

Absolute Support (London) Limited

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Inspection report

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15 February 2018

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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

Absolute Support (London) Limited provides care and support to people living in three 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using the services of Absolute Support (London) Limited receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'. Where they do we also take into account any wider social care provided. There were 9 people receiving support with 'personal care' when we inspected.

This was our first inspection of Absolute Support (London) Limited. The visits were announced and were carried out on 31 January and 15 February 2018. The provider was given notice because the location provides a domiciliary care and supported living service. We needed to be sure that someone would be in at the location office in Tolworth and we then arranged to meet with people in their homes during our second visit.

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

Throughout the rest of this report people who use the service are referred to as clients in line with their preferences.

Clients and their relatives were positive about the care and support provided by Absolute Support (London) Limited. Clients told us they felt safe and that staff treated them with dignity and respect. They were happy with the support provided which was meeting their individual needs.

Training on the safeguarding of adults had been completed and the staff were aware of their responsibilities for keeping clients safe from avoidable harm or abuse. Client's needs were assessed and any risks associated with their support were identified and monitored.

Clients were supported by staff who were trained and well supported in their job roles. Appropriate checks were carried out for people wishing to join the staff team. Clients were involved in the recruitment process and new staff provided with an induction into the service.

Clients felt there were enough staff members suitably deployed to meet their current support needs. Staffing rotas showed that appropriate numbers of staff were available. Staff we spoke with were confident that they provided a good service to the clients and said they would recommend Absolute Support (London) Limited

to others.

The staff team had received training in the management of medicines. The clients were supported to take their medicines as prescribed in a safe way.

Clients were supported to maintain their health. The staff team supported individuals to eat a balanced and healthy diet which reflected their preferences.

The service understood and complied with the requirements of the Mental Capacity Act (MCA) 2005. Clients were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. They were supported to be independent, follow their interests and take part in activities they enjoyed. The policies and systems in the service supported this practice.

Clients knew what to do if they had a concern and they were reminded of this through meetings and on-going conversations with the staff team.

The service was well led. The registered manager monitored the quality of the service and made changes to improve the service provided when required. Clients, their relatives and staff found the management team to be approachable and responsive.

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.

Any risks to individual safety and welfare were being identified and managed appropriately.

Appropriate recruitment processes were followed and suitable numbers of staff were deployed to meet client's needs.

Clients were supported to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Training and supervision was provided to staff to help them carry out their role and provide effective care.

Staff had an understanding of, and acted in line with, the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

The staff team were kind and caring and involved clients in their care and support. Relationships between staff and clients receiving support were positive.

Clients' privacy and dignity were promoted and protected by the staff team.

Information was made available to clients in different ways that were easier for them to understand.

Is the service responsive?

Good ●

The service was responsive.

Clients received care and support that met and responded to their individual needs.

Clients and their relatives had information about how to complain and felt able to raise any issues of concern with the registered manager.

Is the service well-led?

Good ●

The service was well led.

Systems were in place to monitor the quality of the service provided.

The staff team felt well supported by the management team.

Clients were given regular opportunities to have a say on how their service was run.

Absolute Support (London) Limited

Detailed findings

Background to this inspection

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

Inspection site visit activity started on 31 January 2018 and ended on 15 February 2018. The provider was given notice because the location provides a domiciliary care and supported living service. The inspection was carried out by one inspector.

We spent the first day at the office of the care service. On the second day of the inspection we visited two supported living services and spoke to seven clients about the support they received. We also attended a house meeting held at one service.

We met with the registered manager and four staff members. We looked at records held in the office and supported living services relating to client's support and the day to day running of the service. These included support plans, risk assessments, staff rotas, policies and procedures and recruitment records.

Feedback was additionally received by email from six relatives of clients using the service.

Is the service safe?

Our findings

Clients using the service told us they felt safe being supported by consistent staff who knew their needs well. One client said, "I like it here. It makes me happy." Another client said, "I think it's a real nice house."

One relative commented, "We feel that [family member] is safe - a major concern for us." Another relative told us, "[Client's name] is a very happy young adult because of the great support and care provided, and we regard Absolute Support (London) Limited very highly." A third relative said, "We have no qualms going away on holiday knowing that [client's name] is fine."

Clients were protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. One client told us, "They are always respectful. There's nothing like that going on." Staff had received training in the safeguarding of adults and knew what to do to help make sure that clients were protected. One staff member said, "I'd go straight to the team leader or the manager."

Care records seen included risk assessments to help keep clients safe addressing areas such as their health, finances, daily living skills and the home environment. Each assessment included the actions required to reduce the identified risk whilst also enabling the client to be as independent as possible.

We saw there were sufficient numbers of staff available to keep clients safe and that staffing levels were determined by their support needs. For example, numbers of staff in the supported living services varied according to client routines and needs. Timetables displayed in the services showed the group and one to one support provided. One client was being supported to budget their money and go shopping for personal items at one house we visited. Two other clients were escorted to an evening club which they attended as one of their preferred weekly activities.

A relative told us, "Care is tailored to individual need and great skill is employed to balance the needs of the clients in what can be challenging situations." Another relative commented, "We believe the one to one sessions are good for [person's name]."

The staff spoken with told us that staffing levels were safe. One staff member said, "They get one to one time. We do whatever they want to." Another staff member commented, "Everyone gets the right level of support."

Safe recruitment practices were in place to help protect clients from the employment of unsuitable staff. We looked at the personnel files for two members of staff. Completed application forms included references to their previous health and social care experience and documented their employment history. Each file contained evidence that criminal record checks had been carried out along with proof of identity. A relative commented, "Careful thought goes into the selection of new carers."

Clients received their medicines in a safe way and as prescribed by their GP. A staff member told us, "One client is self-medicating. They sign their own Medication Administration Record (MAR) and we monitor this."

Information on the support clients needed in relation to medicines was included in their support plan. Medicines were checked regularly to make sure they were correct and in line with the MAR's and the appropriate support was provided to clients to help them remain as independent as possible.

Is the service effective?

Our findings

Clients told us that the staff who provided their support were helpful, trained and competent. One client told us, "I think the staff are nice. They help me with my money and with cooking." Another client said, "I think the staff have done really well." A third person commented, "I like all of them. They help me with my cooking."

One relative commented, "The longer-standing carers are highly experienced and especially diligent and friendly." Another relative told us, "We are all very satisfied with all the care, help and support [clients name] receives and feel very lucky to have such a good well trained team in Maggie's (the registered manager) "Absolute Support" providing it." A third relative told us, "I am very happy with the care and support provided by Absolute Support."

Relevant training was completed by care staff. This included training around the safeguarding of adults, safe food handling and the administration of medicines. One staff member said, "I've done safeguarding, medicines, food hygiene and the Mental Capacity Act (MCA) training. Another staff member commented, "Training is a big thing at the moment."

Clients were supported to take part in the recruitment of staff and have an influence on the outcome. Questions had been written by clients for staff interviews and some clients took part in the interview process. Prospective staff also spent time in the houses so that all clients had a chance to meet them and give a view on their suitability.

New staff were then supported to complete an induction programme which was tailored to the service. The service had started to implement the Care Certificate as part of their training for staff. This is a set of standards that have been developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide high quality and compassionate care and support. One staff member told us they were currently completing their Care Certificate work books and were meeting regularly with a senior staff member to sign off their written work.

Supervision and appraisal were used to develop staff, review their practice and focus on their professional development. Records showed that staff were supported through regular individual supervision sessions. In addition to these formal meetings, staff said they could approach senior staff informally to discuss any issues they had.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of clients who may lack the mental capacity to do so for themselves. The Act requires that as far as possible clients 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.

We checked whether the service was working within the principles of the MCA. Training in the MCA had been

completed and the staff members we spoke with understood how it applied to their day to day support role. Staff talked about helping clients to live as independently as possible and that they always sought each client's consent before providing any care or support. The clients we spoke with agreed telling us how they were able to make choices themselves and do many things independently. A relative commented, "We like the fact that [clients name] and their house-colleagues are involved in decision-making processes."

If a client was unable to make a specific decision about their care and support, a best interest decision would be made consulting their family and any involved health professionals. For example, around having a healthcare procedure.

The service worked well with family members and healthcare professionals to make sure each client's health was maintained. A relative described the support given to one client with their health saying, "They have gone over and above to ensure my [family member] is well cared for." Another relative commented, "[Client's name] health needs are not complicated but need close attention sometimes, staff have been well informed about their medical history and potential problems and can quickly pick up and act on any problems that arise because of a proactive approach." Records showed that staff were provided with information on client's health needs so they could monitor these effectively.

Is the service caring?

Our findings

The clients we spoke with told us the staff were kind and caring. They said that their privacy and dignity was always respected. One client told us, "The staff are lovely." Another client said, "I love it here. I like all of the staff."

Relatives were all very positive about the support provided. One relative told us, "I feel that all the staff are well informed and provide a caring, stable home." Another relative said, "The staff are extremely thoughtful and caring." A third relative commented, "[Clients name] is very well cared for and very well supported in all aspects and areas of their life."

Staff demonstrated a good understanding of clients' needs and they provided support in a relaxed and good-humoured way. Clients were relaxed in the company of staff and clearly felt comfortable in their presence. Staff supporting a house meeting we attended clearly knew the clients very well. They showed patience and understanding as well as employing humour to interact positively with each individual and successfully facilitate them to give their view about the issues being discussed. A relative commented, "The staff know [clients name] very well and help them to be more assertive as they can be quiet."

Each client had a support plan that was personalised including their preferences and their likes and dislikes. Individual plans were documented for each client including developing independent living skills in areas such as personal care and budgeting money. A member of staff commented, "I feel the support here is more person centred than at other places I have worked." When asked for their opinion of the support provided, another staff member told us, "It's great actually. I cannot think of any improvements."

People and things that were important to clients were included in their personal support plan. This meant the staff team had the information they needed to provide them with individualised care and support. For example, how they liked to be addressed, contact with family and friends, the foods they liked to eat and the things they liked to do for themselves. One plan stated that the person wanted the staff to be like friends rather than a sister or mother figure as they had these relationships already.

Regular house meetings were held to formally consult with clients living in the supported living services and obtain their views. The meeting we attended was used to make sure clients were happy with the support provided. Issues discussed included the weekly menu, activities, the in-house baking competition, healthy eating, local dating nights and compliments or complaints.

Information was made available in different ways to make it easy for clients to understand. We saw information was available using simple words and pictures. For example, Happy or sad face symbols were used to help clients express how they felt during the house meeting. Cookbooks were also passed around to help clients choose the meals they wanted to cook and Makaton used to aid communication with one client. Makaton is a language programme using signs and symbols to help people communicate.

Is the service responsive?

Our findings

Client's needs were assessed prior to receiving a service to determine what help and support they needed. Information from relatives and relevant professionals was also sought. A relative told us, "[Clients name] had never lived away from home before. Absolute Support provided a transition period of several months to get to know them and their specific needs beforehand. It also gave [client's name] time to get to know some of her future support staff."

A relative commented, "The support package provided works very well individually and in the shared setting and is totally appropriate for [clients name] needs and the care manager does extremely well with the management of staff and the money we are given by the local authority."

The support plans were personalised and included client's care and support needs and how the client wanted those needs to be met. For example, how they liked to be addressed, the foods they liked to eat and the things they liked to do for themselves.

The staff were responsive to each client's support needs and encouraged their independence. Their likes and dislikes and things important to them were explored and documented. A relative said, "[Clients name] has their own Key Worker who works with them regularly to learn new skills, become more independent and maintain good communication with myself." A client commented, "I talk to my keyworker. They try their best for me." A written summary was produced by the keyworker each month and these were signed by the client.

Clients were supported to follow their interests and take part in activities that were socially and culturally relevant to them. This included attending work, college, clubs, dancing activities and shopping. A trip out to a London museum had been enjoyed by some clients on the day we visited.

A relative said, "They always make sure, as far as possible, that they can attend any event or function they want to, and are proactive in looking for activities for the young people to do which they will enjoy." Another relative told us, "The staff provide or assist my family member to have a very active social life as befitting a young person in their twenties."

Clients were supported to maintain relationships with people who mattered to them. Support plans reflected the relationships that were important to individuals and how these were maintained. One client told us how they had been out independently on the day we visited to have lunch with a family member. The registered manager told us about the support they had provided for another client to maintain their relationship with their chosen partner. A relative commented, "[Family members] see them regularly and work with Maggie and her team to ensure [clients name] gets all the opportunities to continue living life to the full."

The service was continuing to look at ways to make sure clients had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible

Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

A money budgeting sheet had been developed by one member of staff using pictures of items that the client might want to buy and plastic notes to help them budget their money. Another staff member had developed accessible materials for an on-going employment project run by the service. Easy read and picture materials had been developed or obtained for the clients around important areas such as safeguarding, sexuality and the Mental Capacity Act.

A formal complaints process was in place and people knew who to talk to if they were unhappy or unsure about anything. A client told us, "I would talk to staff or my family. They will sort things out for me." Another client said, "I'd talk to the staff or Maggie." There had been no formal complaints made about the service with any issues resolved informally at local level.

Is the service well-led?

Our findings

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

Clients, their relatives and staff told us the service was well led and the registered manager was open and approachable. A client told us, "Maggie is really good. She is sometimes a bit bossy." Another client said, "I can speak to Maggie. She listens to me." A third client commented, "She's nice to me."

A relative told us, "I could not speak more highly about the care and support provided by the team of Absolute Support that care for my family member." Another relative said, "Maggie, as the head of the unit, is just super and driven to help her clients have a happy, stimulating life in a well-supported environment." A third relative told us, "I could not speak more highly about the care and support provided by the team of Absolute Support that care for my family member."

Staff understood their role and responsibilities, were motivated, and had confidence in the senior staff and registered manager. One staff commented, "It's a joy. Maggie is so dedicated in making sure people have the best quality of life and the best opportunities." Another staff member said, "It's a more personalised service – friendly and with consistent staff who know people well."

There were systems in place to monitor the quality and safety of the service being provided. Team leaders carried out checks on a regular basis. These covered areas such as medicines management, fire safety, people's personal finances and the environment in which support was provided.

Regular meetings were held with clients, relatives and staff. These provided them with the opportunity to discuss the service being provided and share any issues or concerns. Recent formal meetings with relatives included discussion of a new website, activities, fire safety and staff shifts. The registered manager told us that work was on-going to improve the governance structure with relatives acting more formally in their role as commissioners and feeding in to quality assurance systems.

The provider worked well in partnership with other professionals to make sure clients received appropriate support to meet their needs. Care records showed how the service engaged with other healthcare agencies and specialists to respond to client's needs and to maintain their safety and welfare. The registered manager and other senior staff attended local forums for care service providers and kept up to date with practice via websites such as the Social Care Institute for Excellence (SCIE).

The service had developed good links with local community groups and resources that reflected the needs and preferences of the clients using the service. For example, some clients were involved in a project providing training and developing paid employment opportunities run by Absolute Support in conjunction with another care provider. The service also had links with the Downs Syndrome association (DSA).

