

Absolute Care Agency (EM) Limited

Absolute Care - Barrow

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Absolute Care – Barrow is a domiciliary care agency providing personal care to people. At the time of the inspection they were providing personal care to 99 people. These people had a range of needs, some people were living with dementia. 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

At the last inspection we found medicines were not managed safely. At this inspection this had improved and the provider was no longer in breach of regulation.

At the last inspection we found that care visits were not always punctual. People reported, and records showed us that this had improved. Staff were recruited safely to ensure they were of good character.

People felt safe using the service. Staff knew who to contact if they were concerned about abuse. Staff were confident that the management team would respond to their concerns but knew how to use whistleblowing procedures if needed.

People's health and social care needs were clearly documented. This allowed clear guidance for staff to follow. Staff received training to ensure they knew how to meet people's needs.

There was clear guidance in place for staff, and people reported that staff wore the correct personal protective equipment. This meant people were protected (as much as possible) from potential infection transmission.

The service was using a new electronic system in order to more safely manage the service. This was shown to be effective, as office staff were aware of any concerns quickly. The registered manager had a plan in place to continue to improve the use of this system and use more effective electronic auditing.

The registered manager understood the requirements of their role. Staff and the registered manager had a clear vision to provide good quality care.

At the last inspection we had some concerns about the timeliness of care visits, and the management of medicines. Both of these concerns have now been resolved. The registered manager also had a clear action plan to continue to improve these areas.

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 requires improvement (published 20 September 2019).

Why we inspected

This was a planned inspection based on previous inspection risks

At the last inspection we had concerns about the management of medicines and the timeliness of care calls. We identified a breach of regulation 12 (Safe care and treatment). We completed this inspection, to assess if required improvements had been made. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Enforcement and follow up

At the last inspection we identified a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found sufficient improvements had been made at this inspection, so the service was no longer in breach of this regulation.

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 well-led?

Good ●

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

Absolute Care - Barrow

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and two assistant inspectors.

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

We gave the service 48 hours' 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.

What we did before the inspection

We reviewed information received about the service since the last inspection. We sought feedback from the local authority. The local authority advised that they had no current concerns about the provider but had suspended their routine compliance check due to the covid-19 pandemic. We did not request a 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 therefore gave the registered manager time to feedback anything they felt was important. We used all of this information to plan our inspection.

During the inspection

On the first day we phoned nine people who used the service and four relatives about their experience of the care provided. We also phoned eight members of care staff. On the second day, we also spoke to two office

staff and the registered manager. We reviewed a range of records. This included six people's care records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the last inspection we were concerned about the unsafe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We found sufficient improvements had been made so the service was no longer in breach of this regulation.
- Staff documented when they supported people to take their medicine. If medicines were not given for any reason, staff recorded why this was.
- One person had 'as needed' medicine. Staff were given clear guidance on what symptoms may mean this medicine was needed. Staff then recorded the reasons for giving this medicine.
- Medicine administration records did not always describe the name of the medicine that had been given, when the persons medicines were in a blister package. The registered manager advised that this recording was due to pressures from the covid-19 pandemic. They shared with us an action plan, how they intended to improve this. There was no impact on people, however, it is good practice to record all medicine which is administered. We found medicines were now managed safely.

Staffing and recruitment

- At the last inspection, people were unhappy with the timeliness of care calls. Concerns included: carers not arriving on time, not staying for the duration of the care call and having a wide variety of carers.
- At this inspection, people told us that the punctuality of care calls had improved and calls were usually on time.
- The registered manager had implemented an electronic monitoring system. This sent an alert to the office staff if care calls were late and this would be followed up. Care staff also telephoned people if they are running late, this meant people were kept up to date and reduced any additional worries.
- We spot checked this electronic system and found most care visits were within a half hour time span. Where calls had a longer time variation, the registered manager explained that this variation had been agreed with the person and the local commissioner.
- Robust pre-employment checks had been carried out on staff members to make sure, they were safe and suitable to work at the service.
- People reported that they were supported by carers that knew their needs. The office staff explained that new rota systems meant that people received support from consistent staff.
- Staff received training to complete their role safely

Systems and processes to safeguard people from the risk of abuse

- People felt safe when they received support from staff.
- Staff knew how to report any concerns about abuse. Staff were confident that the management team would act appropriately but felt assured in the whistleblowing procedures if needed.

Assessing risk, safety monitoring and management

- People's risks were appropriately identified and assessed. This included risks associated with their mobility and medical equipment. Staff were provided with clear guidance to manage these risks. Specialised staff training was arranged so staff could meet people's complex needs.
- People's risks were regularly reviewed at scheduled intervals or sooner if their needs changed.
- A new electronic monitoring system was in place. Staff wrote in 'real time' what care had been supported, This allowed office staff to have regular updates on what care had been completed. This improved the previous inspection which relied on paper documentation in the persons house.

Preventing and controlling infection

- People were kept safe during the covid-19 pandemic.
- The inspection occurred during the covid-19 pandemic. There was a clear risk assessment for the pandemic at the service. This meant processes were in place to keep people as safe as possible.
- Staff had easy access to personal protective equipment (PPE) and people told us that this was worn during care visits.
- Government updates were clearly disseminated to staff. Staff were trained in infection control, including covid-19 PPE requirements.
- Office staff were now working from home to prevent potential transmission of infection. If office staff came into the office, there were clear processes to check their temperature and wear PPE

Lessons learnt when things went wrong

- The new electronic system sent alerts to office staff. This meant that office staff could follow up any concerns very quickly. For example, alerts were received saying that staff had not recorded a person's medicine. Office staff were already aware of the reason, as the person had recently cancelled this care call. A note was able to be added to the care records to address this concern.
- The current auditing system involved staff frequently checking the system for alerts and acting on them. There was no current system in place to consider trends. The registered manager explained that this more detailed auditing system was being developed through an action plan.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question is now good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Since the previous inspection, the registered manager and office staff had worked hard to implement a new rota scheduling system. This meant a more consistent staff team for people. People reported improved timeliness of care visits and working with staff that knew their needs well.
- A spot check of planned and delivered call times showed that most calls were within an acceptable range. The electronic system would alert office staff if care visits were late. The office staff would then respond to individual risks.
- Staff reported being happy in their roles and keen to provide high quality care.
- People's care plans were developed and written in a holistic personalised way, therefore promoting a person-centred approach to care.
- The registered manager had created an action plan to review overall timeliness of care calls, rather than responding to individual punctuality issues

Continuous learning and improving care

- The management team had worked hard to take into account our concerns at the last inspection, and create improvements.
- These improvements had created a good quality service. The registered manager had ongoing action plans to continue to improve care.
- There was clear oversight of risks at the service. Governance systems responded quickly to create safe care.
- Staff were proactive in addressing any concerns and learning from any themes in relation to people's needs

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

- The registered manager understood they had to notify CQC of certain events concerning people who use the service. Notifications had been sent which contained information about important events which the provider is required to send us by law, such as serious injuries and allegations of abuse.
- The service understood their legal requirement to display the latest CQC inspection report and rating both online and in the service.

- Complaints were recorded and acted upon quickly and effectively.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had arranged for surveys for staff and people using the service. Regular reviews of people's care needs meant that high quality support was provided.
- Team meetings had continued to occur during the covid-19 pandemic. There was an online teleconference call, which staff could call into three times a week to catch up and ask any questions.
- The service worked in partnership with healthcare professionals to ensure people received the care and support they required. Where health professionals had given advice, this had been documented for staff to follow.