

Newton Care Limited

Absolute Care - Westbourne

Inspection report

Ground floor, Grove House
Milburn Road
Bournemouth
Dorset
BH4 9HJ

Tel: 01202757515

Website: www.absolute-care.org.uk

Date of inspection visit:

05 October 2018

08 October 2018

09 October 2018

Date of publication:

30 October 2018

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

Absolute Care - Westbourne is a domiciliary care agency. It provides care to people living in their own houses and flats in the community. The inspection took place on 5, 8 and 9 October 2018 and was announced. We gave the provider one working days' notice to ensure people and staff we needed to speak with were available. At the time of the inspection visit Absolute Care provided care and support for 36 people living in their own homes. All of the care packages were privately funded.

Not everyone using Absolute Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

Our previous inspection of the service carried out in September 2017, identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. These included people's rights not being protected because staff had not consistently acted in accordance with the mental Capacity Act 2005, people not always being protected against the risks associated with the unsafe management and use of medicines. Effective systems and processes had not been established to assess and monitor the quality and safety of the service and checks had not been consistently carried out to ensure that staff were suitable to work with vulnerable people. At this inspection we found the provider had made many improvements to ensure all of the regulations were met. These improvements included a total revision of the processes used to recruit and train staff, specific training for all staff around The Mental Capacity Act 2005 and the management and use of medicines and a robust programme of quality monitoring systems and process that ensured the management team had full oversight of the service and had effective governance processes in place.

People gave positive views and were very satisfied with the quality of service they received from Absolute Care. People told us, "I would recommend them, they have been very good" and "On the whole they are pretty good, I can't fault them."

Staff spoke knowledgeably about maintaining people's safety and knew how to identify and raise concerns regarding any potential abuse. Every person we spoke with told us they felt safe with all the care staff employed by Absolute Care. They said care staff treated them with respect, and were friendly, kind and gentle when supporting them.

Staff told us they felt well supported in their roles and enjoyed their work. One staff member told us, "I

received really good support all through my induction. I felt very well prepared when I started to provide care to people on my own. The shadowing process worked very well." Staff expressed confidence in the management team and said there was an effective management structure in place that ensured they were listened to and fully supported in all areas of their roles.

People and staff spoke of an open, honest and caring culture that was available for them and said there was always someone they could speak to at any time, if they needed further advice and guidance. Staff were consistently well supported by a clear system of supervision, observations, spot checks and annual appraisals.

There was a robust recruitment and induction process for staff which ensured people were cared and supported by staff who had been safely recruited.

People told us staff were well trained and knowledgeable and delivered their care and support in the way they preferred. Training was delivered regularly through the use of independent training companies and electronic systems. Staff said they found the training useful and thorough.

The provider had a strong focus on the use of technology and how its' use could improve people's experience of the care and support they received. The use of technology supported the provider to plan, deliver and monitor people's care. This led to people receiving safe, effective and responsive care and support.

Medicines were managed safely. There were clear medicine management systems in place which ensured care staff were provided with accurate, up to date information in order to support and administer medicines to people.

People's rights were protected because staff and management had received appropriate training and had a good working knowledge of the Mental Capacity Act 2005. People's consent to their care had been sought in line with legislation and guidance.

People told us they received good, personalised care and support from a regular staff team who knew them well. People and staff received weekly rotas that showed which member of care staff was delivering the care and at what time. People and care staff told us visit times gave care staff enough time to complete their role and travel times between visits were realistic.

There were systems in place to protect people and the security of their home when they received their care and support. Care staff wore uniforms and carried identification to ensure people knew who they were.

People and staff told us communication within the company was good. Staff spoke positively of the different communication systems in place which they found, "Very useful." People confirmed they were kept informed if care staff were running a little late. One person told us, "If they are ever running a bit late, I get a call from the girls at the office to let me now. It works well."

There were quality assurance systems and a range of policies and procedures to enable people to receive safe, effective care and support in their own homes. People's views on the service were regularly sought. These views were then reviewed and analysed to monitor the level of service provided and drive forward improvement.

People knew how and who to complain to if they needed to. The provider had a complaints policy which

gave people clear guidance and timescales to follow if they needed to complain. Complaints had been investigated and acted upon in accordance with the providers' complaints policy.

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 had been safeguarded from the risk of abuse.

Risks to people had been identified. Measures were in place to manage risks whilst still supporting people to remain as independent as possible.

People's medicines were managed safely for them by trained and competent staff.

Is the service effective?

Good ●

The Service was effective.

People were supported by staff who were themselves supported through regular supervision and training.

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.

Staff had formed strong caring relationships with people who used the service. They took time to listen to people and got to know them.

People told us staff involved and consulted them about how they wished their care to be provided.

People's dignity and privacy was preserved at all times.

Is the service responsive?

Good ●

The service was responsive.

People told us they received personalised care from staff who

understood their care needs well.

The service was flexible and responsive to changes in people's needs.

Concerns and complaints were investigated and responded to in good time by the provider.

Is the service well-led?

The service was well led.

The provider had created a positive, open and supportive culture which placed staff and people at the heart of the service.

Staff felt well supported by the management team and felt comfortable to raise concerns if needed and felt confident they would be listened to.

The provider had audits in place to monitor the quality of the service provided and kept up to date with changes in practice.

Good ●

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 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.

The inspection took place on 5, 8 and 9 October 2018, and included visits and phone calls to people who use the service. We told the service one day before our visit that we would be coming to ensure the people we needed to talk to would be available. This inspection was conducted by one Care Quality Commission inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This 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 reviewed the information included in the PIR along with information we held about the service; this included incidents they had notified us about. We also looked at the information we had received from notifications made to us by the service. A notification is information about important events which the provider is required to tell us about by law. Additionally, we contacted four Health Care professionals to obtain their views of the service.

During the inspection we visited four people in their homes and spoke with another ten people on the telephone who used the service. We spoke with three members of office staff and three members of care staff. We checked four people's care and medicine records in the office and with their permission, the records kept in their home when we visited them. We also saw records about how the service was managed. These included four staff recruitment and monitoring records, staff rotas, training records, audits and quality assurance records and complaints as well as a range of the provider's policies and procedures.

Is the service safe?

Our findings

We asked people if they felt safe with the care staff. People replied, "Oh yes" and "I know them all, I feel very safe." Another person showed us their care staff rota and told us, "I get this each week so I know what time they are coming, The names sometimes change but I know them anyway."

At the last inspection, completed in September 2017 we found improvements were needed to ensure that people were protected against the risks associated with unsafe management and use of medicines. We had also found shortfalls with the providers recruitment processes which had not been consistently carried out to ensure that staff were suitable to work with vulnerable people. At this inspection we found the provider had made the necessary improvements to ensure people were administered their medicines safely and were protected against risks associated with the administration and management of medicines. We also found the provider had implemented a robust staff recruitment system which ensured staff were suitable to work with vulnerable people.

People were kept safe by staff who understood their role and responsibility regarding safeguarding procedures. Staff spoke knowledgeably about protecting people from abuse and how to recognise the different signs of potential abuse. The registered manager had made relevant referrals regarding safeguarding concerns and there were policies and systems in place which provided clear guidance for staff.

Risk assessments were in place to support people to remain safe whilst retaining as much independence as possible. People's risk assessments reflected their abilities and included how people wished to be supported. If people were at risk of falling and had the use of a lifeline emergency call device, this was referred to in their care records. People's home environment had been assessed to ensure people and staff were protected from avoidable risk. These were detailed and covered all areas such as, external risks such as safe car parking, adequate lighting and availability of mobile phone signal, environmental living risks, infection control and moving and handling risks. For example, some people needed oxygen to help them breath more easily. The risk assessment for these people stated, "Carers are not to take any smoking paraphernalia such as lighters into people's homes or use a naked flame in the home."

There was a system in place to record, review and analyse accidents and incidents. We discussed how developing trends were highlighted with the registered manager. They told us they reviewed each incident and were then able to identify any developing trends and put in place preventative action if required.

There were arrangements in place to keep people safe in an emergency. There was an out of hours call system in place for people who used the service and staff to contact in emergencies or where they needed additional support. The provider had completed a risk rating on each person to ensure people were prioritised safely in the event of an emergency. This system had been tested and had worked well during the previous winter and had ensured all vulnerable people had continued to receive their care and support during the period.

Staff signed in and out of their visits through an app on their mobile phones. Staff told us if visits needed

more time the office staff would ensure a back up service was provided so that people were not left for long periods waiting for their care staff. This allowed office staff to identify any particular issues that may arise and allow additional time to be allocated if required. Care staff told us the system worked well and if people needed more time to receive their care and support safely this was then scheduled.

People confirmed there were enough staff with the right skills and knowledge to support and meet their needs. They said they received their care at the right time and care staff were rarely late, they told us they received a phone call from the office staff if their care staff had been held up and may be a little late arriving at their visit. One person told us, "They are very punctual. I get a schedule each week and it works well." Another person told us, "If they are running a little late they let us know, the office always call us. They are all well trained and know exactly how we like things done. We have never had a missed call, someone always turns up."

Staff told us they were given realistic travel times to ensure they reached their people on time. Lengths of visits started at fifteen minutes, staff said they were given sufficient time during their visits to give people quality support and care. People told us care staff spent time with them, did not rush and checked to make sure they had everything they needed before leaving them. One person told us, "They are all wonderful, charming and very capable." Another person told us, "I only have to mention something may need doing and they do it straight away. I'm very fortunate to have them."

Following the inspection in September 2017 the provider had implemented robust recruitment procedures to ensure all staff were recruited safely. We looked at the recruitment files for four recently recruited members of staff and found that the relevant checks had been completed before staff started working at the service. These checks included up to date criminal record checks, photographic confirmation of identity, full employment histories, fitness to work statements and previous employment references. Recruitment risks would be fully documented and investigated. This made sure that people were protected as far as possible from individuals who were known to be unsuitable to work in the care industry.

People's medicines were managed and administered safely. Staff were trained in administering medicines and their training was updated regularly to ensure they remained competent to administer medicines. Staff had spot checks completed on them which included medicine administration and infection control procedures. People told us care staff helped them with their medicines which ensured they received their medicines safely and as required.

Where people had prescribed creams, there were body maps in place with clear instructions for staff on how to apply these. People's medicine administration records (MAR) contained sufficient detail and were complete. There was a system for staff to follow if people were having 'PRN' as needed medicines, such as pain reducing tablets. This meant the amount of 'PRN' medicine people received was recorded to help keep people safe. People's allergies were clearly recorded.

Staff were supplied with their personal protective equipment such as gloves and aprons to ensure they were able to care and support people safely. Spot check observations conducted on staff covered the appropriate use of PPE and their understanding of infection control processes. People confirmed care staff wore their personal protective equipment which ensured the risk of cross infection was minimised.

Is the service effective?

Our findings

At the last inspection we found improvements were needed to ensure people's rights were consistently protected because staff had not consistently acted in accordance with the Mental Capacity Act 2005. At this inspection we found staff had a good working knowledge of the principles of the Mental Capacity Act 2005 and people's rights were protected.

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.

People's rights were protected because the staff acted in accordance with the MCA. Staff had a good awareness of the MCA and how it affected their work and had all received training in The Mental Capacity Act 2005. Most of the people supported by staff had capacity to make their own day to day decisions. Where people lacked capacity, they had mental capacity assessments and best interests decisions completed for them which had involved appropriate individuals such as health professionals, relatives and senior care staff. People and their relatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided.

There was a system in place to assess people's health and care needs to ensure they received effective support. Initial assessment visits outlined specific care needs tailored to each person which reflected their individual health needs and preferences. People received regular reviews and their care plans and records were updated when required to reflect their ongoing care and support. One person told us, "They always check everything is all ok. Just today one of the office girls came to see me to see everything was all ok." Staff knew people well, had good working relationships with healthcare professionals and spoke knowledgably about what action they had taken to ensure people received effective care.

People were supported with their health care needs and any changes in their health were discussed with them and a referral to their GP or other health care professionals were made if required. Staff made relevant, timely referrals to external services which ensured people received effective continuous care and support to maintain or improve their on going health care needs.

People were supported by staff who had received a range of training to develop the skills and knowledge they required. Staff completed an induction and training programme which focused on all areas of training and development for staff. Staff undertook the Care Certificate during their probation period. The care certificate is a nationally recognised training programme that sets out the knowledge, skills and behaviours expected of specific job roles in health and social care. Staff confirmed they shadowed more experienced staff for a while before they started to care and support people on their own. One member of staff told us, "I found the shadowing process really useful. It meant I could get to know the people well and shadowing 5-6

carers meant I could see how different every carer was. It gave me the confidence to develop my own style and I was given so much help and tips from staff it really helped me understand how to do things correctly."

We asked staff for their views on the training they had received from Absolute Care. Staff replied, "The training is quite comprehensive. It has been brilliant, especially learning about the specialised subjects such as end of life care and dementia. If we have an interest we can request training for it. There is no problem requesting additional training and I really enjoy it. And "The training has been very good, I've learnt so much."

There was a clear system which showed what training courses staff had completed and which courses were scheduled for the future. Training completed by staff included safeguarding, infection control, medicine management, Dols and The Mental Capacity Act 2005, moving and handling, fluids and nutrition and end of life care.

Staff told us they felt very well supported by the management team. Staff received regular support and guidance through a variety of methods. These included one to one supervision sessions, observation visits, annual appraisals and competency assessments. Staff told us they found supervision meetings supportive and helpful. With their consent we observed two staff receiving feedback from their recent spot checks and observations sessions. These were conducted positively and in a supportive way, focusing on how well the member of staff had completed their tasks and offering further support and training if needed.

People were supported to make sure they had enough to eat and drink. Care plans gave clear guidance on how people would like their meals prepared for them and what drinks they liked. Care plans outlined any eating and drinking risks people may have and gave clear guidance for staff on supporting people with their nutrition. For example, "I like to prepare my own food but I may ask carers to support me with my meal, snack or drink preparations." And "I have a very good appetite and I eat a varied balanced diet. I have no swallowing or choking concerns and I am able to eat and drink independently."

Is the service caring?

Our findings

All the people we spoke with praised the staff and the service they received from Absolute Care. People said care staff were professional, kind, friendly and caring. Comments we received included, "They have been simply excellent." And "They have been wonderful. They all know how I like things done" and "I'm quite satisfied, they turn up on the dot of 9.00am and do everything well. I know them all and I'm very happy. It suits me down to the ground." One person we visited told us, "I couldn't do without them at all, they are what they say, absolute care and they are absolutely marvellous."

All staff received diversity and equality training which they found useful and interesting. Staff spoke knowledgeably about treating people equally and fairly and ensuring people were given choice around all aspects of care they received.

Staff knew people well and gave good examples of how they ensured people's respect, privacy and dignity was maintained, such as ensuring curtains and bedroom doors were closed when people were being supported with personal care. People were supported to maintain their independence as much as possible. One person said, "Having them visit gives me so much confidence. I am happy to try and move around much more when they are here and that makes me feel so much better."

People's wishes were respected with the daily choices they made. They confirmed the care staff respected their privacy at all times and always asked their opinion on how they preferred their support to be given. People's different cultures and religious beliefs were recognised and respected.

People and their relatives were involved in their care. One relative told us, "They have been very good at letting me know if there are any problems. It takes all the worry away."

There were good communication systems in place for staff and people. People consistently told us they would receive a telephone call if there were any problems with staff being a little late or if there were going to be any changes with their care and support. One person quoted the provider's office telephone number off by heart. They said, "Oh they are always so very good, I can phone them at any time they always have time for me. Everyone is so approachable and helpful, I really can't fault them at all."

Is the service responsive?

Our findings

People told us care staff knew how they preferred their care and support to be given. One person said, "They know just how I like everything done, it's good." Another person told us, "They listen to me. There was a time when I had a carer that I didn't want to return. I spoke to the office staff and it was sorted straight away, no trouble at all. I wouldn't change them for anything."

Before people started to receive a service from Absolute Care people's needs were assessed. This meant the service could be sure they had staff with the right knowledge, skills and experience to provide people with safe and effective care and support. People and relatives told us they had been involved in compiling their care and support records. This ensured care records contained personalised information that enabled care staff to care for people as they preferred.

During our visits to people we reviewed their care plans which were kept in their home. People confirmed that staff updated their care records when their care needs changed. Care plans were clearly written, detailed and gave good explanations for care staff regarding how people would like their care and support to be given. For example one person's care records stated, "I am a very capable person but I experience generalised anxiety and I have lost my confidence please provide me with encouragement...please encourage me to be as independent as possible when bathing." Another person's care plan stated, "I am able to wash my face and front independently, please encourage me to do so...please confirm if I would like my hair washed. If I do please support me with washing my hair over the sink."

People received their specific care and support as outlined in their care plans. Where people needed additional equipment and checks to maintain their health and wellbeing we saw these were in place. Where people were at risk of developing pressure sores we saw they had access to the relevant pressure relieving cushions and mattresses to prevent such risks occurring. Some people wore safety pendants to alert people if they fell or had an emergency; we saw clear prompts were included in care plans for staff to make sure people's pendants were in place or in an area where people could reach them easily.

If people had specific health needs in relation to moving and handling, clear, detailed information was included in their care plans to ensure staff mobilised the person safely, and in the way they preferred.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager explained how staff cared for people with hearing and sight loss. Care plans for these people prompted staff to ensure people understood what was being explained to them. Staff explained they allowed people to speak at their own pace, did not rush them and checked they had understood them correctly. The registered manager told us about a hearing device that one person used. The device amplified conversation while reducing background noise. This had led to a huge beneficial change for the person who could now hear all conversations and felt fully involved in their care and support.

We asked staff their views on the mobile phone application. All staff told us they found the system really easy to use and very useful. One member of staff said, "It's so good, we just sign in and out with it and everybody's information is on there and it is so clear. It works so well. The updates are clear so we know any changes as they happen, it's so easy." The system gave staff instant access to up to date information for people which helped ensure people received responsive, personalised care.

People told us they knew the procedure if they needed to complain. The provider had a clear complaints, suggestions and compliments policy that was included in people's welcome pack. The provider had received six complaints since the previous inspection. We reviewed these complaints and saw each complaint had been thoroughly investigated and actioned in accordance with the provider's complaint policy.

The provider had a system in place to ensure people were protected from discrimination. Staff spoke knowledgeably regarding the providers' equality and diversity policy that ensured people and staff were treated equally and fairly.

Records showed that people who had been supported by Absolute Care at the end of their lives had been fully involved where possible in their care planning. This ensured their choices and wishes were taken into account. Staff had established strong and effective relationships with people's health care professional such as GPs, pharmacies and nurses which ensured a seamless approach to end of life care. People had completed Do Not Attempt Resuscitation (DNAR) documents in place and Advanced Directives which gave clear guidance on how they would like to be treated when they were nearing the end of their life.

Is the service well-led?

Our findings

At the last inspection we found improvements were needed in all areas of governance. This was because the provider did not have effective systems and processes established to assess and monitor the quality and safety of the service provided. At this inspection we found the provider had implemented a range of robust quality monitoring systems to ensure the quality and safety of the service was maintained. The provider had good governance procedures and had clear oversight of the business.

The service had an open, honest and supportive culture. People and staff told us they felt the service was well managed and with a clear, management structure and management team that were approachable and supportive. Staff felt very supported in all areas of their roles and commented very positively on the management team. One member of care staff told us, "I love it...communication is really good here and all the staff are supported so well. I feel listened to and they are always quick to act on any concerns or worries I have. I'm comfortable to put forward suggestions for easier ways of working and know they will listen to me. It's all very well managed." Another member of staff said, "I've never had any issues. The management team are prepared to cover any eventualities and you never feel on your own. We are constantly offered additional training and they are so encouraging, positive and supportive. They have always given me all the help I need."

People, relatives and staff were given the opportunity to comment on the level of service provided by Absolute Care through a variety of ways, such as questionnaires, surveys, telephone calls and house visits. The last customer quality survey had been sent out during January and February 2018 with 72 questionnaires being sent to people and their relatives, GPs, nurses, pharmacists and social service professionals. The questionnaire covered a range of areas for people to express their views. Questions asked of people included, the conduct and consistency of care staff, care plan records, conduct of office staff and emergency cover. The returned questionnaires were generally positively completed by people. Comments made by people included, "I am completely satisfied with the care received" and "Extra help received very quickly and efficiently" and "My main problem is with the variety of carers, of course some are better than others, that is understandable, but I find it difficult with so many different carers, often different ladies every day. Otherwise everything is fine." Once analysed and reviewed any queries or weakness areas were followed up and actioned by the provider. The provider had completed a detailed summary feedback report that was made available for people to view.

People's experience of care was also monitored through completion of regular spot checks and competency observations carried out on care staff. These reviewed the way the care staff provided care and support and ensured staff gave a consistent standard of care and support to people. Staff were knowledgeable about the providers whistleblowing policy, which was in line with current legislation.

People and staff consistently told us communication within the service was good. Staff spoke positively about the mobile application technology which ensured they always had full accurate information straight to hand. Meetings were held at three different times in the day to ensure as many staff as possible could attend a session. Records showed staff meetings were held regularly and copies of the minutes were made

available for all staff. This ensured staff who had not been able to attend the meeting were kept informed of all actions agreed.

The provider had implemented a communication tool for all office staff which ensured all conversations and tasks allocated to people and staff were actioned and recorded clearly and concisely. Staff told us they had found this tool to be extremely useful in ensuring communication with everyone was kept accurate and up to date.

The provider had updated many of their policies and procedures which correctly reflected current professional guidance. We reviewed their medication policy which was detailed and followed current national guidance.

The service had developed effective working relationships with supporting healthcare professionals such as, GPs, pharmacies, district nurses, occupational health therapists and social services. The improved level of communication between all parties had led to a reduced amount of medication errors and less instances of people running out of their medicines.

The provider had just completed their first newsletter. This had been well received by staff and gave care staff and people who used the service information regarding upcoming events, details about staff changes or any specific news that people would be interested to hear. The provider had held their first coffee morning which had been well attended and gave staff the opportunity to meet each other in a relaxed setting. Staff told us, "It was really nice to have a chance to meet and talk to other carers. Working on our own we never really get that chance so it was good."

The provider had implemented a system of audits to ensure a quality service was maintained. Examples of audits included, incidents and accidents, staff supervisions and performance, environmental risks in people's homes and medicines. The audits gave an overview of the service and enabled any trends to be identified and actions taken to address any shortfalls.