

Absolute Care and Support (UK) Limited

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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 and Support (UK) Limited is a domiciliary care agency located in Woodley in Stockport Greater Manchester. The service provides twenty four hour personal care, support and social inclusion services to adults who live in their own home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good overall. There were no breaches, the service met all relevant fundamental standards and exceeded these in the responsive key-question.

People told us they felt safe receiving care in their homes and they did not have any concerns about the care they received. Care workers, office staff and management were knowledgeable in what constituted abuse and their responsibilities in reporting any concerns they had internally and externally to local safeguarding authorities.

Care records and care plans were personalised to each individual and contained information to assist care workers to provide personalised care in a way people wanted and needed. The service operated a matching service where care workers with similar interests, hobbies and personalities were matched to people; therefore people mostly received consistent care and support from the same care workers. All people spoken with agreed they always received support from care workers they knew well.

Recruitment procedures were in place ensuring only those applicants suitable to work with vulnerable people were appointed. Sufficient numbers of staff were available to support the individual needs of people.

Care workers were passionate about their role and felt very responsible for the people they cared for. They had a very good knowledge and understanding of people's care needs, interests and how they liked their care to be provided. They spoke warmly about the people and their families who used the service and it was clear from our conversations with people that people liked and trusted them and were at ease in their presence.

People we spoke with and their relatives told us the care workers went above and beyond what was expected of them. The service had gone the 'extra mile' by considering the needs of people using the service and their relatives by promoting and developing positive relationships with them.

People and their relatives were actively encouraged to make their views known and were involved in making decisions about their care. Care workers had a very good understanding about what was important to people and went out of their way to ensure people's needs and wishes were met.

Policies and procedures were in place and were kept under review. The provider was in the process of sourcing new policies that were geared more towards domiciliary services. Existing policies and procedures helped guide the actions of all individuals involved in the service and provided consistency in all practices carried out within the service.

The provider had up to date complaints and whistleblowing policies and procedures which gave information for staff to follow and time scales to adhere to. This helped to assure people and care workers that their concerns were taken seriously and would be addressed quickly.

Quality assurance systems in place helped to monitor the quality of service people received. The provider undertook various audits which the managing director used to continually scrutinise all aspects of the business.

The registered manager and registered provider recognised staffs caring attributes through observations of staff practices and behaviours and operated an employee reward scheme to acknowledge staff loyalty. This helped the staff team to feel valued and maintain a good standard of care.

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 remains Good

People were supported to maintain their safety. Risks were assessed and managed to reduce the risk of harm to people.

People had their medicines administered by care workers who had been trained in the safe administration of medicines. They had their competencies regularly checked by senior carer workers and the registered manager.

Sufficient numbers of skilled and experienced care workers/coordinators were employed to meet people's needs.

Is the service effective?

Good ●

The service remains Good

People were supported by care workers who were trained and supported to deliver effective care and support. Staff training was undertaken in order to effectively meet people's individual needs.

Where people lacked capacity to make a decision about their care, systems were in place and acknowledged by the service so their rights and best interests were protected.

Care workers had a good understanding of people's health and nutritional needs and provided appropriate support to ensure these were met

Is the service caring?

Good ●

The service remains Good

Care workers were kind, understanding and supportive.

Care workers and management spoke in a respectful and caring manner to people and their relatives.

There was a good person centred culture. People and their relatives spoke positively about their relationships with care

workers and management.

Is the service responsive?

Good ●

The service remains very Good

The service was able to work collaboratively with external agencies to respond immediately to changes in people's needs whilst monitoring the quality of care.

People were actively encouraged to make their views known and to raise concerns and complaints. Feedback was listened to and used to drive up overall standards.

The service actively encouraged people to access external events and visits to places of interest which the provider hosted.

Is the service well-led?

Good ●

The service remains Good.

The registered manager and managing director led by example. They were focussed on improving the quality of the service and there was an emphasis on continuous improvement.

The values of the service were consistently demonstrated by all staff in their interactions with people, their relatives and with each other.

Quality assurance processes ensured the safety, good quality and effectiveness of the service.

Absolute Care and Support (UK) Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 comprehensive inspection took place on 26 and 27 February 2018 and both days were announced. The inspection team consisted of one adult social care inspector and an expert-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. Their area of expertise was older people and dementia care.

We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that they would be in to provide information we would require as part of the inspection process.

Before the inspection, we asked the provider to complete 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. We also considered information we held about the service, such as notifications in relation to safeguarding and incidents which the provider had told us about.

Prior to the inspection we contacted the local authority to seek their views about the service. We were not made aware of any concerns about the care and support people received.

As part of the inspection we spoke with 12 people who used the service, four relatives of people using the service, three care workers, the registered manager, care coordinator, the care coordinator and the managing director.

We also reviewed a sample of people's medicine records, six care files, six staff recruitment records, staff training and development records, records relating to how the service was being managed such as records for safety audits, and a sample of the services operational policies and procedures.

Is the service safe?

Our findings

At our previous inspection we found that the service was safe. At this inspection we had no concerns about people's safety and the service continued to be good in this area.

People using the service told us they felt safe with the care workers who provided them with care and/or support. They made positive comments such as, "I have a regular Carer and I can trust her in the house no problems", "I get on with all of them and I trust them all", "I just feel comfortable with them in the house", "I definitely feel safe with them because I know them and I can have a laugh with them" and "I depend on them to do everything for me. I know they can do their job and it is reassuring to know they are there to help."

Safeguarding and whistleblowing (the reporting of unsafe and/or poor practice) policies and procedures were in place. Training records showed and a care worker we spoke with confirmed that training in these topics had been provided. They were able to outline each procedure and they knew what they would do if they thought someone was at risk of or had been harmed.

Environmental and personal risk assessment forms had been completed and reflected the person's current circumstances. Information about people's health and general medical history was also included. This helped to maintain, monitor and managed their safety so they could be supported to stay safe and their freedom respected.

Recruitment procedures were in place ensuring only those applicants suitable to work with vulnerable people were appointed. The service employed 45 care workers who worked varying hours within a designated local area and mainly provided care and support to the same people. The registered manager and coordinators were responsible for managing staff rotas in order to match the right staff with the right person. Staff rotas confirmed that staffing numbers and skill mix were appropriate to safely meet the needs of the people they were supporting.

Medication awareness training had been completed by all staff and was updated periodically. A review of people's records indicated that assessments were completed to determine if people were able to self-medicate. Where assistance was required a detailed risk assessment and plan was completed describing the level of support needed. Medication administration records (MARs) were completed accurately to show what medicines had been given, refused or not taken.

The infection control policy and procedures in place gave care workers guidance on preventing, detecting and controlling the spread of infection. Training records and staff we spoke with confirmed that all staff had completed periodic training in this area and as part of their induction. Care workers confirmed they had access to protective clothing such as disposable gloves and aprons where this was needed. This helped to ensure people and staff were protected against the risks of infection.

Accidents, incidents, concerns and complaints records showed there had been one incident recorded since

our last inspection at the service in 2016. The registered manager monitored any incidents and told us that the service had not received any complaints and there had been no reportable incidents in over 18 months.

The service had an electronic call monitoring system which helped to avoid missed visits by highlighting if a care worker did not arrive for their visit on time. This helped to ensure people received safe care and support in a timely way.

Is the service effective?

Our findings

At our previous inspection we found that the service was effective. At this inspection we had no concerns about people's safety and the service continued to be good in this area.

People felt very well supported by care workers who were well trained and knew how to care for them. People made positive comments about the care workers competence and abilities and were very happy with their approach. People told us; "My regular Carer knows what to do and she trains some of the others as well", "They are trained and the new ones are taken round to learn the ropes and once they know what to do they soon pick it up", "Well they know how to look after me", "Oh yes if they see any marks on me they write it all down in the book they are very thorough" and "They know how to look after me and I have no complaints about how they treat me."

A comprehensive induction programme was in place for new care workers and covered topics such as first aid, safeguarding, moving and handling theory/practical, infection control, food hygiene, health and safety, fire safety, medication, induction and Prevent training. The Counter Terrorism and Security Act 2015 introduced the Prevent duty for various bodies. The Prevent duty's aim is to help stop vulnerable people from being exploited and drawn into terrorism.

Whilst there is no statutory requirement for providers to implement the Care Certificate consideration had been given to the relevant modules and five care workers had completed this training. The Care Certificate is a set of minimum standards that social care and health workers should apply to their daily working life and is covered as part of the induction training of new care workers. This helps to ensure make sure that staff have the skills, knowledge and experience to deliver effective care and support.

Individual needs assessments had been undertaken prior to the service being provided to ensure the care and support being offered could meet the person's individual needs and choices. Where necessary relevant health care professionals were involved in carrying out a full assessment. This helped to ensure people were supported to live healthier lives, have access to healthcare services and receive on going healthcare support. All of the care records we examined included a provider service delivery contract that set out the terms and conditions of the service being provided. Records detailing the hours of care that would be provided including who to contact in an emergency was also in place.

Consideration was given to people's nutritional needs where this support was being provided. Advice and support was sought from the speech and language therapist (SALT) and dieticians where potential risks, such as choking had been identified. SALT provides treatment support and care for people who have difficulties with communication or with eating, drinking and swallowing. People were supported to eat and drink enough to maintain a balanced diet and such information was recorded in people's care records.

The registered manager told us that prior to a person's support being provided they would visit the person at home and discuss the support plan with them and/or their relative to confirm their agreement. People we spoke with confirmed this and records showed people receiving a service had signed to agree and confirm

their consent. The registered manager was aware that only people who had power of attorney for health and welfare decisions were legally able to sign on the person's behalf.

Is the service caring?

Our findings

At our previous inspection we found that the service was caring. At this inspection we had no concerns about people's safety and the service continued to be good in this area.

People and their relatives were very positive about the care and support they received. Everybody said the care workers were very caring. Comments included; "She [care worker] is like a friend and I would describe her as extra special", "I am treated as a person and we have a laugh and a joke together", "They [care workers] are very caring I appreciate them more than words can say. I am very grateful to them for what they do for me" and "They are very friendly and respectful and are easy to get on with."

People told us they felt their privacy, dignity and independence was respected and promoted. They told us that staff treated them with dignity and respect and made sure they had privacy when personal care was being delivered. A person's relative said, "They [care workers] are always respectful of my relatives privacy and dignity, it's important because [relative] can't do a lot for themselves now-a-days."

The registered manager and managing director spoke highly of the caring abilities of the staff team and said, "We have employed very good care workers who are loving, caring and sensitive towards people", "and They go above and beyond for people. For example a care worker once stayed behind with a service user because the person wanted to make pea and ham soup; the carer said that she didn't mind doing this and she enjoyed spending time with the person" and "We always ask people if there is anything else we can do before we leave the person's home. We are very fortunate to have such dedicated staff."

Care reviews included people's feedback to ensure care workers were supporting them to meet their individual needs. Comments or suggestions made in the feedback would be discussed with staff to look for ways to improve.

Copies of people's care records were archived and stored electronically in the main office. Computers were password protected to ensure that confidentiality was maintained.

Is the service responsive?

Our findings

At our previous inspection we found that the service was responsive. At this inspection we had no concerns about people's safety and the service continued to be good in this area.

People described how the service was flexible and responsive to their individual needs and preferences to enable them to live as full a life as possible. New service users and their relatives contributed to the initial assessment which detailed how they would like to receive their care and support. Care plans were personalised, included information about people's life histories, and explained how people would like to receive their care and support

People confirmed they were very involved in the planning of their care and support. People said, "Yes I was involved with the care plan and the help I receive is excellent" and "When they [care workers] come to the house, they know they are caring for the person [relative] and not the dementia.

Another person's relative made positive comments about how well their relative's individual needs were being met. They said, "As a care company, they have been absolutely smashing; they understand my relatives body language and facial expressions and from this know what my relative needs and wants."

The managing director described how they had provided support to meet this persons social inclusion needs. They said, "We knew that this person used to enjoy walking in Anglesey but when their health began deteriorating they could no longer drive a car and stopped going out of the house. When people have a progressive cognitive condition it's really important to keep them stimulated with things that interest them. The person and their spouse don't leave the house much these days, and that's all because of the person's condition. The person's spouse is one person who I have the ultimate respect for and we want to make sure that all of our service users are living the best life possible. We organised for this person, their spouse and their dog to spend a day in Anglesey. We made sure we had a vehicle that would carry all of us including the person's wheelchair and treated this like a normal family day out. The beach at Anglesey is wheelchair accessible which made the day even more marvellous. The person really responded to familiar sights and landscapes, sharing a flask of tea and eating fish and chips bought from the café the couple always visited. The persons spouse told us that the day had improved both their lives because they spent moments alone chatting and reminiscing." We saw photographs, risk assessments and details of the day had been recorded in the persons care file.

Peoples care records were written in plain language and were clear for them to understand the care provided. This helped people to participate and understand information that was important to them. Care records were reviewed three monthly then annually or sooner if a person's needs changed.

The provider was skilled and confident to liaise with other agencies and local authorities to ensure people received all the resources they needed, such as equipment to support people's mobility. The registered manager explained that the initial assessment process was very detailed and people were told it would take time as the information the service requested was quite detailed. Once this information has been gathered

the registered manager and discussed who was the most appropriate care worker to match with the person. The registered manager told us; "As a management team we check the care workers skills, knowledge and personality to identify the right care worker for the person."

A complaints policy was in place which signposted the complaint to be escalated to the Local Government Ombudsman if the complainant remained dissatisfied with the outcome. The registered manager told us there had been no complaints about the service since the last inspection in 2016. We saw actions to an older complaint had been monitored, recorded and resolved to the person's satisfaction.

Is the service well-led?

Our findings

At our previous inspection we found that the service was well-led. At this inspection we had no concerns about people's safety and the service continued to be good in this area.

People and their relatives told us the service was managed extremely well. People said, "The help I receive is excellent", "The girls [care workers] are excellent", "Overall I am very satisfied they are very good I have no complaints", "They are one hundred per cent we have no complaints at all. They come early, do the job, we have some fun with them and they go", "They are fantastic", "They look after me very well and I can talk to [staff names] whenever I want" and "It's like they are family."

The service had a manager who was registered with the Care Quality Commission (CQC). They were present at both inspection days. 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.'

The registered manager had a background in human resources and had significant experience working with older people. They were supported by a managing director, two care coordinators and an administrator. The managing director previously worked in engineering and was proficient in problem solving and implementing new systems and processes to drive up improvement and sustainability at the service.

Information gathered from people and their relatives during spot check visits identified the quality and standard of the care/support provided, good practice, areas for improvement and risks. Completed audit reports were shared with the registered manager and results were entered onto the services quality monitoring system which were then analysed to identify trends and patterns that emerged. Actions taken following analysis were recorded. The system helped to maintain a high quality service.

Care workers were aware of the standards expected of them and felt supported in carrying out their work. They told us they had the opportunity to discuss their work when they called into the office and found this beneficial. Two care workers we spoke with told us that they felt well supported and confirmed that they received regular news letters or text messages about the service, regular planned supervision sessions and a recent annual appraisal. Records we saw confirmed this.

They made positive comments about the registered manager and told us they provided, "Very good leadership and support" and "The manager makes sure people are being provided with the best care possible.", "The manager is approachable; if there was a change in a service user's needs then I would speak to the office staff or manager and they would do their best to support the person in the way that was needed."

The registered manager and managing director had a clear vision and credible strategy to continually improve the service. They were passionate about the service and believed that staff development was key to

their vision. Since the last inspection the managing director had successfully completed a level five in Health and Social Care. They told us, "I did this because I wanted to know and learn everything I could about this job." As part of their study the managing director wrote a thesis report which argued the benefits to people receiving home care, hospital care or residential care. The thesis addressed topics such as, safeguarding, the Mental Capacity Act 2005, the impact of dementia within families and how companionship with a person living with dementia can have a positive impact in the person's life. They told us that the learning helped them to identify the business strengths and where improvements could be made within the service.

The thesis findings also identified that new policies and procedures geared more for their service were required to further guide the actions of all individuals involved in the service. Sourcing new policies and procedures was in progress at the time of the inspection and they told us that these would be in place by the end of the week. They understood this would help to improve efficiency and consistency whilst ensuring risks and regulatory requirements were understood and managed.

Since the last inspection the service had invested in a new care management system, 'Tagtronics'. The provider ran two systems, the other being used to liaise with the local authority contracts department. They told us that the new system was more intelligent and helped to ensure responsibilities were clear, which in turn enabled them to manage the business performance.

The provider was conspicuously and legibly displaying their CQC rating at the premises and on their website.