

Absolute Care Services Ltd

Absolute Care Services Limited (Reigate)

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

Absolute Care Services Limited (Reigate) is a domiciliary care provider based in Surrey.

People who receive a service in their own homes include those living with physical frailty or memory loss due to the progression of age or illness. The agency also provides services to people living with dementia and people with mental health needs. At the time of our inspection 9 people received care and support in accordance with the regulated activity of personal care.

The inspection took place on 22 June 2017. The provider was given forty eight hours' notice of the inspection.

There was not 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. A new manager was in post and had started the registration process to become the registered manager.

Staff had a positive and caring attitude about their jobs. People told us that they were happy with the care and support they received. One person said, "They are extremely reliable, they have never missed a visit, and they keep me informed." All the staff we spoke with were happy in their work.

People received a safe service from Absolute Care Services Limited (Reigate). There were suitable numbers of staff who were appropriately trained to meet the needs of the people who used the service. Commencement of new care packages was balanced against the staffing levels to ensure people received the care and support when they needed it.

Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding board or the police.

Staff recruitment procedures were safe. The provider had undertaken appropriate safety checks to ensure that only suitable staff were employed to support people in their own home. Staff met with their line manager on a one to one basis to discuss their work. Staff received a comprehensive induction and ongoing training, tailored to the needs of the people they supported.

Staff managed the medicines in a safe way and were trained in the safe administration of medicines.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed.

People were supported to have enough to eat and drink. They received support from staff where a need had been identified. People were supported to maintain good health. The staff were kind and caring and treated people with dignity and respect. The staff knew the people they cared for as individuals.

People received the care and support as detailed in their care plans. Care plans, although basic, were based around the individual preferences of people as well as their medical, psychological and emotional needs. They gave enough detail for staff to reference if they needed to know what support was required. Care plans were in the process of being reviewed by the manager and provider to make them more person centred.

People knew how to make a complaint. When complaints had been received these had been dealt with quickly and to the satisfaction of the person who made the complaint.

The provider had effective systems in place to monitor the quality of care and support that people received. The manager had ensured that accurate records relating to the care and treatment of people and the overall management of the service were maintained.

Records for checks on health and safety, and medicines audits were all up to date. Accident and incident records were kept, and were analysed and used to improve the care provided to people.

The manager visited people in their homes, or telephoned them to give people and staff an opportunity to talk to them, and to ensure a good standard of care was being provided to people.

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.

People felt safe with the staff. Appropriate checks were completed to ensure staff were safe to work at the service. Staff understood their responsibilities around protecting people from harm. There were enough staff to meet the needs of the people.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

Medicines were managed safely and there were good processes in place to ensure people received the right medicines at the right time where necessary.

Is the service effective?

Good 

The service was effective

Staff said they felt supported by the manager, and had access to training to enable them to support the people that used the service.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act.

People had enough to eat and drink and staff supported people with specialist diets where a need had been identified.

People received support when they were unwell.

Is the service caring?

Good 

The service was caring.

People had good relationships with the staff that supported them. People felt happy and confident in the company of staff.

Staff were caring and friendly, and staff showed respect to people and protected their dignity.

Staff knew the people they cared for as individuals.
Communication was good as people were able to understand the staff that supported them.

Is the service responsive?

Good ●

The service was responsive.

Care plans gave detail about the support needs of people.
People were involved in their care plans, and their reviews.

Staff had the time to spend with people, as well as providing personal care.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

Is the service well-led?

Good ●

The service was well- led.

Staff felt supported and able to discuss any issues with the registered manager.

The manager visited people and staff to make sure they were happy.

People and staff were involved in improving the service.
Feedback was sought via regular telephone calls and during quality assurance visits.

The manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Absolute Care Services Limited (Reigate)

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 22 June 2017. The inspection was completed by one inspector because this was a small service.

The provider was given 48 hours' notice of the first inspection date in order to ensure a representative of the provider was able to meet with us and provide access to records. Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had completed a 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. This information was reviewed to see if we would need to focus on any particular areas at the service.

After the inspection we contacted nine people, or their relatives. We spoke with seven staff, which included the manager and the provider. We also reviewed care and other records within the service. These included four care plans and associated records, three medicine administration records, three staff recruitment files, and the records of quality assurance checks carried out by the manager.

We also contacted Healthwatch, and commissioners of the service to see if they had any information to share about the service. This was the first inspection since the service had registered with the Care Quality Commission.

Is the service safe?

Our findings

People received safe care and support from Absolute Care Services Limited (Reigate). One person said, "They never let me down, and they always let me know if they are going to be a little late." Another person said, "I feel safe because I get on really well with the staff."

People were protected from the risk of abuse. Staff had a clear understanding of their responsibilities in relation to safeguarding people. Staff were able to describe the signs that abuse may be taking place, such as bruising or a change in a person's behaviour. They understood that all suspicions of abuse must be reported to the manager, or person in charge. Staff understood that a referral to an agency, such as the local adult services safeguarding team or police would need to be made and that they could do this themselves if the need arose. One staff member said, "I have to tell the office immediately if I suspect something."

There were sufficient staff deployed to keep people safe and support the health and welfare needs of people. When people were asked if they thought there were enough staff one relative said, "They are extremely reliable and have never missed a visit." Staffing levels were calculated to ensure people received care and support when they wanted it, and staff had enough time to care for people without having to rush. A relative said, "They talk to my family member about anything, they have a really good chat together." Staffing rotas showed that levels of staff over the past four weeks matched with the calculated support levels of the people that used the service, for example where two staff were required to support someone, both had been present on the call. The manager understood that matching people's needs with the level of staff was of primary importance to ensure safe standards of care. They demonstrated this by explaining how they only took on new packages of care when they had the staff in place to support the person.

People were kept safe because the risk of harm from their health and support needs had been assessed. A relative said, "They went through the risks with me and my family member, such as falls and fire." Measures had been put in place to reduce risks, such as specialist equipment to help people move around their home. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the manager to look for patterns that may suggest a person's support needs had changed.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the service. The provider checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received their medicines in a safe way, and when they needed them. One person said, "They do support me with my medicine." A relative said, "The staff do everything they need to, like giving the tablets to my family member." Staff that administered medicines to people, or prompted them received appropriate training, which was regularly updated. For 'as required' medicine, such as paracetamol, there

are guidelines in place which told staff when and how to administer the pain relief in a safe way.

The recording and storage of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been prompted or given their medicines. All medicines were stored and ordered by people in their homes, so there was no risk of medicines being lost or damaged transporting them from the office to the persons home. One staff member said, "The medicines are safe because we use blister packs and any side effects are recorded in the persons care plan. We also use colour coded stickers on the blister packs that tell us what the tablet is, and its colour." This would reduce the risk of the person being given the wrong medicine as it made it easier for staff to compare the medicine in the blister pack to the MAR to ensure it was correct.

People's care and support would not be compromised in the event of an emergency. The provider had an emergency plan that covered incidents such as adverse weather that may have an impact on staff getting to people. Staff understood their responsibilities in the event these emergencies took place.

Is the service effective?

Our findings

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. Staff had effective training to undertake their roles and responsibilities to care and support people. One person said, "Oh, yes, they (staff) definitely know what they are doing when they care for me." The induction process for new staff ensured they would have the skills to support people effectively. Induction included shadowing more experienced staff to find out about the people that they cared for and safe working practices. One staff member said, "The training was long and gave me the skills I needed." Another staff member said, "I found the shadowing of experienced staff really useful."

Staff had received ongoing training in areas to meet the needs of the people they cared for. This included moving and handling (Theory and practical sessions), food hygiene, safeguarding, mental health, infection control, and medicine administration. One staff member said, "They make sure we keep on top of our training."

Staff were effectively supported by the management. Staff told us that they felt supported in their work. The new manager had started the process to ensure that staff had regular one to one meetings (sometimes called supervisions) as well as annual appraisals. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people. One staff member said, "I feel supported by the new manager."

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.

The provider had complied with the requirements of the Mental Capacity Act 2005 (MCA). Where people could not make decisions for themselves the processes to ensure decisions were made in their best interests were effectively followed. Detailed assessments of people's mental capacity for specific decisions such as not being able to go out on their own had been completed.

Staff had a good understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. One staff member said, "It's about protecting people's rights were they are not able to make decisions for themselves." Staffs understanding of their responsibilities under the act was demonstrated when one person said, "They talk things over with me and help me understand." Another person said, "They always ask my permission." A relative said, "They always ask what my family member wants them to do before doing it."

People were supported to ensure they had enough to eat and drink to keep them healthy. People's special dietary needs were recorded on the care plans, and included information such as allergies. Staff were able

to describe the individual requirements of the people they supported, such as favourite foods, or particular ways in which food had to be presented to the person.

People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. Staff involved people in this by asking them what they had eaten and had to drink, and discussed with the person if they needed to eat or drink anymore at that time.

People received support to keep them healthy. Where people's health had changed appropriate referrals were made to specialists to help them get better. One person said, "They always call in a doctor or a nurse if I feel unwell."

Is the service caring?

Our findings

We received positive feedback about the caring nature of the staff. One person said, "They are very helpful and if I have any worries they are very consoling. The staff are wonderful and enthusiastic about their job." A relative said, "The best thing about this service is the quality of the carers. They are attentive, approachable and conscientious in their role."

People were supported to be involved in their care as much as possible. A relative said, "They talk to my family member, which is hard due to her condition. They really make the effort to try and chat to her about what she wants." People had been consulted about how they liked their care undertaken and what mattered to them. They had also been consulted regarding the time of their visits, the frequency of these and how personal care should be undertaken. Relatives told us they had been consulted when appropriate regarding care and support their family member would require.

People's privacy and dignity was respected. People told us that staff always respected their private space. Staff understood how to protect people's privacy and dignity, one said, "We shut the door if relatives are around when giving personal care, and use a cover sheet to cover areas we are not cleaning. We also encourage them to wash themselves if they want."

People's independence was promoted by staff. One person said, "They help with my food, wash and dress me, but only if I need help. Some days I can do it, others I can't, and they support me when I need it." Staff understood the importance of helping people to stay as independent as possible. One staff member said, "We mustn't take away their independence, just because someone has dementia we don't assume they can't do anything for themselves."

Staff were aware of the agency's confidentiality and data protection policy and said they would not talk about people in front of other people and would always discuss people's care and support where they could not be overheard. This was to ensure that people's confidentiality would be retained at all times.

Staff were caring and attentive, and took time to get to know the people they cared for. A relative said, "The staff are really friendly and talk to me and my family member." They went on to say, "Staff ask what my family member wants all the time, they talk to him about anything and everything, they know him and have good long chats together." Staff, including the manager, knew the people they cared for. A staff member said, "It's important for us to get to know people; it makes them less anxious or stressed. We have to remember we are visitors in their home and have to show respect." The manager was able to tell us about people's backgrounds, their life stories as well as their medical or support needs, without having to refer to the care records. This knowledgeable and caring nature was repeated when we spoke with the staff, and matched with the information that people told us.

People were given information about their care and support in a manner they could understand. Information was available to people in their home, such as their care plans and daily care records. In addition people had access to the manager in the office via telephone and email.

Is the service responsive?

Our findings

People's needs had been assessed before they received the service to ensure that their needs could be met. A relative told us, "I said what I wanted at the start, and we are having a review next week." Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility. The provider took care to ensure they could meet people's needs before they agreed the support package.

People and relatives were involved in their care and support planning. One relative said, "I have been involved, and also take part in reviews." A staff member said, "People are involved from day one. The manager goes in and talks to them to ask what they would like and what we can achieve with them." Care plans were based on what people wanted from their care and support. They were written with the person, their family and the manager. Staff explained how they talked with each person, and/or their family and asked what supported they wanted, and what their personal preferences were.

Care and support was responsive to people's needs. A relative said, "When it was obvious that my family member wasn't coping on their own, other agencies said they couldn't help due to their condition. Absolute Care came to assess and were not fazed by their condition. They were very positive, and I am so grateful due to the fact they have been so accommodating at meeting our needs."

People's choices and preferences were documented and staff were able to tell us about them without referring to the files. There was information concerning people's likes and dislikes and the delivery of care. The files were well organised so information about people and their support needs were easy to find. It also included a list of support each person needed during each call. The files gave a clear, if basic, overview of the person, their life, preferences and support needs. Care plans were comprehensive and focused on the individual needs of people. Care plans addressed areas such as how people communicated, and what staff needed to know to communicate with them. The provider explained that the care plans currently in use at the Reigate branch were under review to make them more person centred, and follow the processes used across the rest of the organisation.

People received support that matched with the preferences record in their care file. A relative said, "The care plan is in the file if I want to look at it. Staff do everything they need to support my family member when they visit." The daily records of care were detailed and showed that these preferences had been taken into account when people received care, for example, in their choices of food and drink. Care planning and individual risk assessments were regularly reviewed, or if a need arose, such as a change in a person's support needs.

People were supported by staff that listened to and responded to complaints or comments. People said they felt their complaints would be listened to and dealt with. One person said, "I would ring the office if I was unhappy about anything. Yes they would listen to me," A relative said, "I had an issue with the carers punctuality, they are much better now." Another relative said, "They ask if we are happy with the service when we do reviews with them." There was a complaints policy in place, and people had a copy in their

homes. The policy included clear guidelines, on how and when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission, so people would know who they could contact if they were not satisfied with how the service had dealt with their concern.

There had been one complaint received since our last inspection. This had been clearly recorded and responded to in accordance with the provider's complaints policy. The manager and staff explained that complaints were welcomed and would be used as a tool to improve the service for everyone. A number of compliments about the care provided were also received in the same period of time. One person told us, "The staff really give that personal touch."

Is the service well-led?

Our findings

There was a positive culture within the service, between the people that were supported, the staff, the manager and the provider. A relative said, "They are very friendly and respectful. The manager is amenable and overall I am happy with the service." A staff member said, "I like working for Absolute Care. They have recently had a change in manager and it has improved, the communication is getting better and better as we go along."

The management and staff worked to continually improve the standard of care and support given to people. The manager was involved in the service provision and carried out visits to check on the quality of service being provided to people. These visits included talking with people and relatives, making sure people were safe and reviewing care records. A relative said, "I feel they are pretty well managed now. The communication has got better with the new manager, and it is very rare that I have any issues with them."

Regular checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the service. These covered areas such as health and safety, and medicines. Action plans were generated when a need arose to address any issues that had been found. For example the manager was working to remove hand written MAR sheets when recording the medicines people took. They were printing them out using the computer to make the prescription easy to read, and make the document easier to update if changes took place.

People and relatives were supported by an organisation with a clear management vision and structure. The organisations goal was to enable people to remain 'safe, well and independent in their own home.' Staff understood and followed the values of the service. The manager echoed these values and explained how they had kept the service small to enable them to provide a caring service to people while they recruited more staff.

Staff felt supported by the manager, and enjoyed their job. Staff told us the "The manager is friendly and we had a chat yesterday as she was out on calls with us." Another staff member said, "I find the manager fair, and would go to her with any issues or concerns. We all help each other out." Staff told us the manager had an open door policy and they could approach the manager at any time. Staff felt able to raise any concerns with the registered manager.

Records management was good and showed that the service given to people and staff practice were regularly checked to ensure it was of a good standard. This was done by the use of 'Branch Monitoring' reports which were completed by the manager and sent to the provider for review. Areas reviewed included complaints, compliments, accidents and incidents, document reviews (such as risk assessments and care plan reviews completed). The provider also carried out regular quality assurance visits to each branch of Absolute Care Services. The Reigate branch was last visited in June 2017 showing the provider had checked the service was providing a good level of care to people in accordance with their policies and values.

People and relatives were included in how the service was managed. Due to the current small size of the

Reigate office service the registered manager sought feedback during telephone conversations or when she visited people in their homes. Questions that were asked covered topics such as whether staff were polite and respectful, whether people felt involved in their care planning, and if they knew how to make a complaint if they were unhappy. Overall the feedback was very positive, and people were happy with the care provided by Absolute Care Services Reigate.

Staff were involved in how the service was run and improving it. Formal team meetings had just started with the new manager, but additionally staff were still able to talk to each other and the manager whenever they needed to. Information was regularly shared with the staff team via the messaging system on staff's mobile telephones. This updates covered topics such as feedback from people safeguarding; health and safety. Staff were also able to present ideas if they felt the service could improve.

The manager was present on the day of our inspection, supporting staff and talking with people on the telephone to make sure they were happy. The manager had a good rapport with the people and staff and knew them as individuals.

The manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. They had also completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection.