

Absolute Care Services Ltd

Absolute Care Services (Sutton)

Inspection report

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Date of inspection visit:
10 April 2019

Date of publication:
29 April 2019

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 (Sutton) is a domiciliary care agency that provides personal care to people living in their own houses and flats in the community. CQC only inspects the service being received by people provided with 'personal care', that is help with tasks related to personal hygiene and eating. Where they do this, we also take into account any wider social care provided. At the time of our inspection there were 76 people using the service.

People's experience of using this service:

- People said staff were caring and supported them in a dignified, respectful way which maintained their privacy and independence.
- People's views were sought to help the provider plan and deliver care that was tailored to their needs.
- People's records contained up to date information for staff about how their care should be provided in a way that not only met their needs but kept them safe. People told us staff were able to meet their needs and respected their preferences and choices about how their care and support was provided.
- People said they felt safe with staff who understood the risks to their safety and wellbeing. Staff followed good practice to minimise risks from poor hygiene and cleanliness when providing personal care and when preparing and handling food. Staff knew how to safeguard people from abuse and how to report any concerns to the appropriate individual and/or authority.
- Staff asked for people's consent before providing any support. 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 supported to stay healthy and well. Staff helped them to eat and drink enough to meet their needs and to take their prescribed medicines. Staff sought extra help and support for people if they need this, for example when they became unwell. They worked with other healthcare professionals to ensure a joined-up approach to the care people received.
- There were enough staff to support people. The provider made sure staff were suitable to support people through their recruitment and selection practices. They gave staff relevant training to help them meet people's needs and supported them to continuously improve their working practices.
- People knew how to make a complaint if needed and the provider had arrangements in place to deal with this. The provider recorded and investigated any accidents and incidents that occurred, and kept people involved and informed of the outcome. Learning from complaints and investigations was shared with staff to help them improve the quality and safety of the support they provided.
- The service had a new manager in post. They, and staff, were well supported by the provider who made sure they had clearly defined roles and responsibilities for delivering high quality care and support to people.
- The provider had improved those areas of the service where we had previously found concerns. We saw positive changes made to systems for reporting notifications, staff recruitment, medicines audits and

arrangements for scheduled visits to people.

- The provider was continuing to improve the quality and safety of the service and sought people and staff's views about how they should do this. New technology was being introduced at the service that would give people more access to information about their support. This would also provide staff instant information about the support provided to people to help them monitor that people were getting the right care and support at the right time.
- The provider worked in partnership with other agencies such as local authorities funding people's care to develop and improve the support provided.

Rating at last inspection:

- At the last inspection the service was rated 'Requires Improvement' (18/04/2018). At this inspection we found the service meet the characteristics of a good service. The service rating has improved to 'Good'.

Why we inspected:

- This inspection was planned based on the previous rating of 'Requires Improvement'. In these instances, we return to a service within 12 months of the publication of the last report to check that the service had taken the action needed to improve.

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.

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

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 (Sutton)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed by one inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 visit because senior staff are often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection site visit took place on 10 April 2019. We visited the office location on this date to see the senior staff team and to review records, policies and procedures.

What we did:

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

able to complete a Provider Information Return. 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 senior staff team which included the managing director, the operations director and the newly appointed manager for the service. We looked at eight people's care records, four staff files and other records relating to the management of the service including policies and procedures. After the inspection we spoke to ten people using the service and 7 relatives. We asked them for their views and 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.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe with staff. One person said, "I do feel safe as the main carer who comes is very conscientious. They do my shopping for me. They go to [supermarket] which is what I want, and they always bring me the correct change and receipts and get the things I want and have asked for."
- Staff received training in how to safeguard people from abuse and how and when to report concerns about a person to the appropriate individual and/or authority.
- The provider worked closely with the local authority when a safeguarding concern about a person was raised. This helped the local authority carry out a full investigation and to identify any actions needed to ensure the person's ongoing safety.

Assessing risk, safety monitoring and management

- People told us staff understood risks to their safety and helped them to stay safe. One person said, "I do feel safe, for example they watch me carefully when I am climbing down the stairs. I have always felt safe with all the carers."
- The provider assessed and identified risks posed to people from their specific healthcare conditions and by their home environment. They made sure staff had access to up to date information in people's records about how identified risks should be managed to keep people safe.
- Senior staff monitored identified risks as part of their reviews of people's care and support needs to check for any changes to these that staff needed to be aware of.

Staffing and recruitment

- The provider made sure there were enough staff to meet people's needs. One person told us, "They are fairly regular carers which I like, and they do come on time most of the time. The two carers arrive together."
- The provider used an electronic system to allocate staff to scheduled visits. This helped to make sure there were enough suitable staff to meet the needs of people at all times. When allocating staff, the provider took account of their skills and experience and made sure they were trained to deal with emergency situations and events to reduce the risk of harm to people and to themselves.
- People told us, on occasion, staff had been late for a scheduled visit. The manager used the electronic system to check that staff were turning up on time for their scheduled visit. If they were late the manager would call them to find out why. The manager told us any persistent lateness was addressed with staff immediately. Records showed the number of late visits had reduced since our last inspection.
- The provider had recruitment and selection procedures in place to make sure only suitable staff were employed to support people. Since our last inspection these procedures had been updated and improved to help the provider only appoint staff that were right for the role.

Using medicines safely

- People told us staff supported them to take their prescribed medicines, when they needed these. One person said, "They check I take my tablets and there has not been a problem."
- Staff had been trained to manage and administer medicines safely. There was current information for staff on people's records about their prescribed medicines and how and when they should be supported with these. This helped staff make sure people received the right medicine, at the right dose and at the right time.
- Staff recorded the medicines people were given and when. Senior staff reviewed these records to check medicines had been administered safely and appropriately by staff.

Preventing and controlling infection

- Staff were trained in reducing infection risks from poor cleanliness and hygiene and had access to supplies of personal protective equipment (PPE). One person told us, "They [staff member] take their shoes off first at the door without me having to ask and they put those plastic gloves on. They have a packet of those blue gloves at the house. When [staff member] has finished she throws the gloves in my bin."
- Staff were also trained in basic food hygiene to reduce risks of people acquiring foodborne illnesses. One person said, "They wear gloves and I have seen them wash their hands before they do my breakfast."

Learning lessons when things go wrong

- Accidents and incidents involving people were recorded and investigated promptly by the provider. Learning from these investigations was shared with staff to help them improve the quality and safety of the support they provided.
- The provider analysed accidents and incidents to check for any emerging trends or themes to help them reduce the risk of these happening again.

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

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's care and support needs were comprehensively assessed prior to them using the service. These assessments took account of information provided by people and from others involved in their care, about their existing healthcare conditions, their care needs, and the outcomes people wished to achieve from the support provided.
- Information from these assessments was used to develop a care plan for the person. People were able to state their choices for how, when and from whom they received their care, and this was recorded in their care plan so that staff knew what support to provide.

Staff support: induction, training, skills and experience

- People told us staff knew how their care and support needs should be met. A relative said, "We do feel [family member] is safe with them as they seem to know what they are doing."
- Staff received relevant training in areas that covered the range of people's needs. New staff completed a comprehensive programme of induction before the provider was happy that they could work with people unsupervised.
- Staff were supported to continuously improve in their role. Staff had regular supervision (one to one meeting) and a performance review every year with a senior staff member. These provided opportunities to discuss their working practices, any issues or concerns they had about their role and any further training or learning they needed to help them provide effective support to people.

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

- Staff made sure people's dietary needs were met. One person told us, "[Staff member] helps me with my [branded cereal] in the morning and a sandwich later in the day. I can reheat myself a ready meal from the meals they get me from [supermarket]. They always leave me with a drink."
- Staff had access to information about people's dietary needs and how they wished to be helped with these. This included information about any specialist needs people had due to their healthcare conditions.
- Staff recorded what people ate and drank so that there was information available to others involved in people's care to check whether they were eating and drinking enough to meet their needs.

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

- Staff knew how to help people stay healthy and well. One person said, "They check my skin for any redness and I've not had any pressure sores despite being in bed permanently."
- Staff recorded the support provided to people at each visit which kept others involved in people's care up to date and informed.

- Staff reported any concerns they had about a person's health and wellbeing promptly so that people received appropriate support in these instances. We saw a recent example of this which had led to a person getting new equipment to help them move more safely at home.
- Staff worked well with other healthcare professionals such as the GP and district nurses and shared information with them when needed to make sure people experienced a consistent, joined up approach to their care needs.

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

- People told us staff asked for their consent before providing any care. One person said, "[Staff member] checks that I am happy to be helped before she starts."
- 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- Staff received training in the MCA. Senior staff were aware of their duties and responsibilities in relation to the Act.
- Systems were in place to assess people's capacity to make and consent to decisions about specific aspects of their care and support. There were processes in place where if people lacked capacity to make specific decisions about their care and support the service would involve people's relatives, 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

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 spoke positively about staff and felt well supported by them. One person told us, "I do get anxious, but most are kind and patient with me...I never feel rushed and they will chat with me. [Staff member] is really good and kind. They make sure that I am warm and keep me covered." Another person said, "They are respectful and polite. They also ask me how I am too, and we always have a laugh together."
- 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, "They [staff] are all women and that was what my Mum wanted."
- When assessing people's needs the provider took account of any specific wishes people had in relation to meeting their social, cultural and spiritual needs. People's wishes were recorded and highlighted in their care plans so that staff had access to relevant information about how people should be supported with these needs. A relative told us, "They do respect [family member's] religious and cultural needs."
- Staff received training in equality and diversity to help them protect people from discriminatory behaviours and practices.

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

- The provider made sure people and their representatives were involved in making decisions about their care. People were asked for their views and choices prior to them using the service and then on a regular basis in care review meetings with senior staff. This meant the support provided to people was tailored at all times to meet their specific preferences and choices.

Respecting and promoting people's privacy, dignity and independence

- People told us support was provided to them in a way which respected their privacy and dignity. One person said, "They clean and wash me. It's the way they do it. They do it gently and with respect. They are kind and chatty."
- People were asked how independent they wished to be when being supported. Staff were provided information about the level of support people needed so that people were involved and able to do as much as they could for themselves if they wanted this.

Is the service responsive?

Our findings

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us the care and support they received from staff was what had been planned and took account of their specific preferences and choices. One person said, "They are quick, efficient and my regular carer is a lovely girl. I wouldn't be here without her. I just wouldn't be able to manage. We have got a good routine going."
- People's records contained information for staff about how they wanted their care and support provided. Their choices and preferences were clearly set out for staff in their care plans. We saw examples of this where people's preferences for when and how they were helped to get washed or dressed or the specific meals they wanted to eat was detailed in their care plans.
- Staff were prompted to ensure people were offered choice and able to retain control over what happened to them when being supported. One person said, "[Staff member] is very kind and caring. She helps me shower...and then helps me get dressed...I do feel that I make all the choices such as what I'm wearing."
- Records indicated the support provided by staff reflected what had been agreed and planned for people. This included respecting people's choices and decisions about how support was provided to them.
- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how people should be supported with these.
- Senior staff reviewed the care and support provided to people to check this was meeting their needs. This helped people to remain involved and to continue to have a say about how their current and future care and support needs would be met.
- Staff were promptly informed of any changes to the support people needed.

Improving care quality in response to complaints or concerns

- People told us they had no issues or concerns about the quality of care and support provided by staff. One person said, "I'm quite happy with the care. They couldn't do any more for me." Another person said, "They are very good, excellent in fact."
- The provider had arrangements in place to deal with people's concerns or complaints if they were unhappy with any aspect of the support provided. People were provided information about what to do if they wished to make a complaint and how this would be dealt with by the provider.
- When a concern or complaint had been received, senior staff conducted a thorough investigation, provided appropriate feedback to the person making the complaint and offered an apology where this was appropriate.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider encouraged a culture within the service that was focussed on people receiving high quality care and support. They had made sure all staff knew that they were responsible for providing this. The provider checked this was being delivered through regular monitoring visits and from feedback they received from people. The provider used information from these checks to help staff address any issues with their work affecting the quality of support they provided.
- The provider encouraged staff to deliver high quality care and support. They rewarded staff through the 'employee of the month' scheme when they demonstrated excellence at work.
- The provider used monitoring visits and people's feedback to check that people were receiving the support they needed. The provider acted promptly when people wanted changes or improvements made to this.
- The provider was open about when things went wrong. They investigated all accidents and incidents that happened and made sure people were kept involved and informed of the outcome.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People spoke positively about the management of the service. One person said, "I do think it's quite well led. If I had any problems at all I would contact their office, but I've never had to do this." Another person told us, "They are very organised and have a good selection of staff."
- At our last inspection we found that legal requirements to notify us of events or incidents involving people had not been met. Our records showed prior to this inspection the provider was notifying us promptly when events or incidents happened. This meant we could check that the provider took appropriate action to ensure people's safety and welfare.
- Senior staff were clear about their responsibility for meeting regulatory requirements. They were confident that the issue we found at the last inspection would not happen again as they had systems in place to reduce the risk of this.
- Since our last inspection a new manager was in post and had applied to CQC to become the registered manager for the service. The new manager was well supported by other senior staff and confident in their role and about their responsibilities.
- Senior staff used meetings with staff to check they understood their roles and responsibilities with regard to the support they provided to people.
- Records relating to the people, staff and to the management of the service were up to date and well maintained.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were provided regular opportunities to have their say about the service and how it could improve. The provider sought people's views through monitoring visits, quality surveys and reviews of their care and support needs. Staff's views about the service were sought through the yearly employee survey and at supervision and staff meetings.
- Where people could not easily give their views due to their communication needs, the provider asked their representatives for feedback. This meant people's experiences in these instances would be taken into account when the provider made changes to improve the service.
- The provider was planning to give people and staff updates and information through regular newsletters about how their views and feedback had been used to help the service improve.

Continuous learning and improving care

- People were aware of improvements being made to the quality of support they received. One person said, "I'm happy now. It was very bad last year. Carers kept leaving and it was one person after another. This year has been better. It's steadier."
- After our last inspection the provider had improved those areas of the service where we had found concerns. We saw positive changes made to systems for reporting notifications, staff recruitment, medicines audits and arrangements for scheduled visits to people. In addition, the provider undertook regular checks of key aspects of the service and made improvements when these were needed.
- The provider was investing in new technology to improve the service further. They had put in a new electronic system which the manager told us had improved the scheduling of visits. This system also enabled people and their representatives to log in from home to view their records and to check their schedule of visits, so they could see which staff were due to attend. The provider was introducing a further improvement to give staff secure access through mobile smart phones to information about people's care and support needs. Staff would be able to record what support they had provided at each visit. The operations director told us this would help senior staff instantly monitor that people were getting the right care and support at the right time.

Working in partnership with others

- The provider worked in partnership with other agencies to develop and improve the delivery of care to people. For example, staff worked closely with the authorities funding people's care, so they were kept up to date and informed about people's care and support needs, particularly when there had been any changes to these. This helped authorities funding people's care check that the care and support people received was relevant and appropriate to their needs.