

Miss Tracy Robertson

Absolute Care

Inspection report

Unit 1, OPCO Trading Complex
Speke Hall Road
Liverpool
Merseyside
L24 9HE

Tel: 01514860870

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16 May 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Absolute Care is a domiciliary care agency that provides personal care and support to people in their own homes. The service is based in the Speke area of Liverpool and provides care to people in their own homes across the Liverpool area. At the time of our inspection the service was supporting 11 people.

People's experience of using this service:

People were protected from the risk of abuse and all the people we spoke with told us they felt safe with the staff and trusted them. One person commented, "[The staff] are like family, very trustworthy, honest, kind and caring. I'm very lucky to have them."

People and their relatives told us that staff almost always arrived on time and always stayed for as long as they were needed. People were supported by small teams of staff who knew them well. People and staff had developed positive and well-established relationships, in some cases over many years. One relative said, "Continuity is very good, it's one of the same three carers each time, [relative] knows them and they have a good rapport."

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

People told us staff were always respectful, kind and caring with them. This included respecting the fact they were visitors to people's homes. One person said, "[The staff] are very courteous, I get on well with them."

People and their relatives were involved in the care planning and review process. The care plans we looked at were person-centred and gave staff the information they needed to meet people's needs. This included any religious and cultural needs. There was also good attention to detail in people's care plans about people's individual preferences and choices, such as the way a person liked their hot drinks and one person liked staff to switch on the heater in their bathroom before they used it.

There was a positive, caring and supportive culture amongst staff at the service and this encouraged by the registered provider's leadership of the service. All the people and relatives told us they thought the service was well-organised and well-led. One person said, "I'm happy, [registered provider] is very approachable and she always sorts things out. She's very adaptable and accommodating." The service invited feedback about the quality of service it was providing, and we saw the feedback was positive. One person wrote, 'Excellent service, reliable and caring staff'.

Rating at last inspection: At the last inspection the service was rated Good (report published 12 November 2016).

Why we inspected: This was a planned inspection based on the previous rating.

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

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

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 remained safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained well-led

Details are in our Well-Led findings below.

Absolute Care

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one adult social care inspector.

Service and service type:

Absolute Care is a domiciliary care service providing care and support to people in their own homes.

The registered provider managed the service and was legally responsible for how the service is run and for the quality and safety of the care provided. The service is not required to also have a registered manager with the Care Quality Commission as a condition of their registration.

Notice of inspection:

We gave the service 24 hours' notice of our inspection. This is because it is small service and we needed to be sure the registered provider would be available to assist us with our inspection.

What we did:

Before the inspection we checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also requested feedback from the local authority. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

The inspection started on 10 May 2019 with telephone calls to people and their relatives supported by the service and staff. We spoke with two people supported by the service, two people's relatives and three staff,

including the registered provider and carers. We visited the service's office on 16 May 2019 to see the registered provider and to review a range of documentation including two people's care records, medication records, two staff files, audits and records relating to the quality checks undertaken by staff and other management records.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The service had not dealt with any safeguarding concerns since our last inspection. However, we saw that there were policies and procedures in place to guide staff in relation to safeguarding vulnerable adults and whistleblowing. People and their relatives were also given information about how to raise any concerns.
- Staff had received training on this topic and the staff we spoke with were knowledgeable about the subject and how to safely manage any concerns.

Assessing risk, safety monitoring and management

- People had personalised risk assessments in place to help staff safely manage any risks associated with people's care and these were regularly reviewed.
- Overall, risks associated with people's care were effectively managed by the service. However, the assessment of one risk associated with one person's care could have been clearer. We discussed this with the registered provider who explained they would address this.

Staffing and recruitment

- People and their relatives told us that staff almost always arrived on time and always stayed for as long as they were needed. One person said, "Yes definitely [staff arrive on time], they go beyond the call of duty."
- Staff told us they were able to complete all of their visits within the time they were given and the rotas we looked at confirmed this.
- Staff were safely recruited by the service to ensure that it only employed staff who were suitable to work with vulnerable people.

Using medicines safely

- People received their medicines safely and as prescribed from appropriately trained staff, who were regularly observed to assess their competency.
- People supported with their medicines by staff told us they had no concerns about this and had confidence in the staff's knowledge and skills.
- The registered provider carried out regular checks of people's medicines administration records (MARs) to ensure people received their medicines correctly.
- We found some gaps in the records but there was evidence in the daily records to confirm the medicines had been given. We discussed this with the registered provider who explained they would review and improve their record keeping.

Preventing and controlling infection

- Staff had received training on infection prevention and control and staff had access to personal protective equipment (PPE), such as disposable gloves, where necessary.

Learning lessons when things go wrong

- The service had not dealt with any accidents or incidents since our last inspection. However, we saw that there were policies and procedures in place to guide staff in relation to this.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were thoroughly assessed before they were supported by the service. This information was used to develop person-centred care plans and risk assessments.
- People's needs in relation to equality and diversity were considered during the assessment process and included within the care plans. Such as age, disability and religion.
- People and their relatives told us they were involved in the assessment process and staff were able to effectively meet their needs.

Staff support: induction, training, skills and experience

- Staff told us they felt well-supported by the registered provider and they regularly received the training and support they needed to do their jobs well. Records showed the registered provider closely monitored this and staff remained up-to-date with their training.
- Records confirmed that staff were supported with regular supervisions and annual appraisals. This provided a formal opportunity to discuss performance, any concerns and to address any training needs.
- New staff were appropriately inducted into their role at the service. This included office-based training and completing shadow shifts to meet and get to know the people they would be supporting.

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

- People were appropriately supported with their food and drink in line with their preferences and choices. This included meeting any specific religious or cultural needs associated with people's food and drink.
- Staff had received relevant training on this topic and all the staff we spoke with recognised the importance of getting this aspect of people's care right for them.

Staff providing consistent, effective, timely care and supporting people to live healthier lives and access to healthcare services and support.

- The service worked effectively with other healthcare professionals to ensure people's health and wellbeing was maintained.
- Staff promptly sought support when required and assisted people to access other healthcare services when necessary.
- Staff assisted people to liaise with healthcare services to ensure their needs were effectively met.

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

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

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. People who normally live in their own homes can only be deprived of their liberty through a Court of Protection order.

- None of the people supported by the service were subject to a Court of Protection order. However, systems were in place to ensure people who lacked the capacity to make specific decisions, were supported in the least restrictive ways possible.
- Staff had received MCA training and understood its principles and recognised the importance of seeking a person's consent prior to undertaking and care or support.
- People told us staff sought their consent before assisting them. One person said, "Yes, always without doubt."

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us the staff treated them well. One person commented, "[The staff] are like family, very trustworthy, honest, kind and caring. I'm very lucky to have them."
- People's equality and diversity needs were considered and met by staff.
- People and staff had developed positive and well-established relationships, in some cases over many years. One relative said, "Continuity is very good, it's one of the same three carers each time, [relative] knows them and they have a good rapport."
- Staff were knowledgeable about the people they supported and were able to tell us about the ways people liked to be supported and their preferences.

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

- People and, where appropriate, their relatives were involved in making decisions about their care.
- The service gathered and listened to people's views about their care in a variety of ways, such as care plan reviews and questionnaires. People told us the registered provider was very approachable and responsive to any feedback.
- Staff supported people to access advocacy services where this was needed.
- Staff told us they had enough time to meet people's care needs and spend time talking and listening to people. They said the registered provider encouraged this and ensured this was possible.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were always respectful, kind and caring with them. This included respecting the fact they were visitors to people's homes. One person said, "[The staff] are very courteous, I get on well with them."
- People and their relatives said the service supports their independence as much as possible. A relative commented, "Staff always support [relative's] independence, for example she can shower herself if the staff give some prompts."
- Staff were able to give us examples of how they ensured they maintained people's privacy and dignity.
- People's confidential information, such as care plans, was stored securely and only people who required access could do so.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were person-centred, regularly reviewed and reflected the needs of the people supported by the service. Care plans contained relevant information about the individual, such as their background, communication methods, health, emotional, physical health, religious and cultural needs.
- People and their relatives were involved in the care planning and review process to ensure people's care plans were person-centred.
- There was good attention to detail in people's care plans about people's individual preferences and choices. This ranged from the particular way a person liked their hot drinks to one person who liked staff to switch on the heater in their bathroom before they used it.
- People and their relatives told us staff delivered the care and support that had been agreed in their care plans. Comments included, "[The staff] are very competent, no issues whatsoever. I'm so much more relaxed with their support" and "[The staff] go above and beyond for me."
- People were supported, where possible, to maintain links with the community and to pursue their religious and cultural preferences, hobbies and interests.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. One relative told us staff were good at communicating with their relative and did so in a supportive and effective way.

Improving care quality in response to complaints or concerns

- The service had not received any complaints since our last inspection. However, we saw that there were policies and procedures in place to guide staff in relation to this.
- People and their relatives were given information about how to raise a complaint and what to expect from the process when they started receiving care from the service.
- People and their relatives said they would feel comfortable making a complaint but had never needed to do so. They also commented that any minor issues they had discussed with the registered provider had been promptly and effectively addressed.

End of life care and support

- People's wishes on their end of life care had been discussed, documented and plans put in place to ensure that their preferences were met.
- Staff were supported with relevant training and the service had links with other relevant health professionals to ensure people's end of life care needs were effectively met.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a positive, caring and supportive culture amongst staff at the service and this encouraged by the registered provider's leadership of the service.
- All the people and relatives told us they thought the service was well-organised and well-led. People commented, "Overall I'm very satisfied, [the service] is well-organised and works well" and "I'm happy, [registered provider] is very approachable and she always sorts things out. She's very adaptable and accommodating."
- Staff told us they felt valued and well-supported by the registered provider. They also said that they can contact the registered provider for support or advice at any time.
- The registered provider recognised the importance of continuity of care, ensuring that people were supported by small teams of staff who knew them well.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a range of regularly reviewed policies and procedures to help guide staff. Some of the policies we looked at were due to be reviewed and the registered provider confirmed this would be done shortly after our inspection.
- Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen whilst providing its service. The registered provider was aware of this responsibility and was prepared to do so when required.

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

- The service had systems in place to gather feedback about the quality of service it was providing from the people it supported and their relatives. It also sought feedback from a staff perspective.
- All of the feedback about the service from people supported, their relatives and staff was positive. One person wrote 'Excellent service, reliable and caring staff'.
- The service fully considered and met people's equality and diversity needs. For example, staff had developed a good knowledge of one person and their family's religious and cultural preferences. This ensured staff were aware of and respected these preferences.

Continuous learning and improving care

- Quality assurance systems were in place and used effectively to monitor the quality and safety of the

service and make improvements.

- Regular spot checks were carried out by the registered provider to assess staff performance and their learning and development needs.
- Meetings with staff were used as a constructive opportunity to share learning and ways of improving the service.

Working in partnership with others

- The registered provider maintained good working relationships with partner agencies. This included working with other health and social care professionals, such as GPs and social workers.