

Absolute Care and Support (UK) Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Absolute Care and Support (UK) Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. In April 2023, the service also acquired 2 extra care schemes called Birch Court (20 flats) and Portland House (40 flats) situated in the borough of Stockport. Extra care schemes operate in purpose-built properties, which provide accessible and safe housing for older people to live independently. At the time of the inspection, 18 people lived in Birch Court, 36 people lived in Portland House and 67 people used the domiciliary care service.

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.

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

People's medicines were not always safely managed. Medicine recording systems were not robust. The service was not following the provider's medicine policy in relation to 'as required' medicines. Although staff received training in administering medicines, they did not always receive a medicine competency assessment [an observation to assess staff competency in administering medicines]. People were protected from the risks of abuse and staff were trusted to keep them safe.

Auditing systems were not always robust and auditing processes had not picked up on the discrepancies we found during this inspection. In both of the extra care schemes, there was a lack of governance, leadership and auditing systems.

The provider had systems in place to monitor staffing levels. An electronic system was used to determine staffing levels, issue staff rotas and deploy staff to people's care visits. However, staff rotas showed travel time was not always allocated between calls. We received mixed feedback from people about them receiving regular staff for their care visits.

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; however, the systems in the service did not always support this practice. There was limited information about people's cognition and mental capacity in their care plans and the provider had no specific mental capacity assessments in place. We have made a recommendation about the provider reviewing their systems in place to work within the principles of the Mental Capacity Act (MCA).

Staff had received an induction when they first started working at the service and mandatory training relevant to their roles had been provided. However, there was a lack of training completed related to people's specific conditions. We have made a recommendation about the provider reviewing their training systems. People told us staff were on time for their visits, and if on occasions staff were delayed they were

informed.

People's rights were promoted. People were treated with dignity and privacy. Staff had received training in equality and diversity, and they were committed to ensuring people were treated well. People's views and decisions about care were incorporated when their care packages were devised. People's independence was encouraged where possible.

People and their relatives told us they were involved in the care planning, which was reviewed regularly. People and their relatives told us the care provided met people's needs. People's communication needs were met. Care plans did not contain people's end of life wishes. The registered manager assured us they will update people's care plans to incorporate their end of life wishes for those who wanted to disclose them.

The culture was open and inclusive. Staff said they enjoyed their roles and liked the company they worked for.

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

Rating at last inspection

The last rating for this service was good (published 26 March 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified a breach in relation to good governance.

We have made recommendations about the provider reviewing their systems in place to work within the principles of the MCA and about the provider reviewing their training systems.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Absolute Care and Support (UK) Limited

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors and 1 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.

Service and service type

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

This service also provides care 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 bought or 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 service.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 December 2023 and ended on 18 December 2023. We visited the location's office on 12 December 2023. We visited both of the extra care schemes on 15 December 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and 7 relatives about their experience of the care provided. We spoke with 14 members of staff including the provider, registered manager, care co-ordinator, senior care workers and care workers.

We reviewed a range of records. This included multiple people's care records and medication records. We looked at records in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Learning lessons when things go wrong

- People's medicines were not always safely managed. Guidance for staff was not always clear, which meant people were at increased risk of experiencing harm from avoidable medicines errors. Medication administration records (MARs) did not include a record of the individual medicines and what each medicine looked like from people's medicine blister packs, therefore staff had limited guidance to identify what medicines they were administering.
- Medicine recording systems were not robust. People's allergies were not always recorded and staff had limited directions of where people's prescribed creams needed to be applied.
- The service was not following the provider's medicine policy in relation to 'as required' medicines. For example, the provider's policy stated, 'One PRN. Administration Record must be used for each individual PRN medication, with the instructions written accurately and clearly in the space provided'. However, PRN administration records were not in use.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate complete and contemporaneous records were maintained. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took immediate action and updated people's medicine records and their recording systems.

- Although staff received training in administering medicines, they did not always receive a medicine competency assessment [an observation to assess staff competency in administering medicines]. The registered manager assured us staff medicine competency assessments would be completed imminently.
- People and their relatives told us medicines were received as prescribed. Comments includes, "The carers apply prescribed creams. They know exactly what to do", "They [staff] give [relative] their medication and record in file what they have given" and, "The carers are very vigilant when giving [relative] their medication."

Staffing and recruitment

- The provider had systems in place to monitor staffing levels. An electronic system was used to determine staffing levels, issue staff rotas and deploy staff to people's care visits. However, staff rotas showed travel time was not always allocated between calls. We fed this back to the registered manager who assured us rotas will be updated with travel time.
- We received mixed feedback from people about them receiving regular staff for their care visits. We fed this back to the registered manager who informed us about the difficulties in always ensuring regular staff for

people's visits due to staff annual leave and sickness.

- Staff were recruited safely and had the necessary safety checks in place before starting work, including a Disclosure and Barring Service (DBS) check to confirm they were suitable to work with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and staff were trusted to keep them safe. People and their relatives told us, "My [relative] is definitely safe with the carers", "We feel [relative] is safe with the carers" and "Yes [I feel safe]."
- Staff had received training in how to safeguard people. Staff we spoke with were confident to report concerns and satisfied that action would be taken to investigate them. A staff member told us, "I would report concerns to the manager."

Assessing risk, safety monitoring and management

- People's care needs were risk assessed and assessments provided staff with the information they needed to manage the identified risk.
- People's ongoing risk assessments were reviewed on a regular basis and when their needs changed.
- Accidents and incidents were minimal, however, systems were in place for recording and monitoring.

Preventing and controlling infection

- Staff received training in infection prevention and control and told us personal protective equipment [PPE] was readily available to them. People and relatives told us staff wore PPE as 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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.

- Staff received training in MCA. Staff understood consent, the principles of decision-making and mental capacity. One staff member told us, "[MCA is about] having a presumption a service user has capacity unless it is established that a service user lacks capacity. [MCA is about] supporting people in making decisions."
- There was limited information about people's cognition and mental capacity in their care plans. Although the provider escalated concerns with people's capacity to the local authority as needed, the provider had no specific mental capacity assessments in place.

We recommend the provider reviews their systems in place to work within the principles of the MCA.

Staff support: induction, training, skills and experience

- Staff had received an induction when they first started working at the service and mandatory training relevant to their roles had been provided. One staff member told us, "I had an induction when I started and I did shadowing [observing experienced members of staff]. It was fine and enough for me."
- Staff had regular opportunities for supervision [one to one support sessions with their line manager]. A staff member commented, "We always have one to ones, and the manager always says the door is open if we need them."
- Staff had access to training, however, there was a lack of training completed related to people's specific conditions, such as stroke and asthma.

We recommend the provider reviews their training systems.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed prior to starting with the service and care plans were developed according to people's needs.
- Care plans included the basic information staff needed to provide people with care and support, however, the care plans were limited in detail and did not always include detailed information about people's oral care and their physical or mental conditions.
- Staff monitored people's healthcare needs and worked in partnership with relatives and relevant healthcare professionals, as required. A relative told us, "They [staff] are very proactive and if they spot anything wrong with [relative] they will tell me to get the GP."
- Where people required support with their food, the level of support was agreed and documented in their care plan.

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

- Timely care was provided. The provider operated an electronic call monitoring system which allowed managers to monitor if staff had attended to people's visits. People and relatives told us staff were on time for their visits and if on an occasion staff were delayed, they were informed.
- People had access to healthcare professionals who provided guidance and support. The service worked well with other health and social care professionals, such as district nurses and GPs. This ensured good outcomes for people.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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's rights were promoted. For example, the service championed people's right to dignified care and related information was available in the provider's service user guide.
- Staff had received training in equality and diversity, and they were committed to ensuring people were treated well. People told us, "The carers are very kind and caring towards me and make it easy for me to make a connection with them" and "After the carers have done my personal care they sit down whilst I eat my breakfast to have a chat with me. They keep me up to date with what's going on and we have a laugh and a joke together."
- Staff knew people's history and preferences and used this knowledge to support them in the way they wanted. A relative told us, "We are very lucky with the carers who care for my [relative]. They are very gentle when helping [relative] who is confined to bed and they have a great understanding of an older person's needs."

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

- People's views and decisions about care were incorporated when their care packages were devised. This helped staff support people in a way that allowed people to have control over their lives and make day to day decisions. A person told us, "The carers are really good and always ask if we are both okay. We often have a laugh and a joke. They listen to me if I need to ask them anything."
- People were involved in making decisions about their day to day care. A staff member commented, "[We give people choices] by looking at what they have. For example, we give people choices about what they want to wear."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and privacy. A person told us, "They [staff] do ensure my care is given in a dignified way. They make sure they close my curtains and doors and give me privacy to wash and dry myself when required."
- People's independence was encouraged where possible. A person told us, "They [staff] help me into the shower but leave me to shower myself. They encourage me to do as much as I can for myself." A staff member added, "I let them [people] do as much as they can, I try to encourage and support them to do things for themselves and I help where they struggle."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 and their relatives told us they were involved in the care planning, which was reviewed regularly. Comments included, "We are involved as a family in the care [relative] requires", "They [service] review my care plan about every 12 weeks" and "We are involved [in the care planning] and they [service] review the package."
- People and their relatives told us the care provided met people's needs. One person commented, "They [staff] are good at listening to me and helping me with any changes I might require [to my care]."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. The service was aware of the AIS and each person's specific communication needs were detailed in their care records. A staff member told us, "Some people have dementia and we understand their needs and how they like to communicate and the speech terms they use. We understand them very well."

Improving care quality in response to complaints or concerns

- The provider had a tracker to log formal and informal complaints. We found complaints had been responded to in line with the provider's complaints policy. There was an up to date complaints policy in place and the provider ensured the quality of care could be monitored and improved upon.
- People and relatives knew about the provider's complaints process and felt able to raise concerns.

End of life care and support

- End of life care was not routinely provided. Staff had received end of life training and end of life care could be facilitated alongside community healthcare professionals if required.
- Care plans did not contain people's end of life wishes. The registered manager assured us they will update people's care plans to incorporate their end of life wishes for those who wanted to disclose them.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- Auditing systems were not always robust and auditing processes had not picked up on the discrepancies we found during this inspection. For example, the medicine audit tool used did not always pick up on the issues we found, and there was no robust audit process in place for care plans and daily notes.

The provider had not operated robust systems and processes to assess, monitor and improve the quality of the service. This contributed to the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider took immediate action and started to improve auditing systems.
- The provider started delivering extra care housing services in April 2023, however, they failed to notify the CQC of this change [providers have a regulatory requirement to notify the CQC of service type changes]. The provider submitted the relevant notification to the CQC during the inspection process. The provider was aware of their duty to notify and we found other statutory notifications [such as allegations of abuse and expected deaths] had been submitted to the CQC as required.
- Governance systems required improvement. In both of the extra care schemes, there was a lack of governance and leadership. The schemes were being led by seniors or co-ordinations with minimal leadership and support from the registered manager and provider. Staff told us, "The seniors manage everything with limited input from the management" and "[Registered manager] comes in now and then. The seniors are the main support."
- Staff praised the wider management team within the service and told us the registered manager was approachable. Staff told us, "The seniors are very good and supportive" and "[Registered manager] is lovely, and helpful. They are approachable, you can go to them with concerns and they deal with any issues."

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

- Although staff views had been sought through regular one to one supervisions, there was limited opportunities for staff feedback as staff team meetings [with care workers] or staff surveys did not take place. Staff told us they would benefit from regular team meetings. We fed this back to the registered manager who assured us team meetings would be arranged.
- People and their relatives' views had been sought through regular contact, questionnaires and quality

monitoring. Feedback from people was mainly positive and any negative comments were followed up.

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; Working in partnership with others

- The registered manager understood their responsibilities under the duty of candour and there was evidence they had informed people when something went wrong.
- The service worked effectively in partnership with other health and social care organisations and networks to build connections and achieve better outcomes for people using the service. There was a good working relationship with commissioners and health teams.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Person-centred care was promoted. The registered manager and staff demonstrated a commitment to people, and they displayed person-centred values. People's choices were respected, and staff supported them to achieve good outcomes.
- The culture was open and inclusive. Staff said they enjoyed their roles and liked the company they worked for. Staff told us, "The staff are really good, we get on well, it's a nice culture. We have formed some good relationships with people and families", "There is a happy culture, no bickering, everyone does their bit," and "I love my work. I would recommend the service. I have already recommended them."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems had not been effectively established to ensure accurate and contemporaneous records were maintained. Regulation 17(2)(c)</p> <p>Systems were not always robust to assess, monitor and improve the quality and safety of the service. Regulation 17(2)(a)</p>