

Absolute Care (UK) Limited

# Absolute Care UK Limited

## Inspection report

4 Arkwright Road  
Reading  
Berkshire  
RG2 0LU

Tel: 01189866700

Date of inspection visit:  
31 March 2016  
11 April 2016

Date of publication:  
27 April 2016

## 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 inspection took place on 31 March and 11 April 2016 and was announced. Absolute Care (UK) Limited is a domiciliary care service. At the time of the inspection they provided personal care to ninety people living in their own homes.

At the time of the inspection 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.

People and their relatives were happy with the service they received from Absolute care (UK) Limited. They said they felt safe using the service. Risks were assessed and managed effectively to keep people and staff safe. Staff had received training in safeguarding people and understood how to keep people safe. They were confident any issues reported regarding people's safety were dealt with by the management staff.

Recruitment procedures were robust and helped to ensure suitable staff were employed at the service. Staff received ongoing support from the management team. They felt they could discuss any issues openly and receive guidance when they needed it. Appropriate and regular training was provided to ensure staff had the skills to care for people safely and effectively.

Medicines were managed safely and people received their medicines when they required them.

Policies and procedures were reviewed regularly and gave suitable guidance to staff.

People's rights were protected. Staff understood their responsibilities in relation to gaining consent before providing support and care. People were happy with the support they received from the service. They had been involved in making decisions about their care and felt they were respected.

People were treated with kindness, dignity and respect and they were supported to remain as independent as they wished.

Staff were provided with information concerning people and changes to their care in a prompt manner. Communication in the service was praised by staff, people and relatives. When necessary, staff contacted healthcare professionals to seek advice regarding people's well-being.

Regular feedback and a system of audits helped the registered manager to monitor the quality of the service and take action to make improvements.

## 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.

Risks were identified and managed. This kept people and staff safe.

Staff knew how to protect people. They understood safeguarding policies, procedures and reporting requirements.

Suitable staff were employed through a robust recruitment procedure.

Medicines were managed safely and people received the support they required to take their medicines.

### Is the service effective?

Good ●

The service was effective.

People had their right to make decisions protected. Staff understood the need to gain consent before providing care.

Staff received regular training to enable them to provide safe and effective care to people. Staff had regular one to one meetings with senior staff and had their work appraised each year.

Staff sought professional advice with regard to people's health and well-being when necessary.

People were supported by a consistent team of staff.

### Is the service caring?

Good ●

The service was caring.

People were supported by regular care staff who knew them well.

People were treated with kindness and respect and encouraged to be as independent as they wished to be.

People's choice and their preferences were respected. They felt

listened to and involved in their care.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's needs were assessed and they were involved in planning and reviewing their care.

Feedback about the service was encouraged and people knew how to make a complaint or raise a concern if necessary.

People felt the service was flexible and responsive to their needs.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was an open culture in the service. Staff felt supported by the registered manager. They were confident she would listen and take action when necessary.

People and their relatives felt the management of the service was good. They praised the communication between themselves and the service.

The quality of the service was monitored and the registered manager worked continually to improve and develop the service.

# Absolute Care UK 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 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 31 March and 11 April 2016 and was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that senior staff would be available in the office to assist with the inspection.

The inspection was carried out by one 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.

Before the inspection we reviewed the information we held about the service which included previous inspection reports and notifications they had sent us. Notifications are required to be sent to the Care Quality Commission by law to inform us of events relating to the service.

We also considered the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with six people who use the service and nine relatives who spoke to us on behalf of the person using the service with their permission. We spoke with the registered manager, the deputy manager, four members of care staff and two senior staff called field managers. We also received feedback from two local authority quality and contracts teams. We looked at records relating to the management of the service including 16 people's care plans, 10 staff files including recruitment records, policies and procedures, complaints log, training matrix, quality assurance audits and accident/incident records.

# Is the service safe?

## Our findings

People felt safe using the service. People and their relatives or representatives said they had no concerns regarding safety and many commented they were extremely happy with the service. They had good communication with the service and this contributed to them feeling safe. Staff told us people's safety was of key importance and gave clear and detailed explanations of the steps they take to maintain safety for people. For example one told us, "Everything we do boils down to keeping people safe." They went on to explain how they observe for changes in people and report anything of concern straight away.

Staff knew their responsibilities with regard to protecting people. They had received training in safeguarding vulnerable adults and refreshed this on an annual basis. Staff were able to describe the types of abuse people may be subject to and the signs that may indicate this. For example, they spoke about observing people for unexplained marks, watching people's reactions to others and changes in their mood. Staff were able to explain the reporting process for safeguarding concerns. They were confident action would be taken about any concerns raised but knew they could report to other authorities outside their own organisation if necessary. Staff also understood the whistleblowing policy and said they would have no hesitation to use it if necessary.

People had their individual risks identified and assessed. For example, those associated with moving and handling and medicines. These assessments were incorporated into people's care plans and specific guidelines were available for staff to follow in order to minimise risks. An assessment of the home environment was also undertaken and identified risks were highlighted to care staff. Information on measures to reduce or manage risks were recorded and reviewed regularly. Staff told us they made observations at each visit to identify any changes or new risks. One said, "I make sure the environment is safe before care starts. It's our responsibility to do this and keep people safe." When changes had been reported action had been taken immediately to reassess the risk and amend the care plan. Information concerning changes to any risks was communicated immediately throughout the care team.

The provider had a health and safety policy identifying clear roles and responsibilities. Staff had a good knowledge of their responsibilities with regard to this. They were able to describe the action to take in the event of an emergency and some gave examples of having to call the emergency services. There was a business continuity policy with associated risk assessments for dealing with emergencies such as fire, flood, loss of information technology and adverse weather.

The provider's recruitment procedure was a robust and effective system. A detailed flow chart had been introduced to assist with this process. This ensured all checks and documentation were completed in accordance with the provider's policy. A Disclosure and Barring Service (DBS) check was completed for each prospective member of staff. This ensured they did not have a criminal conviction that prevented them from working with vulnerable adults. References were requested to establish behaviour in previous employment and gaps in employment history were recorded and explained. When misconduct had been identified staff had been taken through a disciplinary process. As a result, appropriate action had been taken to ensure the safety of people using the service.

There were sufficient staff to provide safe care for people. New care packages were assessed and only accepted if staff were available to cover the required visits. Visit schedules indicated time was allocated for travelling. Most staff told us they had sufficient time to travel between visits and they generally arrived on time. However, two felt insufficient travel time was allocated and felt rushed. An on-call system was operated by the senior staff outside office hours. Staff confirmed they could always contact the person on-call when necessary. The computer system used to schedule visits alerted staff to any visits that had not had a care worker allocated to them. This ensured all visits were scheduled correctly. The service did not have a history of missed visits being a concern. The registered manager told us they happened very rarely but if they did occur they were taken very seriously. Staff were spoken to and when necessary disciplinary action was taken.

Medicines were managed safely. Medicines administration records (MAR) had been completed fully and were audited by the registered manager. Staff received training in the safe management of medicines which was refreshed regularly. The provider had established a bespoke medicines training session related specifically to their service. Staff spoke highly of the training received and said they felt confident in managing medicines safely. Staff had their skills and knowledge tested annually. Where medicine errors had occurred, they had been fully investigated and action taken to improve practice.

Accidents and incidents were monitored and staff were aware of the reporting processes they needed to follow if either occurred. These were reviewed by the registered manager to identify trends and develop learning points.

## Is the service effective?

### Our findings

People and their relatives thought the staff who visited them were skilled and knowledgeable about the work they do. Staff training began with induction and completion of the care certificate standards. The Care Certificate is an identified set of 15 standards that health and social care workers adhere to in their daily working life. Staff also completed a period of shadowing during which they watched and worked with more experienced staff. Staff told us they had done this until they felt confident to work on their own and senior staff were happy with their work.

Staff received training in mandatory subjects such as moving and handling, safeguarding of vulnerable adults, the Mental Capacity Act 2005 (MCA) and health and safety. This training was refreshed in accordance with the provider's training policy and all staff were up to date with their training. In addition, staff received training in topics related to the people they cared for such as dementia. They were also provided with opportunities to gain recognised qualifications such as national vocational qualifications in health and social care. Training was provided using a variety of methods such as face to face training, DVDs and eLearning. Assessments of learning and practical skills were carried out. The provider used a system of recording training which alerted them to when a staff member need to update their training in a certain topic.

Staff felt well supported and had regular one to one meetings with senior staff. Annual appraisals were also carried out. These gave staff the opportunity to reflect on their work and plan their future development. One staff member said, "I know where to go and I feel totally supported." They said they were able to discuss worries and concerns with senior staff and make suggestions. For example, one said: "Whether it's problems or ideas, they are most definitely listened to and taken on board." Direct supervision visits were carried out quarterly. These were used to check on the practical work of staff. If a concern was identified with any aspect of a staff member's work it was addressed with them.

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. We checked whether the service was working within the principles of the MCA. Staff had received training in the MCA and this was refreshed every two years. People's rights to make their own decisions were promoted. Staff were aware of their responsibilities and had a good understanding of how the MCA related to their work. They told us they sought consent from people before they offered care and if they had concerns regarding a person's mental capacity they referred to appropriate professionals in order for decisions to be made in people's best interests.

People were supported with their nutrition when it was part of their assessed care needs. Staff assisted people to choose what they wanted to eat and drink. They described how they showed people things from the fridge or freezer so they could make an informed choice. Snacks and drinks were left available for people



to have after staff had finished the visit. People's nutrition was monitored when necessary and advice followed from appropriate professionals, for example, speech and language therapists, specialist nurses and dieticians. Staff had received training in safe food handling practices.

Most people either made their own medical appointments or relatives did this for them. However, people said staff would call a doctor or other health professional if necessary. A relative had written into the service with a compliment and praise. They stated staff had stayed with their family member when they were unwell and called for medical help. They described staff as, "Brilliant, very caring, very patient and helpful."

People told us the care staff mostly arrived for their visits on time and stayed for the full allotted time. Two people commented that there were a few occasions when visits started late. However, they were clear that this was not the fault of the care staff. They told us it was usually due to traffic delays.

# Is the service caring?

## Our findings

People and their relatives described staff as, "Friendly and polite," "Very friendly and courteous" and "Very friendly and helpful people." Many spoke about the care they received as being "exceptional" and praised individual members of staff who visited them regularly. For example, one person said, "[Name] works very hard" and then went on to say they made them feel, "Very lucky." During the inspection we observed the office staff speaking with people and their relatives. They were relaxed and helpful while also being polite and respectful.

People appreciated having regular care staff who visited them. One person said this brought continuity to their lifestyle and a relative described their family as being, "Very, very lucky" as they have an excellent relationship with the care staff appointed to them. Staff confirmed they visited the same people regularly. One described, how they had been able to understand and recognise when things were not going well for one particular person. This had resulted in other professionals being consulted and additional support being put into place.

Staff knew people well and had an in-depth knowledge about each person's needs. They could describe how people preferred things to be done. This helped them to provide care sensitively, taking each person's wishes and personality into account. One member of staff commented, "It's what they want, not what I want. I never assume anything; it's their way not my way." Another staff member explained, "Each person likes things done differently and we respect that."

Staff consulted people about everyday decisions including what they would prefer for their meals and what they would like to wear. People confirmed they were offered choice.

People's privacy and dignity were protected. Staff gave examples of how they provided privacy and dignity when supporting people with personal care. These included closing doors and curtains as well as making sure people were covered appropriately. People told us staff treated them with respect; they also said staff showed, "compassion" when supporting them. A relative said staff "engaged directly" with their relative at all times when providing care. A member of staff described how they helped people overcome embarrassment, "We use banter to help people feel more relaxed, we have a laugh, it always helps."

Staff described how they explained what they were doing when supporting people. One told us, "I always have a good chat before doing anything and make sure they know what we're doing." Another explained how they used communication cards to inform the person of what was happening.

People told us communication with the service was very good and they were kept up to date with any changes which may occur. A relative commented that both they and their family member felt involved at all times, both during visits and in managing the care plan.

People's cultural and spiritual needs were noted. Whenever possible the service matched staff to people to enable the most appropriate support to be given. People were supported to maintain their independence.

One person said, "I'm so pleased the service is out there as it enables me to stay in my own home." Another person said, "A good service which helps people get on their feet." Staff gave examples of how they encouraged people, such as washing their front while staff washed their back and encouraging mobility.

## Is the service responsive?

### Our findings

People and their relatives spoke about the service being flexible and responsive. For example, a relative told us the service was flexible if the time of a visit needed to be extended at short notice when issues arose.

People's needs had been assessed prior to a service being offered. The registered manager had introduced a clear and detailed flow chart to assist with the assessment process. This guided staff through all the important aspects of assessment. It provided prompts to ensure all appropriate information was gathered and risk assessments completed.

The assessments were then used to plan a person's care and included details of their preferences, personal history and when appropriate, their medical history. Other details such as skin integrity, communication, mobility, and nutritional needs were assessed, if appropriate to the care provided. From the assessment a personalised care plan was developed. This provided detailed information to enable staff to deliver personalised care for each person. It also reflected the personal outcomes desired by each individual. Care plans had been explained to people and whenever possible they had signed to indicate their agreement to the plan.

People and their relatives told us they were involved in planning and reviewing their care. One relative praised the service for involving the family. They felt this was key to their family member's well-being. Reviews were carried out every six months. However, staff explained there were on-going checks to identify any changes in a person's condition or needs. When changes occurred they were recorded and care plans were reviewed and updated to reflect them.

Staff used the care plans to help them understand people's needs. They told us that any changes to a person's care plan were communicated to them promptly. This was either through the daily care notes or by telephone. They felt confident they always had the most up to date information to enable them to care for a person. The service had recently introduced care plan feedback forms which care staff complete quarterly. This is then discussed during one to one meetings with staff and provides an opportunity to identify issues or concerns with the care plan.

Feedback on the service was sought from people and their relatives in a number of ways. During review meetings, via telephone monitoring calls by the registered manager and via a survey of services questionnaire. The most current questionnaire had been analysed by the registered manager and reflected mainly positive feedback. Actions had been taken to make improvements where concerns or negative comments had been made. For example, a member of staff had been changed for one person and timing issues had been addressed for another. Positive comments had also been made such as, "Just really pleased with everything, don't think you can get better care than what Dad is getting at the moment" and "Absolute care for [name] with kindness, respect and love."

The service had a robust complaints policy and procedure. Where complaints had been raised they were fully investigated and responded to in accordance with the policy and procedure. Actions were taken to

appropriately deal with complaints and improve the service. One person who had raised a complaint told us they wanted to put on record it had been dealt with effectively. Learning points were identified from complaints raised and discussed with the staff team or individuals as necessary. People and their relatives said they knew how to make a complaint if necessary but most told us they had not needed to do so.

## Is the service well-led?

### Our findings

The service had a registered manager in post. Staff spoke positively about the registered manager and told us there was an open door policy. They told us they felt they were supported and could ask for advice or raise concerns and they would be listened to. One said, "There's no closed doors here. Staff can always come to the office, whenever they want." We observed this open culture within the service and saw staff coming to the office during the inspection. They were greeted warmly and appeared relaxed in the company of the management staff.

People and their relatives spoke positively about the way the service was managed and led. They commented on the good communication between themselves, the care staff and the office and were confident their views were listened to. They told us action was taken if they raised concerns or issues.

The registered manager monitored the quality of the service in a number of different ways. They conducted telephone surveys with a sample of people each month to gain their views. From this they were able to take action to remedy any issues that people raised. Additionally audits of different aspects of the service were carried out. They included checks made on records relating to medicine administration, communication and recruitment. Complaints, incidents and accidents were also audited and monitored for trends.

An independent auditor conducted a quality monitoring visit annually and reported on their findings. There was evidence that the registered manager had used the last report to make improvements to the service. For example, care plan audits were now in place and carried out at least quarterly and an overall log of complaints and compliments had been introduced for ease of reference and monitoring.

Regular direct supervision of staff alerted the registered manager to any practice skills which may need addressing. Staff told us the registered manager spoke to them about their practice if issues were reported. They said she did not shy away from dealing with situations where practice had not been acceptable and monitored their work for improvements.

Staff meetings were held every three months and staff told us they were useful. Meetings were held over two days in order to provide opportunity for as many staff to attend as possible. Records indicated the meetings were well attended. Staff told us the meetings provided the team members with time to come together and share ideas. Important matters about all aspects of the service were discussed at these meetings. For example, policy updates, quality assurance, salaries and training. Other items on the agenda included thank you messages and compliments passed on to staff from people and relatives. Staff told us receiving these made them feel valued.

Staff felt they worked well together as a team. One said, "Yes, I think we work well as a team, all carers (staff) and managers." Another commented, "This is a good company to work for. They (managers) are very approachable, I can always get advice and they talk me through any problems."

The service had clear values which staff were made aware of during their induction and were reminded of

from time to time. Staff spoke about upholding these values in their everyday work. For example, treating people as individuals and acknowledging their wishes, being respectful and making a difference to people's lives.