

Absolute Care Services Ltd

Absolute Care Services (Cloverdale Court)

Inspection report

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Date of inspection visit:
11 March 2020

Date of publication:
03 April 2020

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

About the service

Absolute Care Services (Cloverdale Court) began operating in March 2019. This service provides personal care and support to people living in self-contained flats located in a single building. This is known as extra care housing and is operated by an independent housing provider. There are 43 flats at this scheme. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of this inspection there were twenty eight people being provided with personal care.

People's experience of using this service and what we found

People were safe using this service. Staff were trained to safeguard people from abuse and knew how to minimise identified risks to people's safety. Staff followed current practice when providing personal care and when preparing and handling food which reduced hygiene risks

There were enough staff available to meet people's needs. The provider carried out recruitment checks to make sure staff were suitable and fit to support people. Staff had relevant training to help them meet people's needs and were well supported by senior staff in their roles. Senior staff assessed their competency through spot checks to make sure they were carrying out their duties appropriately and to a high standard.

People were satisfied with the care and support they received from staff. They received the care and support that had been planned and agreed with them. People's preferences for how this was provided were respected and staff delivered this in line with their wishes. Staff knew people well and understood how their needs should be met.

Staff were caring and treated people well. They supported people in a dignified, respectful way which maintained their privacy and independence. People had a choice about who they received care and support from. The provider made sure this was from the same staff wherever possible so that care and support was provided in a consistent way. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were encouraged to stay healthy and keep well. Staff supported people to eat and drink enough to meet their needs and to take their prescribed medicines. Staff understood people's healthcare needs and how they should be supported with these in a timely and appropriate way. Staff worked well with other healthcare professionals involved in people's care. When people became unwell, staff sought help for them promptly.

People knew how to make a complaint if they needed to. There were arrangements in place to make sure any accidents, incidents and complaints would be fully investigated and people would be involved and

informed of the outcome

The provider had systems in place to monitor and review the quality of service that people experienced. Senior staff used reviews of people's care and support to check with them that this was continuing to meet their needs and sought their views about how the service could improve.

The provider was continually looking at ways to improve the quality and safety of the service for people. Since the service was first registered, the provider had implemented a new electronic records system to help staff deliver more responsive and timely care to people. The provider was also able to more effectively monitor that people were getting the right care and support at the right time.

Senior staff understood their responsibility for meeting regulatory requirements. They worked proactively with other agencies and acted on their recommendations to develop and improve the care and support provided to people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

This service was registered with us on 22/03/2019. Prior to this date personal care and support was being provided at this extra care housing scheme by the same provider but at a different location, Absolute Care Services (Sutton). Previous inspection reports for this service can be found here:

<https://www.cqc.org.uk/location/1-2183878098>

Why we inspected

We normally inspect new services within 12 months of them registering with CQC. We scheduled a comprehensive inspection to check the safety and quality of care people received.

Follow up

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned in line with our inspection schedule or in response to concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our Well-Led findings below.

Good ●

Absolute Care Services (Cloverdale Court)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that senior staff would be in the office to support the inspection.

What we did before the inspection

Before the inspection we reviewed the information we held about this service including notifications the provider is required by law to send us about events and incidents involving people. The provider was not

asked to complete a provider information return prior to this inspection. This is information 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. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke to the managing director. We reviewed a range of records. This included the care records of three people using the service, three staff files, medicines administration records (MAR), and other records relating to the management of the service.

After the inspection

We spoke to four people using the service and two people's relatives. We asked them for feedback about their experiences of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they were safe at the service. One person told us, "I feel more safe and more happy here than anywhere else." Another person said, "I feel very safe with all the staff. Got no concerns about that." A relative told us, "[Family member] is safe there. I feel confident that [family member] is there and I'm much happier as I know [they] are ok there."
- Staff received relevant training and support to help them safeguard people from abuse. They were aware of safeguarding procedures and how and when to report concerns to the appropriate person or authority. A staff member told us, "We're here to protect people."
- At the time of this inspection, there were no current safeguarding concerns about people using the service.
- Senior staff understood their responsibility to liaise with the local authority if a safeguarding concern about a person was reported to them. A visiting healthcare professional said, "When a safeguarding concern has come up, they have always been responsive. Very proactive...and will take action immediately."

Assessing risk, safety monitoring and management

- Senior staff undertook assessments to identify risks posed to people from their specific health and medical conditions and by their home environment. This information was used to develop guidance for staff about how to manage these risks to keep people safe. For example, where people needed help to move and transfer, staff were given instructions about how to do this, to keep people safe.
- Staff were knowledgeable about risks to people and knew what action to take to make sure these were minimised.
- Staff were trained to deal with emergency situations and events if these should arise in people's homes or when supporting people out in the community. For example, staff were trained to administer emergency medication to a person with epilepsy when this was needed.

Staffing and recruitment

- People said staff turned up for scheduled visits as planned. One person said, "I know when they're coming and they always come on time." A relative told us, "They come in regularly when they're supposed to."
- There were sufficient numbers of staff to support people. Senior staff planned rotas in advance to make sure there were enough staff available to meet people's needs at the required times.
- We observed staff were present, accessible and responding promptly to people when they needed assistance.
- Appropriate checks were undertaken on staff that applied to work at the service. Staff also completed health questionnaires prior to starting work. These checks helped the provider make sure staff were suitable

and fit to support people.

Using medicines safely

- Staff were trained to administer medicines. They had access to information about people and their prescribed medicines and how they should be supported with these via an electronic records system.
- Staff recorded the medicines people were given and when on the electronic records system. Our checks of records indicated people received their prescribed medicines when they needed these.
- Senior staff had access to the electronic records system in real-time which enabled them to check that people received the right medicine, at the stated dose and at the appropriate time.

Preventing and controlling infection

- Staff were trained in infection control and had access to supplies of personal protective equipment (PPE) to help them reduce infection risks.
- Staff were also trained in basic food hygiene so that they were aware of the procedures that needed to be followed to prepare and store food safely.
- As part of their monitoring checks, senior staff observed staff's working practice in relation to infection control and food hygiene. This helped them check that staff were working in a consistently safe way to reduce infection risks.

Learning lessons when things go wrong

- There were systems in place for staff to record and report accidents and incidents involving people.
- Senior staff investigated accidents and incidents and took appropriate action when needed to address any safety concerns. They checked for any trends or themes to help them reduce the risk of these happening again.
- Learning from investigations was shared with staff to help them improve the quality and safety of the support provided.
- Information about accidents and incidents was shared promptly with all the relevant agencies. A visiting healthcare professional told us, "They are good at sending through incident reports. We can then follow up...we look to see what actions they take on incidents and give advice if needed."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives were involved in assessments of their needs prior to them using the service. Senior staff asked people for detailed information about their care needs and how they would like support to be provided.
- Senior staff referred to current guidance when assessing people's needs to help plan the type of support they required. For example, one person had a specific healthcare condition and current guidance was referred to about how this should be managed in an appropriate way.
- Information from assessments was used to develop individualised care plans for people. These set out people's preferences for how, when and from whom they received their support. This helped make sure support was provided in line with people's wishes and needs.

Staff support: induction, training, skills and experience

- New staff employed by the service had to successfully complete a programme of induction before they were able to support people unsupervised.
- Staff received relevant training to help them meet the range of people's needs. They had refresher training at appropriate intervals so they stayed up to date with current practice. A staff member said, "Training helps me to keep up to date."
- Staff had a formal supervision meeting and a yearly appraisal with senior staff. Staff told us these meetings were opportunities for them to discuss their role, the support they provided to people and any concerns they had about this.
- Staff told us senior staff were always available to provide support and advice when this was needed. A staff member said, "If you have a problem you just go to [senior staff] and they will deal with this straight away."

Supporting people to eat and drink enough to maintain a balanced diet; supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- Where this support was provided, information was available to staff about people's preferences for meals and drinks. This helped make sure staff provided people with food and drink of their choice.
- People's specialist dietary needs were noted in their records and staff took this into account when planning and preparing meals. For example, one person was allergic to pork and there were clear instructions for staff to make sure this was not present in the person's meals.
- Staff recorded the support provided to people with meals on the electronic records system. Senior staff had real time access to this information and monitored staff were providing appropriate support and that

people were eating and drinking enough to meet their needs.

- Staff were observant and alerted senior staff to any changes in people's health and wellbeing. When people became unwell, they sought prompt support for them.
- Staff shared information with other healthcare professionals such as the GP and district nurses when needed to make sure people experienced a consistent, joined up approach in the support they received. A visiting healthcare professional said, "They do know people well and they are quick to flag up any issues. For people with dementia they share information about them that can really help us."

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Staff had received training in the MCA and associated codes of practice. Staff understood their responsibilities under this Act.
- People's capacity to make and consent to decisions about specific aspects of their care and support was assessed and recorded on their records.
- There were processes in place where if people lacked capacity to make specific decisions about their care and support the provider would involve people's representatives and healthcare professionals to ensure decisions would be made in people's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and friendly. Comments we received included; "The staff are very kind indeed. I make them laugh and they make me laugh. It's a lovely atmosphere", "I am very well looked after by the [staff] here. They are lovely. They look after me so well. They will do anything for me", "All the [staff] are lovely. They're very kind" and "We have good carers here. I like them because they sit and listen to you when you need someone to talk to."
- Relatives said staff treated their family members well. One relative told us, "The staff are so lovely. I feel lucky for my [family member] and feel [family member] is looked after really well."
- People had a say in who they received their support from and people's wishes about this were respected.
- Senior staff made sure people received support from the same staff wherever possible so the care they received was consistent. A staff member told us, "I usually have the same people on my rota. You can build a rapport quickly with people and notice any changes to them faster."
- People's wishes in relation to how their social, cultural and spiritual needs should be met were noted in their records so staff had access to information about how people should be supported with these.
- Staff received equality and diversity training as part of their role. This helped staff understand what discriminatory behaviours and practices might look like to help them make sure people were treated fairly and had their rights respected.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were asked for their views and involved in making decisions about their care. The care and support planned for people reflected their preferences for how this was provided.
- Senior staff met with people at regular intervals, so people could continue to express their views and be involved in making decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- People said staff treated them respectfully and with dignity. One person told us, "They knock on my door every morning and ask for permission to come in." Another person said, "I find the [staff] very respectful. I never feel uncomfortable."
- Staff respected people's right to do as much for themselves as they could to help retain control and independence over their lives. One person said, "I can shower myself but they help with the hard to reach places." A relative told us, "They help [family member] get washed and dressed as these are the things [family member] needs most help with. At lunchtime and dinnertime [family member] does their own thing because [family member] is very independent. And the staff respect that."
- A staff member told us, "I try and prompt people to do things for themselves if they can. Someone was

feeling under the weather today so asked me to help them (to get showered and dressed) but they can do this themselves normally."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; supporting people to follow interests and to take part in activities that are socially and culturally relevant to them

- People's records contained information about how their care and support should be provided. This included information about their life history, likes and dislikes, their preferred routine for how they liked to start the day, how they wished to spend their time and when they preferred to go to bed.
- Staff recorded the support they provided to people on the electronic records system. Senior staff had access to these records in real-time so they could instantly check the support provided by staff was what had been planned and agreed with people.
- Staff understood people's care and support needs and people's preferences for how this was provided. A relative told us, "[Family member's] doing well here. I really do think they know how to meet [family member's] needs and they are very sensitive to [family member]. Everything they do for you is what you want done."
- Staff sought people's consent before providing any support. They offered people choice and gave them time to do things at their own pace. One person said, "They ask me what I would like for breakfast and they give me a choice. Sometimes I might want cereal. Other days maybe just some bread and jam. Whatever it is, they make sure I can have it."
- Staff told us how they supported people to make choices. One staff member gave us an example of how they helped one person decide what they wanted to wear each day. They told us, "It's their choice and it's up to me to respect that."
- Senior staff reviewed the care and support provided at regular intervals to make sure this continued to meet people's needs. Staff were informed promptly of any changes required to the support people received.
- Staff helped people to follow their interests and to do activities to reduce the risk of them becoming socially isolated. We saw a good example of this for one person who was reluctant to go out in the community in a wheelchair as they did not wish to be seen by people they knew. Staff came up with suggestions for new places to go for outings which the person was happier with and agreed to do.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how they should be supported with these.
- The managing director told us information had recently been provided in braille to one person. This had

helped the person understand information better and to make decisions about what they would like to do.

Improving care quality in response to complaints or concerns

- At the time of this inspection people had no concerns about the quality of care and support provided by staff. One person said, "I think it's brilliant. They look after me very well." Another person told us, "I've got no complaints about the care whatsoever." Another person said, "I love it here. I'm very content."
- Relatives also had no concerns. One relative said, "It's fantastic. I can't find no fault at all." Another relative told us, "To me, I think it's quite good... everything is going fine at the moment."
- People and their relatives told us they would be comfortable raising a concern or complaint if they needed to. One person said, "If I had any problems I would call upstairs straight away."
- The provider had arrangements in place to deal with concerns and complaints. When a concern or complaint had been received, senior staff had dealt with this in an appropriate way.

End of life care and support

- None of the people using the service required end of life care and support at the time of this inspection.
- We noted senior staff did not routinely ask people and/or their relatives about people's wishes for the support they wanted to receive at the end of their life. The managing director told us they would make sure this information was collected in future. This would ensure that staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were informed about the quality of care and support they should expect to receive from the service. Senior staff met with people and their relatives at regular intervals to check the support being provided was meeting their needs and to the expected standard.
- Senior staff used spot checks to make sure staff understood people's care and support needs and delivering these as planned. Staff were encouraged to review and improve their working practices to make sure this was helping people achieve positive outcomes in relation to their care and support needs.
- Staff were enthusiastic about their role and the support provided to people. One staff member said, "The working environment is good, [people using the service] are great and we have good management." Another staff member told us, "We have a good team and good managers and it's a nice place to work."
- People and their relatives were provided opportunities to have their say about the service and how it could improve. The provider responded positively when suggestions were made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At the time of this inspection, the registered manager had been on leave from the service for an extended period of time since October 2019. They were due to return to work in April 2020. Interim management arrangements had been put in place from October 2019 to manage the service in their absence.
- Staff said these interim changes had not had an adverse impact on their roles. They told us the senior staff in charge were approachable and responsive when dealing with any issues or concerns. One staff member told us, "I've not noticed any impact of the management changes. We've always had someone supporting us."
- All staff understood their roles and responsibilities to the people using the service.
- There were systems in place to monitor and review the quality of service that people experienced. This included reviews of people's care and support once they started to use the service and a programme of unannounced spot checks on staff to review their working practices and competency when undertaking their duties.
- Senior staff understood their legal responsibilities and submitted statutory notifications about key events that occurred at the service as required. This helped us check appropriate action was taken to ensure

people's safety and welfare in these instances.

- Senior staff were open and honest when things went wrong and proactive about putting things right. They investigated all accidents and incidents that happened and made sure people and relatives were kept involved and informed of the outcome.

Continuous learning and improving care; working in partnership with others

- Since the service was registered the provider had implemented a new electronic records system. The managing director told us the new system had helped staff deliver more responsive and timely care to people. This was because staff had access to the most up to date information about people's care and support needs and how these should be met.
- Senior staff had real time access to the electronic records system. This helped them to monitor people were getting the right care and support at the right time.
- Senior staff worked closely with healthcare professionals. They made sure recommendations and advice from healthcare professionals was used to design the care and support provided to people. This helped to ensure that care and support was up to date with current best practice in relation to people's specific needs.
- Senior staff worked closely with the housing provider of the extra care housing scheme and made them aware of any issues or concerns relating to the environment and premises promptly.