the service would be identified and addressed. We will review the impact of these action plans at our next inspection.

People and staff told us they felt the service was well managed with a clear management structure. People described the service as, friendly, well organised, professional and caring. Staff spoke of the supportive, open and honest culture. Staff told us they found the whole staff team to be friendly, approachable and supportive. Staff said, "They are amazing at caring for people and their staff…they are always there for you."

People told us they were informally asked for their views on the service provided by Absolute Care Westbourne. Three people told us they thought they had been asked to complete quality assurance questionnaires. People said because they had good relationships with the care staff they felt confident their wishes and feelings were acknowledged and taken into account by the management team. They told us communication with the office and care staff was ,"Good." One member of staff said, "The communication is

brilliant." Records showed quality assurance questionnaires had been sent out to a selection of people in the previous twelve months and had been returned with positive comments. The manager told us they were reviewing the questionnaire and would be changing the format. They would then send these out by the end of the year to people and health professionals who used the service.

The manager had notified CQC of significant events such as safeguarding allegations as required by the regulations. Staff confirmed they knew how to raise concerns and whistle blow. They were confident that any issues they raised would be addressed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's rights were not protected because staff had not consistently acted in accordance with the Mental Capacity Act 2005.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected against the risks associated with the unsafe management and use of medicines.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems and processes had not been established to assess and monitor the quality and safety of the service provided.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Checks had not been consistently carried out to ensure that staff were suitable to work with vulnerable people.