Scene Absolute Quality Care Ltd

Absolute Quality Care

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

This was an announced inspection which took place over three days; 8, 21 and 30 June 2016. This is the services first inspection since Re-registering with the Care Quality Commission in May 2016.

Absolute Quality Care is a domiciliary care service that is registered for the regulated activity of personal care. The service provides care and support to people in their own homes in the Tyneside area. The care offered varied from short visits to 24 hour care. A number of people were receiving end of life care. There were 69 people using the service at the time of this inspection.

The service had a registered manager in post prior to re-registration in May 2016. 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.

We found that people's care was delivered safely and in a manner of their choosing. People were supported in a way that reflected their wishes and assisted them to remain as independent as possible. Staff were aware of signs of potential safeguarding issues and raised them with the service. The service had responded positively to recent safeguarding issues.

People's medicines were managed well. Staff watched for potential side effects and sought medical advice as needed when people's conditions changed. People and their family carers were encouraged and supported to manage their own medicines if they wished to do so.

Staff felt they were well trained and encouraged to look for new ways to improve their work. Staff felt valued by the registered manager and this was reflected in the way they talked about the service, the registered manager and the people they supported. We made a recommendation around the further development of supervision.

People who used the service were matched up with suitably trained staff to support their needs, and if people requested changes to staffing or hours of support these were usually facilitated quickly. People and relatives were complimentary of the service, and felt included and involved by the staff and registered manager.

There were high levels of contact between the staff and people with staff seeking feedback and offering support as people's needs changed. People and their relatives felt able to raise any questions or concerns with the service and felt these would be acted upon.

When people's needs changed staff sought external healthcare professional advice, incorporating any changes into care plans and their working practices. Staff worked to support people's long term

relationships and kept them involved in activities that mattered to them where possible. Relatives thought that staff were open with them about issues and sought their advice and input regularly.

The registered manager was seen as an experienced leader, by both staff and people using the service. They were trusted and had created a strong sense of commitment to meeting people's diverse needs, supporting their staff and developing a better service.

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.

Staff knew how to work to keep people safe and prevent potential harm from occurring. The staff were confident they could raise any concerns about potential abuse or harm, and that these would be addressed to ensure people were protected from harm. People in the service felt safe and able to raise any concerns.

The staffing was organised to ensure people received appropriate support to meet their needs. Recruitment records demonstrated systems were in place to ensure staff were suitable to work with vulnerable people.

People's medicines were managed well. Staff were trained and monitored to make sure people received their medicines as required.

Is the service effective?

Good

The service was effective.

Staff received support to ensure they carried out their role effectively. Regular formal supervision processes were being developed to enable staff to receive feedback on their performance and identify further training needs.

Arrangements were in place to request support from health and social care services to help keep people well. External professionals' advice was sought when needed.

Staff had a basic awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where they did not have capacity, or had fluctuating capacity.

Is the service caring?

Good

The service was caring.

People and family members told us staff were very caring and

respectful.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide individualised care for the person.

People were helped to make choices and to be involved in daily decision making.

Is the service responsive?

Good

The service was responsive.

People had their initial needs assessed and staff knew how to support people in a caring and sensitive manner. The care records showed that changes were made in response to requests from people using the service, changes in need over time and following advice from external professionals.

People could raise any concerns and felt confident these would be addressed promptly through regular meetings with the registered manager.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place who encouraged an ethos of quality and compassion amongst staff and people who used the service.

Staff said they felt well supported and were aware of how to contact the service for support throughout the day.

The registered manager monitored the quality of the service and looked for any improvements to ensure that people received safe care.

Absolute Quality Care

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 was planned to check 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.

This inspection took place on 8, 21 and 30 June 2016 and was announced. We gave the service 48 hours' notice as it is a domiciliary service and we needed to be sure people would be available. The visit was undertaken by an adult social care inspector who visited the services office on 8 June and telephoned staff, people using the service and their relatives on the 21 and 30 June 2016.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted local commissioners of the service for feedback.

During the inspection we spoke with seven staff including the registered manager. We spoke with two people who used the service, two relatives and one external professional via phone.

Five care records were reviewed as was the staff training programme. We also reviewed complaints records, three staff recruitment files, three induction and training files, and staff meeting minutes. The registered manager's quality assurance process was discussed with them.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe when supported by Absolute Quality Care staff. One person told us, "I have a lot of equipment to keep me going, staff know how to use it and I feel safe". A relative told us, "I am confident [relative] is safe, the staff are trained to use the hoist as I am. I would say they are confident and competent at what they do". People and relatives told us they had a core group of carers that they knew. They were usually introduced to new staff who would work alongside a regular member to understand the needs of the individual before working alone next time. People and relatives told us staff helped with medication which was given on time and in the correct manner.

Staff had a good understanding of safeguarding and knew how to report any concerns they might have. They told us they would report any concerns to the registered manager. They were aware of the provider's whistle blowing procedure and knew how to report any concerns they had external to the provider. One staff member told us they knew they had to contact the local authority or police if they had urgent concerns. They were able to tell us about different types of abuse and were aware of potential warning signs or changes in people's behaviour. They described when a safe guarding incident would need to be reported. Staff told us they currently had no concerns and would have no problem raising concerns if they had any in the future. They told us, and records confirmed they had completed safeguarding training. The provider's policy had taken into account the local authority reporting procedures. The registered manager had responded positively to any possible alerts, raising the concerns promptly and cooperating fully with external agencies.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. For example, for falls and nutrition to keep people safe. These assessments were regularly reviewed to ensure they reflected current risks to the person. They formed part of the person's care plan and there was a clear link between care plans and risk assessments. The risk assessment and care plan contained clear instructions for staff to follow to reduce the chance of harm occurring and at the same time supporting people to take risks helping maintain their independence.

People and staff we spoke with told us there were enough staff to meet people's needs safely. One person had two staff due to concerns about their behaviour and conduct. Staff had clear guidelines in place to support this person and could contact external professionals and the providers on call for support.

Some of the people receiving the service had a history of complex family relationships and behaviours which placed them at risk. Staff we spoke with felt the high levels of contact between the registered manager, office staff and people receiving the service and their families helped to ensure these issues were discussed and resolved quickly. The registered manager was clear about their role in assessing potential risks to people and staff and intervening where necessary. This work often involved seeking external professional advice and input.

We looked at how staff were recruited and saw that the process was the same for all staff. All staff were

subject to a formal application and interview process. Two references were taken and a criminal record and barring scheme check (DBS, disclosure and barring service) made. The staff we spoke with confirmed this process had been completed and that they had completed these standard checks.

We looked at how medicines were managed by the service. Some people had family carers and as part of the initial assessment agreement was reached with them about how medicines would be managed. Where people or their relatives chose to manage their own medication this was risk assessed and kept under review. Where the service had responsibility for medicines this was carried out by suitably trained staff. Records of medicines were kept and subject to regular review by the registered manager to ensure the arrangements were effective. Staff who handled medicines had attended the providers training and had their competency checked at home visits.

Staff told us they had all attended appropriate infection control training, and that the service always ensured that disposable gloves and aprons were supplied to the person's home for their use.

Good

Is the service effective?

Our findings

People told us they felt the service was effective at meeting their needs. One person told us, "It's been a good few weeks now; they are very personal, flexible and so far, so good." Another person told us, "I had to contact the office about changing the times of calls while during the holidays; they sorted it all out very quickly." However one person told us they felt the carers could be rushed in the mornings. But they did tell us that the carers did complete all the tasks required in the time allotted.

From records of staff induction we could see that all staff went through a common induction process. All staff had attended training in key areas identified by the provider such as moving and handling. The registered manager kept a record of all staff showing when refresher training was needed. Regular observations of staff were carried out by senior staff to ensure they were following care plans. Staff we spoke with had worked in similar care settings in the past but confirmed they had still attended the same training and went through the provider's induction process. A recently appointed staff member told us they were preparing to attend their supervision meeting and sign off their probation.

We looked at staff supervision and appraisal records and saw there was regular day to day contact with staff where the registered manager or office staff visited people and spoke with staff. Records kept of these contacts were minimal and did not show that a comprehensive supervision was taking place. We discussed this with the registered manager; they explained to us how the service was still developing formal supervision processes after a recent increase in numbers of staff. They showed us their plans to introduce a new and comprehensive system of staff support, which included more formal supervisions.

We recommend the registered manager ensures that staff receive formal supervision in line with their new procedures.

Staff we spoke with told us that contact with the registered manager and office staff were helpful, they felt able to discuss any personal or work issues that affected them, and they felt supported by a quick response. The service had not yet conducted annual appraisals of staff since first registration, but had a policy and process in place for this to happen after staff had worked a year.

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. We saw that one person had been assessed as having issues about making decisions which placed them at risk. The service had been supported by an external professional to create clear guidance for staff on how to manage possible incidents involving this person. This took account of the person's rights and choices. Staff we spoke with were clear about how they used effective communication to help gain people's consent by taking time to offer choices to this person. They were able to tell us how they sought the advice of the registered manager or external professionals if required.

People told us they were supported to eat and drink by staff. One person told us the staff supported with cooking and left snacks for them to have when they were alone. They told us they had lost weight whilst unwell and were starting to put this back on now. A relative told us how staff ensured their family member eat at least three times a day.

We saw from records that people had access to support from health care professionals including GP's, district nurses, chiropody and other healthcare. From care plans there was evidence of liaison and joint working with external healthcare professionals such as district nurses. Staff we spoke with told us how they supported people to seek this external support and then assisted in communication and updating them on changes in people's needs.

Good

Is the service caring?

Our findings

People and their relatives all told us they felt the staff were caring towards them. One relative told us, "Although my [relative] can't understand everything, staff can communicate with [relative] to understand their needs". Another told us, "I can't fault the staff they make sure my [relative] is dressed well and up and about. They are very good at paying attention to details. My [relative] would hate not to look their best every day." People told us staff were courteous, that they knew people well and would often do extra things like shopping for them. Everyone said they or their relative was treated with respect and dignity.

Care records and plans helped to identify people's preferences in their daily lives, and important facts about their previous occupations or interests. This helped staff to be able to provide support in an individualised way that respected people's wishes and previous lifestyles. Staff we spoke with knew the details of people's past histories and their personalities. We saw that written details of how people wanted to be cared for and supported were clear and had been written in plain English.

Some of the people were receiving end of life care. We saw that some staff had been trained or supported via the registered manager to be aware of how to best to offer emotional support to people and their families whilst receiving end of life care.

The registered manager told us how they supported people to access healthcare services, sometimes supporting family carers to ask for additional support or advice if this was not forthcoming, such as hoisting equipment or additional professional assessments. Staff were aware of sources of advocacy that could be accessed to support people with any conflicts or issues. We saw that issues of behaviour had been referred for external support to ensure that the needs of each individual were recognised.

People and relatives told us that staff respected their privacy and confidentiality. They described how personal care was carried out with staff ensuring they were always kept comfortable, being covered by towels or blankets and doors of rooms being closed. Staff and people told us they always sought permission before doing anything for the person and checked this consent regularly.

We saw that people had been supported to make advance decisions, such as 'do not attempt resuscitation' orders and these were reviewed regularly. We saw that staff continued to provide practical help and support to family carers after people had passed away. Staff liaised with external community health professionals to seek their input and advice, and people were supported to have dignified care. Records showed how people wanted to be supported and gave details of how they wished to be cared for in a way that respected their personal preferences and beliefs.

Good

Is the service responsive?

Our findings

All the people and relatives we spoke with knew who to contact if they needed to give feedback regarding something they were not happy with. They told us they felt the service responded to their changing needs and requests. One person told us they had needed to speak to the registered manager regarding an issue with a member of staff. They told us their issue was resolved quickly and without any judgement about their choice. A relative told us, "If I have a problem I just ring the office".

We looked at five people's care records, including support plans about their care needs and choices. We saw the quality of recording was consistent and provided clear information about each person. We saw that there were regular reviews of these care plans and that information from external professionals was added quickly into any care planning. The records contained details about peoples past occupations and personal interests and gave the reader an insight into the person's lifestyle and preferences. These records were written in plain English. Where technical or medical language was used this was explained or information was included in the care records to inform the reader.

The registered manager told us about their process of initial assessment of new people using the service. This included giving people information about the service as well as how to complain. People and relatives told us they had been involved in developing their care plans and had been consulted about how best to work with them. For example by giving details about how they wished to be bathed. They told us they and their relatives had been encouraged to make comments and suggestions and they had been asked to sign and approve their care plans.

Records showed that each person's care plan was reviewed monthly. We saw that reviews of peoples care sometimes involved external professionals and staff kept records of these meetings so that they were able to quickly incorporate any changes into the care plans. An example being where we looked at included where a GP had issued a new prescription and staff quickly sourced the medication and made changes to the medicines care plan.

People were encouraged and supported to keep doing the activities and interests they enjoyed. Peoples preferred interests were documented, and with careful matching to staff they were able to support them to continue these where possible. For example, one relative told us how staff had afforded them a chance to have a regular break from their caring role and meant they felt able to continue having their own separate interests.

The registered manager had regular contact with people via face to face or telephone contact. People told us they felt able to raise any concerns and that these were quickly responded to. The registered manager showed us records where minor concerns had been raised and the process they then followed to respond to these. They had responded positively to them and had made changes to peoples services or care plans. People and relatives we spoke with told us they felt able to raise any concerns but they did not have any at that time. No formal complaints had been received but there was a process in place to deal with any that may have been.

Good

Is the service well-led?

Our findings

People and their relatives all told us they thought the service was well led. One person said, "So far so good. I didn't know what to expect, but it's grand so far." Staff we spoke with also told us they felt they had good leadership and guidance from the registered manager. They told us they set the tone about valuing people and keeping people's needs at the centre of all decision making. The registered manager told us how the service name 'Absolute Quality Care' had been created to reflect their aim and ambition for the service.

The registered manager told us how they did not offer to provide peoples care where they did not feel able to meet their needs. They told us that if the initial assessment showed they would not be able to offer the right skill mix, they declined the work. They told us that when urgent work was taken, the aim was always to then develop a regular staff team to support people in the longer term.

We saw minutes of staff meetings. These clearly set out how the registered manager used the meetings to gather information about possible improvements and make changes to how the service was delivered. These meetings of senior's staff with the registered manager led to improved coordination of the service. The registered manager showed us plans to further develop care staff meetings to improve their involvement and consultation as the service developed. It was clear they were attempting to develop a robust process to ensure that as the service expanded that care staff would remain involved. Staff we spoke with told us they felt able to raise new ideas and comments about the service.

The registered manager was seen as visible and approachable by people using the service relatives and staff. Those people who had contact with them and the service's office felt able to raise issues or concerns. The service had not yet conducted a survey of people or staff since changing registration but had taken steps to gauge the most effective way of conducting this and had plans for this to happen in 2016.

We discussed notifications to the Care Quality Commission (CQC) with the registered manager and clarified when these needed to be submitted for certain issues. They were clear about their role as a registered person and sought advice from the CQC regularly to ensure they were meeting their statutory requirements. They told us the plans they had for developing the service whilst making sure that additional work did not create a less personalised service. For example they were using mobile technology to ensure that staff had effective administrative support as well as to reduce the likelihood of missed or late calls. This use of mobile IT was being extended over time to ensure the quality of the service could be monitored effectively.

We saw the registered manager undertook audits of care records and medicines regularly. We could see where changes had been made to reflect people's changing needs. The registered manager described an ongoing cycle of visits to people, listening to changing needs, updating care plans and making sure staff had the skills to meet those changing needs.

The external professional we spoke with told us that they had been pleased by the services response to their clients changing needs and communication on how well the plan was operating. They told us the registered manager had been flexible and assertive in identifying how best to support the person and their support had

been crucial to the care plans success.