

Absolute Care Services Ltd

Absolute Care Services (Dymond House)

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

About the service

Absolute Care Services (Dymond House) 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. 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 30 people being provided with personal care and support by the service.

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

People were safe at the service. Staff were caring and respectful and treated people well.

Staff had been trained to safeguard people from abuse. Staff understood identified risks to people's safety and wellbeing and what action to take to support people to stay safe. There were enough staff to support people and meet their needs.

The provider carried out checks on staff to make sure they were suitable to support people. Staff received relevant training and supervision to help them meet people's needs. Staff were well supported by managers and were encouraged to learn, develop and improve in their role.

Staff made sure people's homes were clean and hygienic. They followed current practice to reduce infection and hygiene risks within people's homes.

People were involved in planning their care and support and could state their preferences for how this was provided. People's records reflected their needs and preferences. People were supported to be as independent as they could be with daily living tasks. People's wishes for the support they wanted to receive at the end of their life had not been routinely recorded. The provider was taking action after the inspection to improve this.

Staff knew people well and understood how their identified needs should be met. People were supported to undertake activities and interests that were important to them. Relatives were free to visit their family members if they wished.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to take their prescribed medicines and staff made sure people could access support from healthcare professionals when needed. Staff encouraged people to eat and drink enough to meet their needs.

The provider had arrangements in place to make sure accidents, incidents and complaints were investigated and people kept involved and informed of the outcome.

People had positive experiences of using the service. The provider had systems in place to obtain their feedback about how the service could be improved. The provider undertook checks at regular intervals, to monitor, review and improve the quality and safety of the service and addressed any issues found through these checks. We identified there had been no recent audit of medicines. The provider was taking action after the inspection to improve this.

The provider worked proactively with other agencies and healthcare professionals and acted on their recommendations to deliver care and support that met people's needs. They also worked closely with the housing provider of the extra care housing scheme and informed them promptly of any issues or concerns relating to the environment and premises.

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

Rating at last inspection

This service was registered with us on 22/03/2019 and this was the first inspection.

Why we inspected

This was a planned inspection based on the length of time since the service registered with the CQC.

We also looked at infection prevention and control measures under the safe key question. We look at this in inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Absolute Care Services (Dymond House)

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team:

The inspection team consisted of 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 CQC. 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 provider 24 hours' notice to enable them to ensure they could accommodate an inspection as safely as possible. Inspection activity started on 6 July 2021 and ended on

14 July 2021.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We reviewed statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:

We spoke with three people using the service, two care support workers, the registered manager, the managing director and the housing with care officer. We reviewed a range of records including four people's care records, medicines administration records, four staff records and other records relating to the management of the service.

After the inspection:

We spoke with two relatives about their experiences of the service. We continued to speak with the registered manager and managing director and sought clarification about the evidence gathered. We also reviewed additional documentation relating to the management 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 were safe at the service. One person said, "I was so scared and bewildered when I came here but they helped me to settle and I see this place as my home now." Another person told us, "I feel safe with the staff and very comfortable."
- Staff had been trained to safeguard people from abuse. They understood safeguarding procedures and when to report concerns to the appropriate person or authority.
- Managers discussed safeguarding with staff during supervision (one to one meetings) to make sure staff remained confident in recognising signs that might indicate a person maybe experiencing abuse and how to escalate concerns.
- The registered manager understood their responsibilities to liaise with the local authority when a safeguarding concern about a person was reported to them.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and wellbeing were well managed. People's records contained information about identified risks to their safety and wellbeing. There were plans for staff about how to manage these risks to reduce the risk of harm or injury to people and others.
- Staff understood these risks and gave us examples of action they took to support people to stay safe.
- We observed staff were vigilant when people were using communal areas and made sure people remained safe.

Staffing and recruitment

- There were enough staff to support people. People told us staff turned up on time for their scheduled care calls. A relative told us, "Family member feels safe with the carers and it was a big step to get personal care but [family member] knows whose coming and they are regular."
- If people needed urgent assistance outside of their scheduled care call, the provider had staff on duty to provide 'core' support to attend to people.
- The provider operated safe recruitment practices. They carried out appropriate checks on staff that applied to work at the service to make sure only those suitable were employed to support people.

Using medicines safely

- People received their medicines safely and as prescribed. Where the provider was responsible for this, people's records contained information about their prescribed medicines and how they should be supported with these. This helped staff make sure people took these in a timely and appropriate way.
- Staff had been trained to administer medicines. They recorded the medicines people were given and

when on the provider's electronic records system. Our checks of medicines stocks, balances and records showed people consistently received the medicines prescribed to them

- Senior staff monitored the real time electronic records system to check that people received the right medicine, at the stated dose, at the appropriate time.

Preventing and controlling infection

- Staff followed current guidance to keep people safe from the risks associated with poor infection control and hygiene. Staff used personal protective equipment (PPE) safely and effectively.
- Staff made sure people's homes were clean and hygienic to prevent the spread of infection.
- People were encouraged by staff to wear face masks when out in the community and to practice good hand hygiene.
- The provider was accessing COVID-19 testing and had engaged in the vaccination programme for people and staff.
- The provider's infection prevention and control policy was up to date and had plans in place to make sure infection outbreaks could be effectively prevented or managed.
- Staff had been trained in food hygiene practices to help them reduce risks to people of acquiring foodborne illnesses when preparing and serving food.

Learning lessons when things go wrong

- There were systems in place for staff to report and record accidents and incidents. Information about accidents and incidents was shared promptly with all the relevant agencies and professionals.
- The registered manager investigated accidents and incidents. They took appropriate action when this was needed to reduce the risks of these reoccurring, to keep people safe. This included sharing any learning with staff to help improve the quality and safety of the support provided.

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

- Assessments had been carried out with people prior to them using the service. The provider had asked people for information about their medical history, healthcare conditions, their care needs and the outcomes they wished to achieve. This helped the provider plan and deliver care and support people required.
- People had been able to state their choices about how, when and from whom support was provided and this information had been included in their care and support plan.

Staff support: induction, training, skills and experience

- Staff received relevant training to help them meet the range of people's needs. Training was refreshed annually so that staff stayed up to date with current practice.
- Staff had supervision (one to one) meetings with managers to support them in their role and to identify any further training or learning they might need. Managers used feedback received from people through regular monitoring checks to help staff improve the quality of support they provided.

Supporting people to eat and drink enough to maintain a balanced diet

- Where the provider was responsible for this, people were supported to eat and drink enough to meet their needs. People's records set out their dietary requirements and any specific support they needed with these. Staff understood people's preferences and dietary needs and took this into account when supporting people at mealtimes.
- Staff recorded on the electronic records system what people ate and drank at each care call. This helped managers monitor staff were providing appropriate support as well as identify any issues people may be having with their fluid or nutrition intake. Appropriate support had been sought for people in these instances.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People were supported by staff to manage their health and medical conditions. People's records contained information for staff about how they should do this.
- Staff understood the support people needed to help them keep healthy and well. A relative said, "[Staff] are very good at prompting [family member] to have personal care as [family member] can be quite resistant to this."
- Staff worked proactively with the GP who undertook a weekly visit to the service. Staff shared any concerns they had about people's health and wellbeing with the GP who then used this information to

undertake health checks with people during their round.

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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make and consent to decisions about specific aspects of their care and support had been assessed and recorded on their records.
- There were processes in place where if people lacked capacity to make specific decisions 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; equality and diversity

- People were looked after well. One person told us, "They always ask if there's anything more they can do for me. Little things like opening jar tops, changing my bed, fixing the Hoover when it stopped working. I feel they would do things for me whenever I asked." Another person said, "You aren't suffocated by the staff and they are not in your face. It's natural and casual."
- Staff were caring and respectful. One person told us, "The staff are warm and lovely. I love [care support worker]. She's a knock out!" Another person said, "They are hardworking and caring. Cheerful and always smiling." A relative told us, "[Family member] hasn't felt the care has been intrusive and [family member] is very happy with the way they are looked after. Interactions are very positive and friendly but professional. They are genuinely caring."
- People received support, wherever possible, from the same staff so that the care they received was consistent. People had a say in who they received their support from. A relative told us, "[Family member] knows all the carers by name and there is a lot of continuity in terms of the support provided."
- People's specific wishes in relation to how their social, cultural and spiritual needs should be met were recorded in their records so that 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 always treated fairly.

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

- People had been supported to express their views and be involved in making decisions about the care and support they received. People's care plans reflected their individual preferences.
- Managers obtained people's feedback at regular intervals to make sure the care and support they received was continuing to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as they could be. One person told us, "I am very independent and I am allowed to be and that's brilliant." Another person said, "It's nice here. I don't get told what to do. I can do things in my own time."
- A relative told us about the support provided to their family member to slowly regain their independence after a serious illness had left them unable to look after themselves safely. They said, "[Family member] has started to do more things for themselves now and that's really positive and they [staff] have been supportive."
- Staff respected people's privacy and dignity. One person told us, "They are very respectful. They ring the

bell before they come in." We observed staff sought people's permission before entering their home.

- Staff prompted people to undertake as much of the tasks of daily living as they could. Staff only stepped in to provide people with support if they could not manage a task safely.

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

- People had choices about how they wanted to receive care and support and they had control over how this was provided. One person told us, "I can live my life here how I like, no routines or instructions. I can do as I like and live my life how I wish."
- People's records contained information about their preferences for how care and support should be provided to meet their needs. Staff understood people's needs and gave us examples of how they provided care and support to people in the way people preferred.
- Staff recorded the care and support they provided to people on the electronic records system after each care call. This meant managers could check and monitor staff were providing the care and support planned and agreed with people.

Support to follow interests and to take part in activities that are socially and culturally relevant to people; supporting them to develop and maintain relationships to avoid social isolation

- In response to the COVID-19 pandemic and national restrictions on social distancing and lockdown, the provider had introduced additional 'welfare checks' to make sure people were well and safe. The registered manager said, "We put these extra calls in to make sure people were ok because we knew they would be feeling anxious about not being able to go out or see their families."
- With the easing of restrictions relatives were able to visit with their family members again. Staff had provided people information about how they could ensure visits were undertaken safely to reduce the risks posed by COVID-19. Hand sanitiser was available for use in order to promote good hand hygiene.
- Staff encouraged people to follow their interests and to do activities to reduce the risk of them becoming socially isolated. Some people using the service had returned to attending a community day centre and staff had made arrangements to make sure they could do this and stay as safe as possible.

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 discussed, recorded and highlighted in their individual care records. Staff understood how people should be supported with these needs and were able to give us examples of how they did this, for example, ensuring people had their communication aids to hand when needed, such as their glasses or hearing devices.

Improving care quality in response to complaints or concerns

- People had no issues or concerns about the support they received from the service at the time of this inspection. Comments we received included; "No concerns or issues. I know I can call on them if I need them."; "I am happy here. We have a little community here. The staff are lovely. I have no moans about them. So lovely and laidback."; "It's fine here. I appreciate everything I have here. Been here a long time. I am happy here. Have no bother."; and, "Overall it's a fantastic service that [family member's] getting."
- People were encouraged to raise concerns and when they did, we saw these were dealt with appropriately by managers. One person said, "If I found I wasn't happy, I would mention it to the person concerned or go to the senior carer."
- There were arrangements in place to deal with formal complaints. People had been provided information about what to do if they wished to make a complaint and how this would be dealt with by the provider.

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.
- People were asked about their wishes for the support they wanted to receive at the end of their life at the time of their initial assessment. However, staff had not routinely recorded the outcome of these conversations on people's records.
- The registered manager and managing director told us they would take action to make sure this information was accessible on people's records. This would help to 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.

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

- Managers and staff understood their roles and responsibilities to the people using the service.
- The registered manager understood their responsibility for notifying CQC of events or incidents involving people. Our records showed they had notified us without delay. This meant we could check they took appropriate action to ensure people's safety and welfare in these instances.
- Managers undertook regular monitoring visits to check people were receiving safe, high quality care. Outcomes from recent checks showed people were satisfied with the care and support provided by staff.
- Managers also undertook audits and checks of the service. We saw an infection prevention and control audit had been introduced at the service in response to the COVID-19 pandemic to seek assurances policies and procedures were being correctly followed, in line with current guidance, to ensure people's safety and to reduce transmission and infection risks.
- We noted there had been no recent audit of medicines. Although we did not find issues about medicines administration at this inspection, there was a risk that issues about this may be missed in the future in the absence of regular oversight. We discussed this with the registered manager and managing director who agreed regular audits would be reintroduced after our inspection.
- Managers were open about things that went wrong and proactive about putting things right. They investigated, accidents, incidents and complaints and made sure people were kept involved and informed of the outcome. When the outcome of investigations found care and support had not been provided to the required standard, people were offered an appropriate apology.

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

- The provider sought people's views about the service and their suggestions for improvements through monitoring visits. They acted on people's feedback when improvements were needed.
- The provider encouraged a culture within the service that was focussed on people receiving high quality care and support. Manager's used monitoring visits to check care and support was delivered by staff to the expected standard. Any concerns identified through these visits were addressed promptly with staff.
- Managers and staff knew people well and their interactions with people were focussed on meeting their specific, individual needs. One staff member said, "No one day is the same here so you have to be

responsive and flexible to people and their needs. There is really good team working here. We pull together and do things for the residents." Another staff member told us, "I really enjoy the job. I like helping people and building a rapport with people. I think people see me as someone who cares about them."

- Staff told us they felt well supported by managers. A staff member said, "The company is lovely and the management are good in terms of communication. I can talk to any of them and I get a lot of support from the managers."

Working in partnership with others

- Managers worked proactively with healthcare professionals involved in people's care. They acted on their recommendations and advice to design and deliver care and support that met people's needs.

- Managers maintained a close working relationship 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.