

Absolute Care (UK) Limited

Absolute Care UK Limited

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 inspection took place on 12 June 2018 and was announced. We gave the provider prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

Absolute Care UK Limited is a domiciliary care agency that provides personal care to people in their own homes. It provides a service to older adults, people living with dementia, physical and learning disability and sensory impairments. The Care Quality Commission (CQC) only inspects the service being received by people provided with the regulated activity 'personal care'; help with tasks related to personal hygiene and eating. Not everyone using the service receives the regulated activity. Where they do we also take into account any wider social care provided. At the time of our inspection the service was providing personal care to 120 people.

The service had 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.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People felt safe while supported by the staff. Relatives agreed the staff supported their family members and made them feel reassured. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these appropriately.

People and their relatives were treated with respect, and their privacy and dignity were promoted. People and relatives felt the staff supported them in the way they wanted. Staff were responsive to the needs of the people and enabled them to improve and maintain their independence with personal care.

People were supported by sufficient numbers of staff to meet their individual needs. Where possible, the registered manager scheduled visits so the same staff went to see people to maintain continuity of care and support. People were informed about the changes to their visits as necessary. The service had an appropriate recruitment procedure that they followed before new staff were employed to work with people. They checked to ensure staff were of good character and suitable for their role.

Staff training records indicated which training was considered mandatory. The registered manager and senior staff had planned and booked training when necessary to ensure all staff had the appropriate

knowledge to support people. Staff had ongoing support through regular supervision and appraisals. They felt supported by the registered manager and maintained great team work. People and relatives were very complimentary of the staff and the support and care they provided.

People received support that was individualised to their specific needs which was kept under review and amended as changes occurred. People's rights to make their own decisions, where possible, were protected and respected. Staff were aware of their responsibilities to ensure people's rights were promoted.

The staff monitored people's health and wellbeing and took appropriate action when required to address concerns. People and relatives felt confident they would be looked after well. The service assessed risks to people's personal safety, as well as staff and visitors, and plans were in place to minimise those risks. There were safe medicines administration systems in place and people received their medicines when required.

Staff felt the registered manager was approachable. They had good communication, worked well together and supported each other, which benefitted the people who use the service. The registered manager had quality assurance systems in place to monitor the running of the service and the quality of the service being delivered. The registered manager was able to identify issues and improvements necessary and took actions promptly to address these. They praised the staff team for their hard work and appreciated their contribution to ensure people received the best care and support. People and relatives agreed they would definitely recommend this service to others needing help and support.

Further information is in the detailed findings below.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well-led.

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 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.

This inspection took place on 12 June 2018. It was carried out by one inspector and was announced. We gave the provider prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. An expert by experience made telephone calls to interview people and/or their relatives. This is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information the provider sent us in the Provider Information Return (PIR). This is a form we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we looked at the PIR and all the information we had collected about the service. This included previous inspection reports, information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We also contacted and received feedback from two community professionals.

During the inspection we spoke with six people who use the service and four relatives. We spoke with the registered manager and received feedback from staff. We looked at records relating to the management of the service including five people's care plans and associated records. We reviewed three recruitment records, staff training records, quality assurance records, the compliments/complaints and policies relating to the running of the service.

Is the service safe?

Our findings

People felt safe in their homes and liked the staff who supported them. People could speak with staff if they were worried. They said, "Yes, I feel safe with my carers. I have asked for a female carer because of the personal care and they always provide a female carer for me", "Yes, my [family member] feels safe with the carers when they come to her house" and "Yes, I feel definitely my [family member] is safe".

Staff undertook safeguarding awareness training to understand their responsibilities in keeping people safe. Staff had a good understanding of when to report concerns, accidents and/or incidents to the registered manager. The provider had a whistleblowing policy to ensure staff were aware of how to raise concerns and staff confirmed they were aware of it. The registered manager understood their responsibilities in regards to safeguarding people who use the service and reporting concerns to external professionals accordingly.

People's support plans had detailed guidelines to ensure staff were able to support them appropriately to achieve their wishes and goals, such as to remain independent in their own home. The plans also included personal care, emotional support and consent without restricting people. Information in support plans and risk assessments were kept under review and staff reported any changes promptly.

As part of the support plan, the service carried out a health and safety assessment of the environment to ensure the person, their family and staff were safe while carrying on the regulated activity. The registered manager assessed the risks to people's personal safety and put some plans in place to minimise these risks. Risk management plans were not always detailed to ensure staff had guidance to mitigate risks. For example, one person's care records identified which equipment should be used when moving them. However, it did not always give specific guidance on how staff should do this safely at all times. We discussed the risks assessments, prevention measures and support plans with the registered manager who agreed with our feedback regarding their files. They said they would review and rearrange the information to ensure relevant and important guidance was easy to find so that people continued to receive safe and effective support.

The registered manager had recruitment procedures in place to ensure suitable staff were employed. They included a health check and a Disclosure and Barring Service check to confirm candidates did not have a criminal conviction that prevented them from working with vulnerable adults. Additionally, interviews were designed to establish if candidates had the appropriate attitude and values. We found some discrepancies with employment history for two staff. The registered manager promptly rectified the error and sent us information after the inspection.

The registered manager determined the number of staff required according to the needs of the people using the service. All staff were trained and mentored to ensure they met the needs and preferences of the people they support. The registered manager allocated the same staff to the same people to ensure there was continuity in meeting people's needs. It also helped in building stronger relationships between people and staff. The registered manager carefully selected the number of people and care packages they could take on. They also maintained staff in the same area rather travelling across the area the service was covering

which helped staff arrive and leave on time for each visit. This way they wanted to ensure that people's care was not affected and staff would not have to rush.

If staff were going to be late to visit a person or a different member of staff had to cover the visit, people and their relatives were informed about it. They said, "Their time keeping is good and I always get a call to say if a short term replacement is needed", "If one of the carers goes on holiday, they always arrange a replacement" and "In general the timekeeping is good; there is always the odd hiccup but that is to be expected in with public transport". The staff confirmed they had time to visit and support people and helped each other to cover absences. The registered manager felt the staff worked well together as a team which had a positive impact on people's care and support. There were no missed visits and staff stayed the right amount of time to support people. People and relatives confirmed staff took time to support and care for them appropriately. They said, "I don't feel that they are clock watchers and I don't feel rushed. They do everything very efficiently in a timely manner", "The tasks always get finished and that [family member] does not feel rushed by the carers" and "Yes, they turn up on time and I don't feel rushed".

Staff adhered to medicine policies and procedures in order to manage and administer peoples' medicines safely. Staff did not administer medicines to people unless they were trained to do so. Staff helped people order the medicine and prompted them to take it according to their support plan. The registered manager regularly reviewed a sample of medicine record sheets for any errors. We reviewed medicine record sheets for five people and we found some gaps in two files. The registered manager promptly addressed it with staff to find out the reason for recording error. The registered manager explained if there were errors found, they would take action to support people and investigate the matter. If necessary, the registered manager would book staff to attend medicine management training.

There was a system for recording accidents and incidents. The registered manager explained how they would address it and the support that would be provided to the people who use the service. They would also discuss this with the team for ideas of improvements or if things could have been done differently. The registered manager praised the staff for being vigilant and reporting any changes or issues effectively. We saw the registered manager and staff picked up issues or concerns promptly and took adequate action to ensure people were safe. The service had continuity plans to ensure the staff team could continue in the event of an emergency. There was information for staff about who to contact should they need help and advice and staff confirmed this.

Staff were provided with and used personal protective equipment to prevent the spread of infection. People and relatives confirmed this and said this was happening while the staff supported them. They said, "The carers are very kind and caring and they always use gloves when dealing with personal care", "They always use gloves when dealing with my personal care" and "The carers always use gloves when handling personal hygiene".

Is the service effective?

Our findings

People spoke positively about staff and told us they were skilled and able to meet their needs. We received complimentary comments from people and relatives about the support they valued most. They said, "The carers are very chatty and pleasant and always seem to be trained to meet the needs that I have", "The staff seem adequately trained, I have never worried about this" and "[Staff] are really good carers, actually they're all really good. We would recommend the service as knowing that my [family member] is looked after gives me peace of mind". Staff ensured the personal care people received was effective and resulted in a good quality of life.

We reviewed the latest training matrix provided to us which recorded mandatory training. Where training was out of date, the registered manager would book staff to complete refresher training. Each member of staff had a certain period of time to complete it. The registered manager and senior staff regularly monitored the attendance of staff to ensure they were all up to date. The registered manager said they delivered medicine training to staff. However, they did not have an up to date certification to be able to train the staff. The coursework for the medicine competency assessment used was very comprehensive and staff's competency was checked regularly. Immediately the registered manager sought and booked training for themselves and senior staff to attend so they could continue providing medicine training to the rest of the team.

People were supported by staff who had regular supervisions (one to one meetings) with their line manager. Staff felt they could contact the registered manager at any time to discuss various topics or ask for advice. The registered manager and staff said they always kept in touch with each other which helped them work well as a team. The registered manager praised the staff team and felt their communication ensured people received excellent care and support at all times. Relatives said, "I feel that the staff are trained enough to meet the needs of [family member] and they deal with her personal hygiene which is always done in a very respectful manner" and "I never have seen them rushing my [family member]. They sort out her medication and I have no reason to think they don't do this efficiently and punctually". People added, "The carers are very kind and caring and respectful and dealing with any personal care. Yes they turn up on time. Yes they seem all very well trained" and "The staff are respectful and are quite good on the whole".

When new staff started they had an induction that included training and a period of shadowing experienced staff before working on their own. New staff were introduced to people before they started supporting them. Staff completed the Care Certificate as part of their role. It is a set of 15 standards that new health and social care workers need to complete during their induction period. Staff felt they received enough training to help them carry out their roles effectively.

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 and relatives agreed staff respected people's wishes. They said, "They are very respectful and courteous", "The carers are very kind and caring and engage my [family member] in conversation" and "They all do a good job and I am pleased with them". Staff knew it was important to communicate with the person and ensure they always had a choice and the right to make decisions about their care and support. The registered manager demonstrated a good understanding of mental capacity considerations and presuming capacity to ensure people could make their own decisions.

Some people needed support with eating and drinking as part of their care package. The level of support each person needed was identified in their support plan. For example, if someone needed help with eating or encouragement with drinking and having a balanced diet, there was guidance available for staff. People and relatives said staff helped them with preparing meals in line with their support plan. They said, "They always make sure that I have a hot drink or anything that I need before they leave", "They make breakfast for my [family member] and heat up the microwave meal for her and they make sure that she has enough to drink" and "[Staff] are not involved with my meals but they always offer drinks and a chit chat". Staff were aware of how to monitor people's food and fluid intake if there were any concerns regarding their diet.

Staff made sure people's health and care needs were met in a consistent way. They communicated with each other and the registered manager, reporting any changes or issues. If needed, health or social care professionals were involved. Each person had an individual needs assessment that identified their health and care needs. The registered manager and staff communicated with GPs, local authority, community nurses, occupational therapist and families for guidance and support. We saw in the records the staff team were prompt to pick up any issues or concerns so they could prevent health and wellbeing deterioration. People were checked to make sure they were supported effectively and changes were identified quickly. They said, "I arrange my own GP appointment but I know that they would always contact family members if they were worried, they just wouldn't leave me" and "I feel confident that if the carers were worried about me that they would contact my family straight away". Relatives also said, "They would always contact a member of family if they were worried about the health of my [family member], which is very reassuring" and "The carers will always contact myself or my [relative] if they have any concerns regarding my [family member's] health".

Is the service caring?

Our findings

People felt they were treated with compassion and kindness by the staff team and the registered manager. People and relatives praised staff's effort and care when supporting people. They delivered care and support that was caring and person-centred and which had a positive effect on people. People and relatives said, "They are so kind and caring and always check to see if I am okay", "Yes, they are kind and respectful and normally turn up on time" and "Yes they are kind and caring and they treat me in a way that I like to be treated".

People and relatives agreed staff respected their dignity and privacy at all times. They told us they were very happy with the care they received. People and relatives felt the staff showed kindness and compassion while supporting and caring for them. They said, "[Staff] are very respectful when dealing with [family member's] personal care and I noticed that they always shut the curtains whilst they carry out personal tasks", "Yes, they wash me and when they deal with my personal care they are very respectful" and "They take care of my personal care and are always very respectful when caring out this task. They wear gloves".

The registered manager placed importance on ensuring continuous support to people from regular staff. People and staff knew each other well and had well established relationships. The registered manager regularly checked people were happy with their support and listened to any issues or questions. Staff always made sure people were comfortable and relaxed in their own homes and able to share any concerns. People and relatives said, "I feel that staff are trained and they show a lot of care in their roles as carers", "The staff are very kind and caring, always offering to make a cup of tea and trying to make [family member] as comfortable as possible" and "[I am] very happy with the carers and they always engage in conversation and make sure that I have a drink before they leave".

Staff knew people's individual communication skills, abilities and preferences. People's records included detailed information about their personal circumstances and how they wished to be supported. Staff ensured people were fully involved with their care, promoting independence whenever possible. They always tried to enable people to express their own views ensuring people received the care they needed and wanted. The registered manager and staff team ensured people felt they mattered and were supported and encouraged to live as independently as possible. Staff understood people's independence was an important aspect of their lives, for example, taking part in their own personal care or helping with some activities. Staff were there to help if someone needed assistance.

The registered manager was complimentary of the staff's conduct towards people. They said, "Yes, staff provide caring and kind services. We recruit staff based on personality first rather skills". Staff were able to give examples of how dignity and privacy was respected. They understood the importance of treating people respectfully. People's care was not rushed, enabling staff to spend quality time with them. People felt staff took their time to complete all the tasks and provide the support that was needed. Any private and confidential information relating to the care and treatment of people was kept in their home in a chosen place. This information was also kept securely in the office. Staff were aware of confidential information sharing and discussed it only with relevant people such as professionals or family with people's permission.

Is the service responsive?

Our findings

People received the care and support they needed at the time specified in the care plan. People were informed when the visits were late or changes had to be made regarding staff attending the visit. When staff visited, they would make sure people were comfortable and happy before they left. People received care and support that was responsive to their needs because staff had a good knowledge of the people they cared for. Relatives and people said, "The agency came in after coming out of hospital to discuss what needs might have changed and they were very accommodating", "We tend to have the same carers that come in so the continuity of staff is very good" and "The staff are always chatty and friendly. They are not rigid in their tasks which [family member] likes".

People received support that was individualised to their personal preferences, needs and cultural identities. Staff used these plans as an important source of information to make sure the support they provided was personalised to each individual. People and relatives felt staff were approachable, polite and supportive. The care and support provided at each visit was recorded and people and relatives confirmed this. They said, "Before they leave they always write notes so that the next person coming in is fully aware of what's going on", "I know that there is a care file which gets updated every time the carers come", "I have a care plan that the carers write in every time they come" and "The carers always write notes in the file and they seem very on the top of their game". There was information about people's physical health, emotional wellbeing and support provided. This also helped staff monitor people's health and wellbeing, responding to any changes and enabling them to make timely referrals to appropriate professionals.

Each person had an individual care plan which included practical information on maintaining the person's health and wellbeing, emotional support, and their daily routines. People and relatives were involved in the care planning process and they confirmed this. The staff team and the registered manager were responsive to requests and suggestions, and people's needs and wishes. Support plans had been regularly reviewed and updated to ensure they accurately reflected people's current care needs. People said, "They have been coming for the past five years and each year they come to the house every so often to review the care that I need" and "I have yearly meetings to discuss my care and discuss any changes that need to be made". Relatives agreed too, "There is a care plan that gets reviewed every year and the carers always write notes in the file", "We do have a yearly meeting which is when we discuss my [family member's] needs in full. I feel very involved in my [family member's] care" and "We hold meetings with the agency to review my [family member] care. Yes, we could not wish for better".

We looked at whether the service was compliant 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. Records indicated whether people had disabilities or sensory impairments. There was some guidance in communicating with people in a manner they could understand. For example, when staff speak to the person to ensure they speak slowly and clearly. The registered manager said they would review people's communication needs to ensure the information was highlighted and in line with the guidance. This would ensure all information presented was in a format people would be able to receive and understand.

There had been 13 complaints in the last 12 months. The registered manager took complaints and concerns seriously and would use it as an opportunity to improve the service. We saw the registered manager addressed issues and concerns promptly to ensure people were happy and safe. They encouraged people, their relatives and staff to always share any issues or concerns so it would be addressed in a timely manner to avoid further negative impact. People and relatives felt they could contact the office staff or the registered manager should they needed to complain and it would be addressed. People and relatives said, "The office are always quick to answer the phone and are very approachable. I would have no problem complaining if I was not happy with something", "I am not exactly sure which is the manager but I know the staff at the office and I feel that I could approach them with any concerns that I might have" and "If I ever had a complaint I would feel very confident in getting in touch with the manager". Staff knew how to report concerns or issues to the registered manager to be addressed.

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place and there was one. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

People were complimentary about the care and support they received and felt their care during visits was managed well. The service's aim and objectives were to provide people with person centred support and care and maintain a high quality service. The registered manager and staff ensured people, and what was important to them, were at the centre of their work. People and relatives felt respected, consulted and involved as per the aims and objectives of the service. The registered manager promoted a positive culture and wanted to ensure staff felt the management was available, approachable and supportive.

The registered manager had a quality assurance system in place to assess and monitor the service delivered. They regularly sought feedback from people and their relatives to help them monitor the quality of service provided and pick up any issues or prevent incidents. If they identified any issues, they took actions as soon as possible to make improvements. Any feedback was discussed with staff to ensure the best outcomes for people who use the service. The registered manager also completed audits of the files, log sheets, medicine records, visits, staff performance checks and supervisions to monitor the service quality. Any issues or gaps picked up were analysed and addressed with the staff. For example, the registered manager arranged training for record writing to ensure people's care records were legible and accurate.

People's experience of care was monitored through daily visits, quality assurance visits, care reviews, care plan evaluations and regular contact with people and their relatives. The registered manager told us they were behind with quality visits due to staff illness. However, we received a lot of positive comments from people and relatives that showed this did not affect the care and support negatively. The provider carried out an annual survey of people who use the service and their relatives at the beginning of 2018. We looked at the analysis of the survey and the responses were mostly positive. Where people or relatives raised some issues, the registered manager looked into these further and took action to rectify it.

The registered manager felt the staff were very good at picking issues up and informing them if anything needed to be changed or addressed. People's needs were accurately reflected in detailed support plans. The manager took appropriate disciplinary action if they needed to address poor performance. Records were complete, accurate and stored appropriately.

The service worked closely with health and social care professionals to achieve the best care for people they supported. The professionals agreed the service provided was of high quality, staff were caring and responsive, and they did not have any concerns. The registered manager and staff regularly sought feedback about the support being delivered from people who use the service. They asked and checked people during visits and encouraged people to contact them if they wanted more support. People said, "I am always asked for feedback. Yes I would recommend this service very much so", "The office is very approachable and I believe very efficiently run. I do know the manager" and "They are very responsible". Relatives said, "I have

been asked for feedback. If I need to ring the office they are always efficient with the necessary answers to my questions", "I am quite happy with the staff at the agency and have been asked for feedback in the past" and "I feel informed and think that they would not hesitate to contact me if there was a problem". Staff shared any information about people with each other and the registered manager on a regular basis. This helped them take prompt actions that would help manage risks associated with people's care and support.

Staff had team meetings and discussed various topics such as any changes in people's needs or care, best practice and other important information related to the service. Staff had clearly defined roles and understood their responsibilities in ensuring the service met the desired outcomes for people. Staff and the registered manager worked together as a team and motivated each other to provide people with the support and care they wanted. Staff understood their duty of care and their responsibility to alert the senior staff if they identified any concerns in the quality of care provided. Staff felt there were opportunities to discuss issues or ask for advice. Staff felt they were supported and listened to by senior staff when they approached them. The registered manager encouraged open and transparent communication in the service. They valued how staff worked well together as a team. They said, "[Staff team] are lovely, very lovely and I trust them to do the job". People and relatives agreed they would recommend this service to others who may need care and support.