

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

We inspected this service on 20 December 2016. The inspection was announced.

Absolute Home Care Kent Limited is a domiciliary care agency that provides personal care to people living in their own homes. The service focuses on independence, dignity, enhancing quality of life and supporting adults with end of life care. Palliative care otherwise known as end of life care is comfort care for people with serious illness which focuses on providing relief from the symptoms or pain of the illness. The office is situated in the centre of East Malling and the agency covered the West Kent area. At the time of our inspection they were supporting 57 people.

There were two registered managers in post who were also the providers at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received a service that was safe. Staff and the registered managers had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. The safety of staff who were working out in the community had been assessed with systems put into place to reduce the risk to staff. Risks to people's safety had been assessed and recorded with measures put into place to manage any hazards identified.

People received support and assistance from enough staff to fulfil their expected care packages and meet their assessed needs. Staff had received the training they required to meet people's needs including any specialist needs. Staff had a clear understanding of their roles and people's needs. Staff were supported in their role from the registered managers. Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support. However recruitment files did not always contain full employment histories for their employees. We have made a recommendation about this.

Where staff were involved in assisting people to manage their medicines, they did so safely. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely.

People's needs had been assessed to identify the care and support they required. Care and support was planned with people and reviewed to make sure people continued to have the support they needed. Detailed guidance was provided to staff within people's homes about how to provide all areas of the care and support people needed. People using the service were treated with kindness and compassion by staff who understood the importance of protecting people's privacy.

People were supported to remain as healthy as possible. Guidance was available within people's support plans to inform the staff of any specific health condition support. People were encouraged to maintain as much independence as possible.

Systems were in place for monitoring the quality and safety of the service and assessing people's experiences. These included spot checks, annual questionnaires and observation visits from a member of the management team. People were given the opportunity to raise any concerns or complaints they had as well as an opportunity to make any changes.

The registered managers offered visible leadership to the staff team and, met with people regularly to ensure that they were receiving a quality service.

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.

People felt safe when receiving support. Staff understood the importance of protecting people from abuse and the action to take if they suspected abuse.

Risks to the safety of people and staff were appropriately assessed and managed.

There was enough staff employed to meet people's needs. Safe recruitment procedures were in place to protect people from being supported by staff who were unsuitable.

People were supported to receive their medicines as prescribed by their GP.

Is the service effective?

Good ●

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act and used these in their everyday practice. Staff understood the importance of gaining consent from people before they delivered any care.

Staff received training to meet people's needs including any specialist needs. An induction and training programme was in place for all staff.

People were supported to remain as healthy as possible including maintaining their nutrition and hydration.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and compassionate. Staff protected people with privacy whilst protecting their dignity.

Information was available to people using the service.

People were involved in the development of their support plans.
People's personal preferences were recorded.

Is the service responsive?

The service was responsive.

People's needs were assessed recorded and reviewed.

People were included in decisions about their care and support.

A complaints policy and procedure was in place and available to people.

Good ●

Is the service well-led?

The service was well-led.

Peoples' views were sought to develop and improve the service people received.

There were effective systems for assessing, monitoring and developing the quality of the service being provided to people.

The registered managers' ensured effective communication between the management team and staff working within the community.

Good ●

Absolute Home Care Kent Limited

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 20 December 2016 and was announced. The inspection team consisted of three inspectors one of whom made phone calls to people and the relatives of people using the service. The provider was given 48 hours' notice because the service provides a domiciliary care service; we needed to be sure that one of the registered managers was available.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service they provide, what they do well and improvements they plan to make. We also looked at notifications about important events that had taken place at the agency, which the provider is required to tell us by law.

We spoke with five people and/or their relatives about their experience of the service they received from the agency. We spoke with three care staff, a supervisor, the manager and the registered manager to gain their views.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems, business continuity plans and the quality assurance system. We looked at six people's care files, five staff record files, the staff training programme, the support and supervision of staff and the statement of purpose.

Is the service safe?

Our findings

People told us they felt safe with the care they received from staff at the agency. Comments included, "The staff are wonderful, they are so good. I do feel safe when they are caring for me." And "I do feel safe with the staff they are all lovely." Relatives told us they felt their loved one was safe whilst being supported by the staff. One relative said, "The staff are very good and I am confident that they keep my mum safe." Another said, "I do feel he is in safe hands when the carers are here."

People were protected from the potential risk of abuse. There was a safeguarding policy in place, staff were aware of how to protect people and the action to take if they suspected abuse. Staff received annual training in the safeguarding of adults and children. The manager told us that although the agency did not provide any support to children, the staff maybe supporting people in the same house as children. Staff described the potential signs of abuse and what action they would take if they had any concerns including reporting it to the registered manager and their line manager. Staff said they were confident that any concerns they raised would be taken seriously by either of the registered managers and any member of the management team.

Potential risks to people in their everyday lives had been assessed and recorded. For example support with personal care tasks, monitoring people's health, mobility, the environment and infection control. Each risk had been assessed on an individual basis, recording the risk level and the action staff should take to minimise the risk occurring. The risk assessments were regularly reviewed and updated when necessary. Accidents and incidents involving people and staff were monitored and recorded. These had been investigated by a member of the management team with any follow up action or outcomes recorded.

Risks relating to the registered office had been assessed and recorded such as, slips, trips and falls, fire, manual handling loads and lone working out of hours. A health and safety policy and procedure was in place, which included the action to take in the event of an emergency such as a fire or flood. Risks relating to people and staff were monitored and recorded such as risk to the internal and external areas of a person's home. Guidance and control measures had been recorded for staff to follow when a risk had been identified.

There was enough staff with the right skills and experience employed to meet people's assessed needs. The registered manager told us that, as a provider they currently had a waiting list for people who wanted to use the agency. However, the providers had made a decision to keep the number of people they supported at a stable rate to ensure a personalised service to each individual.

Recruitment files kept at the registered office did not contain the information required under schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Three of the five files we checked did not contain the full employment history of the applicant with any gaps in employment explored. Initial checks were carried out to make sure staff were suitable to work with people who needed care and support. These included obtaining suitable references and completing a Disclose and Baring Service (DBS) background check. These check employment histories and considering applicant's health to

help ensure they were safe to work at the service. Each file contained a personnel checklist which had been used as a reference guide for the management team.

We recommend that the provider explores and records staff's gaps in employment in line with schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to manage their medicines safely if this was part of their care package. One person said, "They (staff) give me my medication, it arrives in dosset boxes from the chemist. They (staff) give me my pills morning and evening." A medicines policy and procedure is in place which staff followed. Staff received training in the safe administration of medicines. Some people using the service administered their own medicines. People who were supported by staff to take their medicines had a medication administration record (MAR) chart in place which the staff signed once people had been supported to take their medicines. Medicine errors that had occurred had been recorded, reported and investigated. People told us that if they required any topical medicines (creams applied to the skin) the staff would always wear gloves. Personal protective equipment (PPE) is used to reduce the risk of cross contamination and promote infection control.

Is the service effective?

Our findings

People told us they received the support they required from the staff when they needed it. One person said, "Generally the staff are very good they know what I need help with. They never rush me." Another said, "Most of the staff know what I need to be done, but if they are new I explain." A relative said, "The staff know what they are doing, they always ask me how mum is before they start." Another said, "The staff know how and what to do. If we do get someone new they always read through the care plan before they start."

Staff understood the care they should be providing to individual people as they followed detailed care plans. Care plans were left at people's homes for staff to follow and staff confirmed to us that these were in place and kept up to date. One member of staff said, "Within reason we get the same clients so we get to know them well." Another said, "At the start of every call we read the care plan to check there has been no changes."

The care people received was fully recorded by staff. We could see that staff notes of care delivered reflected the care required in people's assessment of need. For example, if people had dementia staff assisted them with making sure items like towels and clothes were kept in the same places and how to respond to issues of memory loss. Staff were also provided with hands on practice for moving and handling people so that they could use equipment safely. One member of staff said, "Communication is really good we normally get the care plans to read before we get anywhere near a new client so we know their needs."

At the time of our inspection the agency was providing food and drink to some people using the service and other people were being supported with this by their relatives. However, staff were supporting people to maintain their nutrition and hydration through assisting them to prepare drinks and heat meals, we found that people were happy with the way food was presented by staff. One person said, "Staff do help heat up frozen meals and dish them up." Staff told us how they did this in line with people's assessed needs. Staff told us they understood the importance of assisting people to eat and drink enough. Food hygiene training was provided to staff to enable them to understand food safety and hygiene.

Staff had received training in relation to protecting people's rights. This prepared them for any situation where they may think the Mental Capacity Act (MCA) 2005 needed to be considered as part of someone's care. For example, if people developed dementia and were no longer able to understand why the care was provided or their safety at home could not be protected. People had recorded their consent to receive the care in their care plan and staff gained verbal consent at each visit. Gaining consent from people before care was delivered happened routinely. People were free to do as they wished in their own homes. Records demonstrated that the registered manager and the manager had a good understanding of the Mental Capacity Act (MCA) 2005. There was an up to date policy in place covering mental capacity which staff followed.

When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised or they assisted the person to call themselves. Staff were able to give us examples of situations

where they had referred people to GP's or other health and social care professionals.

Staff records demonstrated that new staff were provided with training as soon as they started working at the service. Staff received a comprehensive induction when they started working for the service. They were able to become familiar with the needs of the people they would be providing care for. Staff confirmed they received a good standard of induction. The registered managers and manager wanted staff to have the skills and support they needed to do their jobs well. Records showed that when new staff started they would begin training using the Care Certificate Standards. These are nationally recognised training and competency standards for adult social care services. Staff records demonstrated that new staff were provided with training as soon as they started working at the service. They were able to become familiar with the needs of the people they would be providing care for. New staff needed to be signed off as competent by the manager at the end of their induction to ensure they had reached an appropriate standard. One member of staff said, "I've done so much training since I started in April 2016, there are good systems in place to keep this up to date."

The manager used a range of methods to ensure that staff could develop the right skills for their role. They provided competency checks for staff which challenged them to say how they would maintain standards in relation to dignity and privacy, administering medicines and keeping people safe. Hands on training was provided for things like safe moving and handling, using a hoist and moving people with slide sheets or other safety aids. We saw documented evidence that staff attended awareness training in dementia, diabetes and visual impairment. These were relevant to the care being delivered and ensured staff understood people's needs.

Staff supervisions were recorded and the manager gave guidance to improve staff knowledge. When the manager met with staff they asked them questions about their performance. Staff had been asked how they deal with health and safety concerns.

The manager had a plan in place to ensure that all staff received an annual appraisal. This gave staff the opportunity to discuss what had gone well for them over the previous year, where they had weaknesses in their skills and enabled them to plan their training and development for the coming year.

Is the service caring?

Our findings

People told us the staff were kind and compassionate. One person said, "I find the staff extremely nice. They do anything I ask them, we have a laugh. I look forward to their visits, they definitely treat me with respect." Another said, "The staff are lovely and I do feel my wishes are respected." A relative said, "The staff are absolutely kind, compassionate and they certainly do show my mum respect."

Staff told us and people confirmed that they treated people with dignity whilst maintaining their privacy. When they spoke to us they displayed the right attitude, staff showed genuine concern for people's wellbeing. Staff told us about the things they did to make sure people had everything they needed before they delivered personal care. Staff said, "We always chat to people, the clients direct their own care and we allow them to make sure the shower water temperatures are how they like it before we assist". "This is a client driven service, we try and make people feel loved." One person said, "I can be different day to day, but the staff are flexible and do what I ask them to do for me." A relative said, "The staff are very patient with mum, they take their time with her."

Information was given to people about how their care would be provided. People and their relatives told us they had been involved in the development of their care plan. People signed their care plan. Each person had received a statement setting out what care the service would provide for them, what times staff would arrive and information about staff skills and experience. People's preferred names were recorded in their care plans and staff used these when they addressed people.

People's right to remain independent was respected and recorded. The care plans clearly identified what people could choose to do themselves and where staff needed to intervene to assist them. What people thought about their care was incorporated into their care plans which were individualised and well written. They clearly set out what care the staff would provide.

People told us they had been asked about their views and experiences of using the service. One person said, "I have had a questionnaire to complete, which I am happy to do, the care is so good." A relative said, "I have at least a weekly dialog with the agency, they are very good at communication." We found that the registered manager used a range of methods to collect feedback from people. These included asking people at face-to-face meetings, during staff spot checks, calling people by telephone to ask their views and sending people questionnaires.

Information about people was kept securely in the office and the access was restricted to senior staff. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office. Staff understood their responsibility to maintain people's confidentiality.

Is the service responsive?

Our findings

People told us they received the support they needed when they wanted it. People told us the staff were reliable, on time and stayed for the length of their call. One relative told us that they felt the agency was "very responsive" to their loved ones needs.

An initial assessment was completed with people and a member of the management team before the service could commence. People's needs were assessed using a range of information to develop a care plan for staff to follow. Care plans were individualised and focused on areas of the care and support people needed.

Records showed and people told us that they had been asked their views about their care. Reviews of the care plans were scheduled in advance, but could also be completed at any time if the person's needs changed. We could see that care plan reviews had taken place as planned and that these had been recorded. Staff told us care plans were kept up to date and that they checked people's daily records for any changes that had been recorded. The registered manager reviewed people's care notes to ensure that people's needs were being met.

People told us they knew how to make a complaint and who to speak to if they were unhappy. One person said, "I would ring the agency straight away if anything was amiss. I know they would listen and sort out anything that needed to be done." Systems were in place to make sure that people's concerns were dealt with promptly before they became complaints. There was regular contact between people using the service and the management team. The registered manager always tried to improve people's experiences of the service by asking for and responding to feedback.

A complaints policy and procedure was in place which detailed how people could make a complaint and the action that would be taken in the event of a complaint or concerns being raised. Information about how to make a complaint was recorded within the service user guide which was given to people when they started to use the service. There had not been any formal complaints in the past 12 months prior to our inspection. A record was kept of informal concerns that had been made by people using the service such as the bed not being made or having their call time changed. These had been investigated by a member of the management team and action taken to resolve the issue.

The provider had received a 16 compliments over the past 12 months from people using the service or their relatives in the form of cards or letters. One letter read, 'Without your guidance, forward thinking and ability to react swiftly to his increasing care requirements, we would have been truly lost.' Another read, 'Many thanks again to you and all the carers who spent time with (loved one).' A third read, 'I just wanted to say thank you so much for all your help and support with (loved one).'

Is the service well-led?

Our findings

People told us they knew the registered managers and felt the service was well run. Comments included, "I do think they do a wonderful job." Another said, "I think the service is very well run." A relative said, "The service itself and the way they communicate is excellent." Staff spoke highly of the registered managers' and the communication. They said, "Communication is good, we constantly get updated information and see care plans before we deliver care." "Communication is two way with managers they are always available to listen and assist. We can go to any manager for help." "Both registered managers (the providers) are compassionate about clients and staff."

Managers met with staff regularly to gain their views about the service. Staff meetings led to improvements in people's care and promoted a better understanding for staff, of their job roles within the care teams. Records showed there had been five team meetings to date in 2016. These meetings, whether group or individual, gave managers and staff the opportunity to discuss issues affecting their work. External trainers and organisations were invited to give presentations to staff at team meetings to maintain staff skills and understanding in social care. For example, people with specialist knowledge of diabetes or visual impairments. Staff told us that these meetings were useful and that they were listened to. For example, the colour of the medicines administration recording sheets (MAR) had been changed at the request of staff to make it easily identifiable from other paperwork. The registered manager told us that staff received training about catheter and stoma care awareness as part of their development. When we spoke to staff they confirmed that a meeting and further training was being arranged.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. All staff had an on-line log in to policies and they could also access these at the office. Staff we spoke with confirmed they were kept up to date with changes in policies. The policies protected staff who wanted to raise concerns about practice within the service. Staff told us they understood the organisations policies about keeping people safe and when they would use these. For example the Whistleblowing policy. Staff were able to describe how this policy and the safeguarding policy worked in practice.

The registered manager, nominated individual, and other senior staff provided leadership in overseeing the care given and provided support and guidance where needed. Feedback about the service was indicative of a well led service.

Staff spoke positively about the service and felt that it was well led. Staff told us how easy it was for them to contact managers from the office for advice and to report any issues they may have when delivering care. The registered manager and nominated individual were experienced nurses by background and had maintained their registration. The service delivery schedules/rotas were detailed and clear for staff to follow. This meant that the service was keeping up to date with good practice.

Our discussion with the manager confirmed there were systems in place to monitor and review any concerns about abuse, accidents, incidents and complaints. Accident audit reports provided an analysis of

accidents and identified any themes. Audits included responsive actions and lessons learnt.

People and their relatives were asked for their feedback more formally by questionnaire, these were sent out annually. Satisfaction rating with the service was high. Comments from the 2016 survey included, 'First class service.' Another read, 'I feel safe, only have to call out. I don't know where I would get a better service.' A third read, 'All ladies extremely pleasant and helpful.' Results were collated and feedback to people through the quarterly newsletter. Comments and suggestions were actioned such as informing people about additional services within the local community. Any information that the staff needed to know was sent through to them. People were visited for a service quality check at least every six months by the registered managers or manager as part of the quality checking process. Prior to our inspection, 46 quality visits had been carried out. People were asked about their satisfaction with their care and if they would like any changes. People's comments included, 'I am very pleased with the staff, they go out of their way to help.' People's thoughts were collated and areas for improvement were fed back to staff and through the provider's newsletter.

Annual questionnaires were sent to staff for their feedback about the agency. Comments included, 'Excellent company to work for, management always here to help.' Another said, 'Good company to work for, very good support on the end of the phone at all times.' A third read, 'I feel fully involved and listened to. Information received is fantastic. When things change I am informed very quickly.' Staff were asked for ways in which the agency could be improved.

The registered managers' and the management team had a clear understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person had died or had an accident. The service had not had any incidents which were notifiable.