

Absolute Care Services Ltd

# Absolute Care Services (Richmond & Wandsworth)

## 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

### About the service

Absolute Care Services (Richmond & Wandsworth) is a domiciliary care agency providing care and support to people living in their own homes and flats.

The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection 86 people using the service were receiving personal care.

### People's experience of using this service and what we found

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

People were provided with a safe service and staff a safe environment to work in. There were enough, appropriately recruited staff to meet people's needs. This meant people were supported to enjoy their lives and live safely. The provider assessed and recorded risks to people and staff, and monitored and updated these assessments as required. Accidents, incidents and safeguarding concerns were reported, investigated and recorded appropriately. Medicines were safely administered, or people prompted to take their medicines, appropriately.

People and their relatives said that care was provided effectively, they were not subject to discrimination and their equality and diversity needs were met. Staff were well-trained and supervised. People and their relatives said staff provided good care well, that met people's needs. People were encouraged by staff, to discuss their health needs. Information about any changes to health needs was passed on to appropriate community-based health care professionals. Staff protected people from nutrition and hydration risks, and they were encouraged to choose healthy and balanced diets that also met their likes, dislikes and preferences.

People and their relatives said care and support was provided by staff, in a friendly way. They paid attention to small details making all the difference. Staff respected and acknowledged people's privacy, dignity and confidentiality. People were encouraged and supported to be independent and do things for themselves. This improved their quality of life by promoting their self-worth. Staff were caring, compassionate and passionate about the people they provided a service for.

The provider was responsive to people's needs, which were assessed, reviewed and care plans were in place including for people's communication needs. Person-centred care was provided. People were given choices, encouraged to follow their routines, interests, and maintain contact with friends and relatives so that social isolation was minimal. People were given suitable information about the service to make their own decisions regarding if they wanted to use it. Complaints were recorded and investigated.

The provider had a culture that was open, positive, and honest with a transparent leadership and management. The statement of purpose clearly defined the provider's vision and values and staff understood and followed them and were aware of their responsibilities and accountability. They were happy to take responsibility and raise any concerns they may have with the provider. Service quality was regularly reviewed, and changes made to improve the care and support people received accordingly. This was in a way that suited people best. The provider established effective working partnerships that promoted the needs of people being met outside its remit to further reduce social isolation. Registration requirements were met.

#### Why we inspected

This service was registered with us on 25 April 2022 and this is the first inspection.

#### Follow up

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

You can read the report, by selecting the 'all reports' link for Absolute Care Services (Richmond & Wandsworth) on our website at [www.cqc.org.uk](http://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 was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Absolute Care Services (Richmond & Wandsworth)

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This includes older people, people with dementia, people who misuse drugs and alcohol, and have mental health issues.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced. The service was given 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 31 May 2023 and ended on 26 June 2023. We visited the provider's office on 2 June 2023.

### What we did before the inspection

We reviewed all the information we had received about the service since the last inspection. We used all this information to plan our inspection. The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

### During the inspection

We spoke in person with the registered manager. We contacted and spoke with 10 people using the service or their relatives, 10 staff, and 3 healthcare professionals to get their experience and views about the care provided. We reviewed a range of records. This included 9 people's care and medicine records. We looked at 5 staff files in relation to recruitment, training, and staff supervision. We checked a variety of records relating to the management of the service, including audits, policies, and procedures. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included spot checks, observations, training matrix and audits. We received the information which was used as part of our visit.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider systems and processes helped to safeguard people from the risk of abuse.
- People and their relatives said they felt the service was safe. A person said, "I feel safe with the people [care workers] they send me." A relative told us, "The carers [care workers] they send to [person using the service] makes them feel safe."
- Staff were given training that enabled them to identify possible abuse against people and the action required, if encountered. They knew how and when to raise a safeguarding alert. There was no safeguarding activity taking place at the time of the inspection. The provider gave staff access to safeguarding, and prevention and protection of people from abuse policies and procedures.
- People were encouraged and supported to keep safe by staff, who explained to them how to do so. Specific concerns about people's safety were recorded in their care plans.
- The provider gave staff health and safety information and training that included general responsibilities, safety in people's homes and travel and transport. A staff member told us, "I feel the service Absolute Care Services provides is safe for people to use and for us too because anything they have to provide is crystal clear, no hiding things."

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed.
- Staff supported people by following their risk assessments and care plans. This meant people were able to take acceptable risks and enjoy their lives safely.
- People had risk assessments incorporated within their care plans, which covered areas that were important to them such as health, activities and daily living. The risk assessments were regularly reviewed and updated as people's needs changed. Staff were aware of people's routines, preferences, identified situations in which they may be at risk and acted to minimise those risks.
- The provider's policies and procedures set out how to manage risk and crisis, promote service continuity and whistle blow, including reporting bad practice. Staff were aware of the lone working policy regarding keeping themselves safe.

Staffing and recruitment

- There were appropriate numbers of staff who were suitably recruited.
- The recruitment procedure records demonstrated it was followed. The interview process contained scenario-based questions to identify why prospective staff wished to work in health and social care, their skills, experience, and knowledge. Before commencing employment, prospective staff had references taken up and Disclosure and Barring service (DBS) security checks carried out. DBS checks provide information

including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was a probationary period of 6 months with a review and an introduction to people using the service for staff, before commencing work. People and their relatives said that the provider met needs flexibly by providing enough trained staff, when needed. Staff rotas and the way they were managed demonstrated this.

- Staff files showed that the recruitment process, probationary process, and training were completed. Staff were given information that explained their responsibilities and the provider's expectations of them.
- The provider facilitated discussions that identified best outcomes for each person, including things that didn't work.
- Staff records showed that staff received 3 monthly supervision and the registered manager said an annual appraisal would take place, when due.
- Staff confirmed that they received regular supervision.

#### Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of.
- People's medicine records were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated. When appropriate, people were encouraged and supported to administer their own medicines.

#### Preventing and controlling infection

- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and regular audits took place. Staff had infection control and food hygiene training that people said reflected their working practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons.
- Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Any safeguarding concerns, accidents and incidents were reviewed to ensure emerging themes had been identified and any necessary action taken.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were well supported, skilled, experienced and trained.
- Staff training was consistently carried out in line with the provider's training and induction policy.
- Staff received good quality induction and mandatory training that enabled them to support people and meet their needs. Staff told us the quality of the training was very good. They said the training enabled them to not only perform the tasks they were required to do but also make a difference to people. People told us the staff were professional, competent, and they liked the way staff performed their duties. A person said, "I'm very lucky, amazing carers [care workers], they know what to look for when I'm ill." A relative commented, "Lovely staff, very friendly but at the same time professional." A member of staff told us, "The service provided is safe for clients as we are often reminded not to carry out certain tasks without the appropriate equipment, we are also encouraged to ensure our safety when caring for service users."
- Staff knew the importance of clear communication, and this was impressed upon them during induction training. This was particularly regarding dementia, learning disabilities, and autism training. It was also revisited during further training, staff meetings and supervision.
- Before providing a service staff were given information about people's routines, preferences and their surroundings, to enhance their knowledge base and appropriately meet people's needs.
- The induction training was comprehensive and based on the Skills for Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors.
- The training matrix identified when mandatory training required updating. Staff mandatory training included moving and handling competency, first aid, food hygiene, safeguarding, medicine administration, health and safety and infection control. There was also specialised training focussed on people's individual needs with guidance and plans. They included stoma bag, and belly pump training.

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

- The provider received new referrals either from local authorities, through their website or over the telephone. The registered manager said, when a new enquiry was received, an appointment was made to visit people and their relatives at home for an assessment. The assessment was carried out at a pace that suited the person and their needs.
- People's physical, mental, and social needs were comprehensively assessed, and their care, treatment and support delivered in line with legislation, standards and evidence-based guidance. This included guidance from the National Institute for Health and Care Excellence and other expert professional bodies, to achieve effective outcomes. The provider provided easy to understand written information for people and their families

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

- Staff supported people to eat, drink, and maintain a balanced diet when this was part of their planned care. When needed staff monitored food and fluid intake.
- People's care plans contained health, nutrition, and diet information with health care action plans. Nutritional assessments were regularly updated and there were fluid charts, as required. This was to make sure people drank enough to be hydrated. If staff had concerns, they were passed on to the registered manager, who alerted appropriate health care professionals, as required.
- If people required dietary support, staff observed and recorded the type of meals they ate and encouraged a healthy diet to ensure people were eating properly. Whilst encouraging healthy eating, staff also made sure people still ate meals they enjoyed.

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

- People were supported to keep healthy by the registered manager and staff maintaining good working relationships with external healthcare services and receiving ongoing healthcare support.
- The provider sign posted people to other organisations that may be able to meet needs outside the service provided, to prevent social isolation. This improved people's quality of life and promoted their social inclusion.

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

- Staff supported people to access community-based health care professionals, such as district nurses and to refer themselves to health care services, such as their GP, when required.
- Staff reported any health care concerns to the office who alerted appropriate health care professionals and commissioning bodies.
- People's health and medical conditions and any changes were recorded in their care plans.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager understood the MCA, its requirements, and their responsibilities.
- The initial care needs assessment included a capacity to make decisions section and consent to provide support.
- People also signed a consent form to keep relevant information about them and consent to share where appropriate with healthcare services which included details of any Lasting Powers of Attorney (LPA).
- The provider shared this information appropriately, as required, with GPs and local authority teams.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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 were respected by staff, well treated, and had their right to equality and diversity recognised.
- People and their relatives' said staff were supportive, caring, and they liked and were relaxed in their company. A person told us, "They [care workers] are exceptional." A staff member said, "We work together as a team to make sure people get the right support, in the way they want it. That is very important to us."
- The provider gave staff equality and diversity training that enabled them to treat people equally and fairly whilst recognising and respecting their differences. People and their relatives told us staff treated people using the service as adults, did not talk down to them and people were treated respectfully and equally.

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

- Relatives said they and people using the service were involved in the decision-making process about the care and support they received, and this was recorded in their care plans.
- People and their relatives were frequently contacted to determine if they were receiving the care and support, they needed.
- The provider said they would sign post people to advocates should they require support or representation.

Respecting and promoting people's privacy, dignity and independence

- A relative said that staff's knowledge of people meant they were able to understand what words and gestures meant if the person using the service had communication barriers. This enabled staff to support people appropriately and without compromising their dignity. They were also fully aware this was someone's home, and they must act accordingly and in a respectful manner. A relative told us, "Always respectful towards [person using the service] and also to the fact that this is their home."
- Staff were trained to respect people's rights and treat them with dignity and respect. Relatives told us people felt respected and they said staff treated people with kindness, dignity and respect.
- The provider had a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook. Staff were required to sign that they had read and understood the code of conduct and confidentiality policy.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided people with person centred care that enabled them to have choice, control, and their needs and preferences were met. People and their relatives said that the management were good at letting them know about changes to timing and why, when they were aware that a call was running late.
- The provider carried out a need's assessment with people and their relatives to identify what their needs were and how they would like them met. This included what they wished to gain from the services provided and desired outcomes. Person-centred care and support plans were agreed with people and their relatives, based on the initial assessment. A relative said, "We were fully involved in setting up the care." Once the service started, people and their relatives were contacted to establish if the support provided was working and their needs were being met.
- Staff supported people and their relatives, to make decisions about their care and the way it was delivered. They made themselves available to discuss any wishes or concerns they might have. Staff made sure people understood what they were telling them, the choices they had and that they understood people's responses.
- People's care plans and staff daily logs recorded the tasks they required support with and if they had been carried out. The daily logs were reviewed, staff visits monitored daily, and any concerns highlighted.
- People's care and support needs were reviewed with them and their relatives as and when required with a minimum of 3 monthly. Their care plans were updated to meet their changing needs with new objectives set. Staff supported people to take ownership of their care plans and they contributed to them as much or as little as they wished.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The AIS was being followed by the provider and staff with easy to understand written information provided for people and their families.
- People's communication needs were met by the provider giving staff information about people's communication preferences, within their care plans and guidance on how best to communicate with them.
- Relatives said staff communicated clearly with people which enabled them to understand what they meant and were saying. They were also given the opportunity to respond at their own speed.

Improving care quality in response to complaints or concerns

- There was a robust system for logging, recording and investigating complaints, that was followed.
- People said they were aware of the complaints procedure and how to use it.
- Any complaints or concerns were appropriately addressed.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had a culture that was open, inclusive and positive. People and their relatives said they found the registered manager and staff approachable, attentive, felt they listened to them, and did their best to meet people's needs. A person commented, "Overall, the service and carers [care workers] are helpful and provide the help I need which is extensive. My condition is such that it slows me down, the carers [care workers] are sufficiently trained in so far as call times and the system allows." Another person said, "A very satisfied customer." A relative told us, "They [care workers] are always bright and friendly and we are told if there is a problem with the timing." A member of staff told us, "Best decision I ever made coming to work here. Biggest support I've ever had from a [registered] manager."
- Available services were explained to people and their relatives so that they were clear about what they could and could not expect from the service, registered manager, and staff. This was underpinned in the statement of purpose and guide for people using the service that set out the organisation's vision and values. These were understood by staff, and people said reflected in the staff working practices. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for.
- Care Workers told us they felt well supported by the registered manager, office staff and each other. One staff member said, "since the day of my interview till now they are supporting me, whenever I have a doubt I was asking them, and they were helping me out."
- There were clear lines of communication and staff had specific areas of responsibility regarding record keeping explained to them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibilities regarding duty of candour.
- The management reporting structure was transparent, and the registered manager and office staff made themselves available to care workers for support.

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

- The registered manager and staff were clear about their roles and its importance. A staff member said, "The company responds to every client if they have any issues or concerns." A person using the service told us, "I had in the past, problems with weekend or out of hours contact. This was sorted after I raised it with the office." A relative said, "If there is a problem, it is dealt with promptly."

- Our records demonstrated that appropriate notifications were made to the Care Quality Commission as required.
- The provider had a system which stored people's details, appointment schedules, if visits and tasks were completed, care plans and rotas. Data collated was used to update and improve services.
- The registered manager and office staff regularly contacted care workers in the field to provide support and this enabled staff to provide people with the service that they needed. Staff welfare checks were carried out as part of supervision and there were regular staff meetings where issues that arose and other information was discussed. This included where staff were not able to attend calls, any tasks that were not completed and why. A staff member said, "The [registered] manager is very helpful, and we sit down and discuss any issues including personal ones. They are genuinely concerned."
- The provider's quality assurance system contained key performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets. Any areas needing improvement were then addressed. Monitoring and quality assurance audits took place at appropriate intervals. Audits included people's daily care logs, care plans, risk assessments, medicine administration records, complaints, and staff files. Any missed calls were also recorded and analysed to prevent them being repeated. Staff files and the data base contained recruitment, training, performance, and development information.
- The provider worked with people, their relatives, and healthcare professionals such as GPs and district nurses to identify areas that required improvement to progress the quality of services people received, to better meet needs and priorities. The provider integrated feedback from organisations and used it to ensure the support provided was what people wanted and needed. This was with people's consent.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider enabled people, their relatives, and staff to give their views about the service provided and the provider worked in partnership with them. Their views were sought by telephone, visits to people, and spot checks.
- The provider identified if feedback was required to be confidential or non-confidential and respected confidentiality accordingly. Information was relayed to people and staff including updates from NHS England and the CQC.
- The provider's equality and diversity policy gave a commitment to ensure that people using the service and staff with any of the legally defined protected characteristics did not experience inequality or discrimination. Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010 which includes protection from discrimination due to factors such as age, gender, sexual orientation, religion, and disability.
- Staff meetings were held that covered priorities and training including infection control, and risk assessments.
- The provider's policy of relevant information being shared with appropriate services within the community or elsewhere maintained community-based health services links, such as with district nurses, GPs and other health care professionals.
- Records showed that staff received 3 monthly supervision and the registered manager said an annual appraisal would take place when due. Staff confirmed that they received regular supervision.

Continuous learning and improving care

- The provider improved care through continuous learning.
- The service supported people and their relatives to contact organisations, such as Age Concern, who provided services outside their remit to enhance their quality of life.
- People, their relatives and staff were kept informed, by the provider, of updated practical information such

as keeping safe.

- Audits identified any performance shortfalls that required attention and progress made towards addressing them was recorded.
- The complaints system was regularly monitored and enabled staff and the provider to learn from and improve the service.
- People, their relatives and staff provided regular feedback to identify if people were receiving the care and support, they needed.