

Absolute Dignity Care

Absolute Dignity Care Ltd

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Absolute Dignity Care Ltd is a domiciliary care agency. It provides personal care to older people, including people living with dementia, people with sensory needs, physical disabilities, learning disabilities and mental health living in their own homes. Not everyone using the service received the regulated activity of personal care. 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. At the time of our inspection eight people were receiving personal care as part of their care package.

People's experience of using this service:

Risks associated with people's needs had either not been assessed and planned for or the guidance available to staff, was not sufficiently detailed. However, people were positive how staff managed any known risks and staff were found to be knowledgeable of the action required to keep people safe. This therefore indicated this was a recording issue.

Where people received support with their medicines staff did not have guidance of the administration of medicines prescribed to be taken 'as required'. Whilst staff had received training in the administration and management of medicines, the registered manager had not assessed their competency.

People described staff as being experienced and competent. Staff had received training the provider had identified as required. We made a recommendation in the training of staff in manual handling. Staff had not received opportunities to review their work, training and development needs with the registered manager.

People were cared for by staff who had completed safe recruitment checks on their suitability to work with people. The registered manager was in the process of recruiting additional staff that would enable them to concentrate on the management and development of the service. Staff had not been provided with an identification badge to protect people from unauthorised staff.

Guidance for staff in people's care plans were inconsistent in the level of detail provided. The Accessible Information Standard was not fully complied with because people's sensory and communication needs had not consistently been assessed and planned for. Assessment of people's needs, did not fully include the protected characteristics under the Equality Act 2010.

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. However, best interest decisions had not been recorded following an assessment that identified a person lacked mental capacity to consent to their care. The registered manager was not aware of the action required should a person be restricted of their freedom and liberty.

We made a recommendation about the application process to the court of protection.

People were very positive about the care they received and the approach of staff. Staff were unrushed and stayed for the duration of the call and if they were running late, they were informed of this. People received care from regular staff they had developed positive relationships with and no person had experienced a late or missed call.

Communication with people and their relatives were good and the electronic system used to monitor calls and care provided worked well. However, reviews and opportunities for people to feedback about their experience of the service was informal.

Rating at last inspection:

This is the provider's first rated inspection since registration.

Why we inspected:

This is a scheduled inspection based on the provider's registration date.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit at the next scheduled inspection. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Absolute Dignity Care Ltd

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 inspector.

Service and service type:

Absolute Dignity Care Ltd is a domiciliary care service and provides personal care to people living in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Telephone calls to people who used the service, relatives and external professionals were completed on 5 February 2019. We spoke with a total of six people and relatives. We visited the office location on 6 February 2019.

What we did:

Before the inspection we asked the provider to send us their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about.

At the provider's office we spoke with the registered manager who was also the registered provider and two care staff. We reviewed the care records for three people who used the service. We also looked at a range of other records relating to the running of the service such as policies and procedures, complaints, staff files and the staff training plan. We also spoke with the registered manager about the action they took to check on quality and safety.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks associated with people's needs had not been fully assessed. This included risks people were exposed to in relation to choking, catheter care and skin. This meant staff did not have detailed guidance of the action required to manage known risks. On speaking with staff, they showed a level of understanding of the action required to safely support people. People told us they had no concerns about how their care needs, including any risks were managed. We therefore concluded this was a recording issue. The registered manager told us they would review people's care needs as a priority to ensure staff had detailed guidance.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should where they required this support. However, there was some shortfalls in how staff were following safe protocols in the administration of medicines. For example, whilst staff had completed expected training in the safe administration of medicines, they had not had their competency assessed by the registered manager. Where people had been prescribed medicines to be taken 'as required', staff had no guidance of how these medicines should be given. This put people at greater risk of not receiving their prescribed medicines safely.

Systems and processes to safeguard people from the risk of abuse

- The provider had not issued staff with an identification badge. This is important to protect people from unauthorised staff. The registered manager told us they would take immediate action to address this.
- Staff knew how to recognise abuse and protect people from the risk of abuse. Staff had access to safeguarding policies and procedures to support their practice. However, we noted the provider's safeguarding procedure did not include the details of the multi-agency safeguarding team, where concerns should be reported to. The registered manager knew this information but agreed to add these details to support staff in their absence, of the action required.

Staffing and recruitment

- There were sufficient staff employed to meet people's needs and staff experience, skill mix and competency was considered. The registered manager was also a part of the care team and provided direct care. This enabled the registered manager to easily identify any concerns about staff practice.
- People told us staff generally arrived on time and stayed for the duration of the call. People told us if staff were running late, they received a call to inform them. A person said, "The staff are pretty much on time but if they are running late I get a call." Another person said, "Staff are never rushed and have time to talk, we've got to know each other well."
- Due to the service being small the registered manager had daily contact with staff and equally regular contact with people who used the service, including relatives where appropriate. This enabled them to have

oversight of the care provided and they were able to quickly respond to any concerns.

- Safe recruitment processes were used to ensure only staff suitable for their role were employed at the service.

Preventing and controlling infection

- People were protected as far as possible from the risks associated with cross contamination. Staff had received training on infection control and told us how they managed risks associated with cross contamination. This included the use of disposable gloves and aprons. In addition, the provider had a policy and procedure that provided staff with guidance on infection control. People confirmed staff wore aprons and gloves as described to us.

Learning lessons when things go wrong

- The registered manager had processes in place that ensured lessons were learned when any accidents or incidents had occurred. At the time of our inspection there had been no incidents. However, staff told us of the process of responding to an incident such as recording and reporting to the registered manager. In addition, the registered manager told us how they would analyse an incident to consider lessons learnt to reduce further reoccurrence.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff induction procedures did ensure they were trained in the areas the registered provider identified as relevant to their roles. However, we identified training on moving and handling had been completed on-line. This is important training in which staff best learn from face to face training, where they have an opportunity to learn how to use different moving and handling equipment. We were concerned staff were not sufficiently trained to provide effective care.

We recommend that the service seek advice and guidance from a reputable source, in moving and handling training.

- Staff were not given opportunities to review their individual work and development needs. The registered manager was aware of this shortfall and told us they would act to address this. They also told us they had daily contact with staff, where any concerns or actions were responded to. The registered manager told us staff employed, were all very well experienced in care. Staff told us whilst they had not received formal opportunities to discuss their work the registered manager was supportive and approachable.
- People were positive about staff's competency and knowledge. A relative said, "The staff are very good, nothing seems to stump them, they are obviously very experienced and competent."

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- We checked whether the service was working within the principles of the MCA. We saw an example where a MCA assessment had identified the person lacked capacity to consent to their care. Whilst we noted others such as relatives had been consulted in this process, there was no best interest decision document completed. This is important information to show how least restrictive practice had been considered and the best interest decision made. The registered manager told us they would review the documentation they used to ensure it fully met legislative requirements.
- People can only be deprived of their freedom and liberty in the community by the court of protection. At the time of our inspection no applications had been made to the court of protection. The registered manager was not aware of the action required of them if a person had any restrictions imposed on them.

We recommend that the service seek advice and guidance from a reputable source, about the court of

protection application process.

- Where people had mental capacity to consent to their care, written consent had been sought to confirm people had agreed to the care they received. Staff also told us how they gained people's consent before day to day care was provided and showed a good understanding of the importance of involving people in all aspects of their care. The registered manager told us how they sought confirmation if a person had a lasting power of attorney (LPA). This allows another person to give consent.

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

- Assessment of people's needs, did not fully include the protected characteristics under the Equality Act 2010. For example, people's marital status, religion and ethnicity was not consistently recorded. This is important information to ensure people did not experience any discrimination.
- The provider's policies and procedures reflected best practice guidance and current legislation, this supported staff to provide effective care. The registered manager was in the process of developing a staff handbook to support staff to have easy access to this information.

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

- People's needs associated with any dietary needs had been assessed and staff had guidance of the support required. This included any specific needs and preferences with religious and cultural needs.
- Staff told us how they checked food use by dates and left people with drinks and snacks when leaving. People confirmed what we were told.
- People were positive about the assistance they received with food shopping and meal preparation. A person said, "They (staff) will go shopping with me and help me with the cooking, I struggle to do these things." Another person said, "Oh yes, they record what food and drinks I've had, their brilliant at recording everything."

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager gave examples of multi-agency working in meeting people's needs. This included following any recommendations made by external healthcare professionals in a person's ongoing care. Information was also shared with external agencies such as ambulance staff and hospital admission and discharge teams, to assist people to receive effective care and treatment.

Supporting people to live healthier lives, access healthcare services and support

- Care plans did not consistently provide staff with guidance of people's health conditions and this could have impacted on people receiving effective care. For example, one person's care plan stated the person was prone to regular infections. Information did not include how this affected the person, what the signs and symptoms of an infection may be and what action was required. Another person had a respiratory condition, but staff were not provided with any guidance about this condition and what care was required if they were unwell.
- Staff told us how they monitored people's health needs and reported any concerns, with the person's permission, to relatives and or health professionals. Staff gave examples of calling paramedics when people required urgent medical assistance and how they stayed with the person to provide reassurance.
- People were positive about the support they received from staff in managing their health needs. A relative said, "The staff are good at responding to any health needs, they've called the GP when it was necessary. Because they know [relation] so well, they can easily pick up on anything and know when they are not themselves."

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; equality and diversity

- People received care from staff who were kind, caring and compassionate. People and their relatives were very complimentary of the approach of staff who they told us had developed positive relationships with. A person said, "I can't fault them (staff) they do a brilliant job, we get on great, they make me laugh and are so caring." A relative said, "I'm absolutely delighted how the manager and staff care for my relation. They are very kind, caring and thoughtful."
- Staff were positive about their work and showed a good understanding of people's needs, routines and preferences. However, they acknowledged care plans required further detail to ensure people's needs were fully understood and met. A staff member said, "Care plans could be more detailed, but we know people well because it's such a small service. I love my job."

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

- People were involved in their care, they received informal opportunities to express their views and directed how they wished to receive their care. The registered manager told us however, they were aware they needed to formalise discussions and reviews with people. A person said, "The manager asks me when they visit how the care is going, if I'm happy with everything or want anything changing." A relative said, "Communication is good, we get a daily report of the care provided and can easily message with a request and staff follow it up."

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was upheld by staff who were sensitive and caring in their approach. A relative said, "The staff are patient and sensitive when providing personal care." A relative said, "The staff are very respectful."
- Through discussion with staff they showed a good understanding of the importance of respecting people's privacy, dignity and independence. A staff member said, "We encourage people to do as much as they can for themselves, promoting independence is important, we don't just do things we ask what assistance they need."
- People's confidentiality and privacy was protected. Records were stored securely. The registered manager told us they had the processes in place that ensured all records were managed in line the General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

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

- The Accessible Information Standard was not being fully met. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. People's communication and sensory needs had not consistently been assessed and planned for. Staff had very limited guidance of the support people required with their sensory needs. In discussion with staff and the registered manager, we concluded this information was known and was therefore a recording issue. The registered manager told us they would review people's care plans and include this information in more detail.
- People were positive about the way they received their care, they described the service provided as being personalised to their individual needs and preferences. A person said, "I'm confident staff know my needs and routines." A relative said, "I never worry about anything, I know the staff will always be there and provide good care, they even go above and beyond what's expected, nothing is too much trouble."
- The registered manager told us how they provided social opportunities for people. This was to prevent people from becoming socially isolated. A staff member told us how they supported a person to attend a social community group. The person confirmed what we were told and how important it was to have this support.

Improving care quality in response to complaints or concerns

- The registered manager told us they had not provided people with a service user guide that included information about the complaints policy and procedure, but this was being developed. Whilst the registered manager had a complaints policy and procedure document, this was not personal to the service. The registered manager was aware of this and assured us they would review this to ensure it included all required information.
- People told us they had not had cause to make a complaint. However, they felt confident to raise any concerns or complaints with the staff or registered manager, and believed there would be a positive response. A person said, "I've never had any concerns but would say if I had and I know they [staff] would sort it out." A relative said, "I have never had cause to make a complaint but feel confident the manager would take action, they are very supportive and approachable."

End of life care and support

- At the time of our inspection, no person was receiving end of life care. The registered manager was aware of the importance of developing end of life care plans with people, when they were requiring end of life care. Staff had received training in end of life care.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- A registered manager was in post.
- Prior to our inspection, the registered manager had spent a high proportion of their time delivering care themselves and this had impacted on their ability to develop the service and review practice. As such, the registered manager had not identified all the shortfalls in the systems and processes we identified during this inspection. This had impacted on the registered manager's ability to assure themselves, people consistently received care that was safe, and of a high standard. For example, guidance available to staff lacked specific details of how to manage known risks, needs and routines. The impact on people was low because the staff team were small and had daily contact with the registered manager. The registered manager had not completed competency assessments on staff's performance or had formal meetings to discuss their work. The registered manager had relied on informal discussions with staff and them being experienced in working in care.
- The registered manager used a secure electronic mobile app to share information with staff and relatives. This app also enabled them to monitor calls and care provided. At the time of our inspection, there had been no late calls that exceeded the time frame expected or missed calls.

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

- People had not been provided with a service user guide that informed them what they could expect from the service. The registered manager was aware of this and was in the process of completing it.
- People told us their experience of the service was good and they received care that was personalised to their individual needs. A person said, "I'm very happy with the service, it's made a huge difference to my life and I would recommend it to others." A relative said, "It's an excellent service, very good I have no concerns." Due to the service being small, this enabled people to receive care from regular staff and this was important to them.

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

- People had not received opportunities to feedback their experience about the service by means of completing a satisfaction survey. Neither had people received formal opportunities to meet with the registered manager to discuss the care provided.
- People were positive about the communication systems in place and, were positive of the IT technology used, in the form of a mobile phone app to share information. A relative said, "The app means I can have a

daily feedback from staff about how my relation is, I don't love locally so this is really helpful for me."

Continuous learning and improving care

- The registered manager was open and transparent about shortfalls within the service and assured us they would take immediate action to make improvements. They were passionate about providing people with a high standard of care and showed great determination and commitment in developing the service. The registered manager told us they were in the process of employing additional staff that would free them up to manage the service more effectively.

Working in partnership with others

- The registered manager told us how they had developed networks with external professionals in the ongoing care of people's needs such as community nursing teams.