

Absolute Care Agency (EM) Limited

Absolute Care - Barrow

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Absolute Care – Barrow is a domiciliary care agency providing personal care to people. At the time of the inspection they were providing personal care to 130 people with a range of needs, some of whom were living with dementia.

Not everyone who used the service received personal care. 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.

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

People felt safe whilst receiving care and support from the staff at Absolute Care – Barrow. However, people were not happy with the timings and duration of calls, although calls were being delivered in line with their contracts.

People were supported with their medicines however the recording and management of these did not meet national guidelines.

People were protected from the risk of harm by comprehensive assessments being completed and by staff who understood safeguarding principles.

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 involved in developing and reviewing their plans of care. People were supported by staff who were appropriately trained. People were supported to eat and drink what they had chosen in a safe way.

People thought they were supported by staff who were kind, respectful and patient. People knew how to raise concerns and felt listened to.

People did not know who the manager was and felt the service was more focussed on the staff than the people. There was not a comprehensive quality assurance and monitoring framework in place.

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

Rating at last inspection

The last rating for this service was good (published 17 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to the management and recording of medicines at this inspection.

Please see the action we have told the provider to take at the end of this report.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service remains effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remains caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service remains responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Absolute Care - Barrow

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

The inspection was carried out by one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

We visited the office location on 28 and 29 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with 10 people who used the service and six relatives about their experience of the care provided. We spoke with 12 members of staff including the nominated individual, registered manager, clinical lead, care coordinator and care workers.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included eleven people's care records. We looked at five staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We spoke with professionals who work with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Using medicines safely

- People explained that staff supported them to take their medicines. One person told us, "The carer's just pass me my tablets out of the box they come in from the pharmacy and when I've taken them, it gets written in the notes." Another said, "As far as we're aware there's never been any problems with the taking of medication albeit that it can vary in time from one day to the next."
- Staff had received training in how to support people with their medicines. Staff prompted some people to take their medications and these people had associated medicine care plans. Staff recorded that they had prompted medicines in people's daily notes, however this method of recording did not meet current guidance for the recording of medicines.
- People's plans of care did not contain a list of medicines. People's records did not note whether the person actually took the medicines or explanations for why it may have not been prompted; for example, if a family member had assisted that day. This left people at risk of not receiving the right medicines at the right times or missing a medicine dose. It also meant there was a risk of people having inaccurate and incomplete records which would not help in the case of medical emergencies.
- We raised our concerns over the inconsistent recording of medicines with the registered manager who said they would review the way medicines were being recorded to ensure that people were supported with their medicines in a safe way.

The provider did not ensure proper and safe management and recording of medicines. This is a breach of Regulation 12(2)(g) of the Health and Social Care Act (Regulated Activities) Regulations 2014. Safe care and treatment.

Staffing and recruitment

- People felt they were not always supported by a consistent team of staff and that calls were not delivered at the scheduled times. One person said, "I'd just like to have a small number of regular carers together with a list every week so I knew who was coming and reliable timings. If they could do this, it would be perfect!" We raised this with the registered manager and were shown that people were given a two-hour window for their calls and this was monitored by management to ensure people received their care within this timeframe.
- People said some staff did not always stay for the full duration of the scheduled visit. Management showed us how they monitored the call duration to identify when this occurred and then addressed it with the member of staff.

- Robust pre-employment checks had been carried out on staff members to make sure, as much as possible, they were safe and suitable to work at the service.

Systems and processes to safeguard people from the risk of abuse

- People felt safe when they received support from staff. One person said, "I have a carer one hour every morning just to help me get organised for the day and make sure that I'm safe."
- Staff knew how to identify abuse and how to report it. One member of staff explained, "It's about making sure people are safe, aware of potential issues regarding safeguarding, bruises [and] changes in behaviour, that there may be underlying issues. Also making sure colleagues are behaving in an appropriate manner. First, I would raise it with the office, identifying the circumstances and concerns. I am confident they would follow it up, if not I would escalate to CQC or the safeguarding team."
- The management team understood their responsibilities for keeping people safe from harm, including informing the local authority safeguarding team of incidents. People were protected from abuse by the policies and procedures in place.

Assessing risk, safety monitoring and management

- People's risks were appropriately identified and assessed. They included risks associated with their mobility, choking and home environment.
- Risk assessments were linked to care plans and staff were provided with clear guidance on how to support people with identified risks.
- People's risks were regularly reviewed at scheduled intervals or sooner if their needs changed. Staff were given updates, where appropriate, via an electronic system and people's paper records.

Preventing and controlling infection

- People were very positive about the staff's approach to good hygiene and infection control. One person said, "Thankfully, I've never once had to remind them about washing their hands or changing gloves and they are very good at making sure that they take all the rubbish out with them to my wheelie bin each time they are finished." Another said, "I have to say that even the younger carers are extremely good about their hygiene and always wash their hands and use the disposable gloves in an appropriate way."
- Staff had easy access to personal protective equipment (PPE) and told us they had access to everything they need.
- Staff were trained in infection control and food hygiene as part of both their induction and refresher training. The service had a comprehensive infection control policy and procedure in place.

Learning lessons when things go wrong

- The service had a book to log accidents and incidents. During the inspection we saw how change was implemented following an incident. The management ensured that information was shared to the team and updated procedures.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the effectiveness of people's care and support 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 care needs and potential risks were suitably assessed where possible prior to care being delivered. The management team explained that assessing people's needs and choices was an ongoing process as they developed a relationship with the person.
- People's care records were comprehensive with identified outcomes.
- The service used recognised risk assessment tools such as the Waterlow score, which gives an estimated risk for the development of a pressure sore.
- Staff were supported by management and other healthcare professionals to provide care and support in line with national guidance.

Staff support: induction, training, skills and experience

- People were supported by appropriately trained staff. One person explained, "For what I need help with, I think they [staff] are all very good and their training seems to cover everything."
- Staff completed a comprehensive induction program that included shadow shifts with a specified shadow buddy. Staff who had not worked in care previously were enrolled on the Care Certificate. The Care Certificate covers an identified set of standards which health and social care workers are expected to implement to enable them to provide safe and effective care.
- Staff felt they were provided with lots of opportunities for training and to develop their skills. Staff said they were supported by management through regular supervision and informal chats.
- Staff were suitably trained in relevant areas to meet people's individual needs.

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

- Some people were supported with their eating and drinking needs.
- People spoke positively about the support they received, one said, "The carers always ask me what I'd like and then they tell me what I've got left in the fridge and if anything needs using quickly. If I don't fancy any of that, then all of them are very good and will do me something quick on toast or just make a sandwich for me to eat later." Another said, "They usually leave me a little jug of water and a glass so that I have some drink for the rest of the day, particularly during this hot weather when I know I probably don't drink enough."
- At the initial assessment people's needs, choices and risks around eating, and drinking were identified. If they needed referral to speech and language therapy, or if they required their food or fluid intake to be monitored to prevent malnutrition or dehydration this was arranged by the service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare and the service ensured that appropriate referrals were made, such as arranging visits from occupational therapists.
- The service worked well with other agencies, a healthcare professional explained, "They [the service] are very responsive and are keen to work together to maximise people's independence. The carers are very well trained and well informed. I've never had any issues they are very professional, easy to work with and happy to arrange joint visits with carers.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's care records contained mental capacity assessments which were completed when they started receiving care and support from the service.
- Staff had training in MCA and had a good understanding of the principles of MCA.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- The management ensured that packages of care reflected people's individual needs.
- People felt, overall, they were supported with care and kindness by friendly professional staff. People said, "In my experience they have all been very polite and respectful", "They've all been very nice, and [person] gets on with everybody very well" and "No one has ever treated me with anything other than kindness and patience."
- Staff had training in equality as part of their induction and understood the importance of promoting equality in their role.

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

- People had copies of their care plans and were involved in reviews of them.
- People said that staff took the time for them to express their views. One person explained, "I find that they are always very patient with me because it can take me some while to explain how I like things to be done."
- At the time of the inspection the service was not giving information to people about how to contact advocacy services. However, we raised this with the registered manager and they immediately sourced information to share with people. This meant that people would have access to someone who could speak up on their behalf if they felt unable to.

Respecting and promoting people's privacy, dignity and independence

- People felt that staff promoted their dignity and independence. One person explained, "They will always ask me if I want to change my clothes and they will point out if I've managed to spill something down myself or get something dirty, because with my eyes like these days I don't always notice it as quickly as they do."
- Staff respected people's privacy when supporting them with personal care. Staff explained, "We shut the doors and close the curtains, put towels over them [people] if needed and always ask them before we do anything."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People's care plans were personalised. People's choices and needs were identified and recorded at the time of the initial assessment, these included their spiritual needs, if any. These were reviewed regularly, and care plans were updated with clear personalised guidelines for staff. A person explained, "The care plan sets out everything that I need help with and it was put together when I sat and chatted with someone from the agency about the help I needed before the care actually started."
- People were asked their preferences regarding the support they received and, where possible, the service met them. A person explained, "I told the agency that I wasn't prepared to have any male carers and they have been as good as their word and haven't tried to send one to me."
- Some people did raise concerns that due to not always having the same carers they often had to explain how they liked to have things done and said they would prefer more consistency with the people that supported them.

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.

- People's plans of care identified any communication needs they may have.
- At the time of the inspection the service was not supporting anyone with communication needs that required aids. The service had links with a company that could supply them with aids such as enlarged clocks, reading books and magnifying glasses.

Improving care quality in response to complaints or concerns

- The service had an adequate policy and process in place to address any complaints that had been received.
- People said that they had raised concerns regarding the timings of the calls and whilst they were listened to and had received apologies they didn't feel like anything had been addressed. We spoke to the registered manager about the timings of the calls and they said they are monitoring these and are also in the process of recruiting more staff.

End of life care and support

- People's care plans were updated if a person being supported approached the end of their life. However, there was limited information in people's care plans about their preferences, spiritual needs and choices in relation to end of life prior to this.
- The service worked alongside healthcare professionals to ensure people had a dignified and comfortable death as is possible.
- We saw cards containing positive feedback from relatives whose loved ones had passed away thanking them for the care they provided. One read, "Thank you to everyone who helped support [person] during [their] time at home, your care was exemplary, and it was a comfort to know how hard your carers worked to keep [person] safe, clean, fed and most of all to make [person] smile."

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and monitoring was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Due to a breach of regulation in safe, well-led cannot be rated above requires improvement.

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

- People's care plans were developed and written in a holistic personalised way, therefore promoting a person-centred approach to care.
- Staff understood the service's ethos was to deliver the best care they could. Staff explained, "We want to be the best we can for the people we care for."
- However, some people felt that the focus was more on ensuring the rota's worked for staff rather than for people's individual needs, this was mainly due to the two-hour window for calls.
- Although care plans were personalised, the policy around call windows was not always meeting people's needs and was not promoting an approach that is person-centred.

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

- The service had a clear management structure which the staff were aware of and everybody understood their responsibilities.
- Staff were felt supported and were mostly positive about the service. One said, "It is like walking into family, I wouldn't be here if it wasn't a good service."
- The service did complete informal auditing and monitoring, however this was not scheduled or recorded. We spoke to the registered manager who is looking into getting this set up on a schedule to ensure that any errors or risks are picked up.
- The oversight of risks was lacking, for example there was no clear end-to-end record of all accidents, incidents and safeguarding's. However, when we raised this with the registered manager they immediately implemented a new system.

Continuous learning and improving care

- The service was focussed on continuous learning and had its own inhouse trainer which provided staff with opportunities to complete a range of training.
- The registered manager explained how a new digital system was being introduced to improve the way care was delivered and recorded and will ensure that monitoring can be done in real time, rather than having to wait for the paper records to reach the office.

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 registered manager understood they had to notify CQC of certain events concerning people who use the service. A notification is information about important events which the provider is required to send us by law, such as serious injuries and allegations of abuse. This helps us monitor the service.
- The service understood their legal requirement to display the latest CQC inspection report and rating both online and in the service.
- The service understood the importance to share information with people and their relatives when incidents occur, we saw evidence that where appropriate people's next of kin had been contacted. This demonstrated that the registered manager worked in an open and transparent way in line with the duty of candour.

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

- The registered manager had forged strong links with the community by attending and speaking at local events about care in the community that had been organised by local MPs and were attended by both professionals and the public.
- The service had an online survey to allow people and relatives to give feedback on the service at any time. However, people we spoke to were not aware of this. The service is in the process of creating a 'client forum' to further engage with people using the service.
- Staff felt comfortable to give feedback at team meetings and had lots of opportunity to engage with the management on an ad hoc basis.
- The service worked in partnership with healthcare professionals, the local authority and the local safeguarding team to ensure people received the care and support they required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service did not record or manage medicines inline with current national guidance. This meant people were at risk of not receiving the correct medication at the correct time, or missing a dose, or overdosing.</p>