

Absolute Healthcare Providers Limited

Absolute Healthcare Providers

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service:

- Absolute Healthcare Providers are a community health care service who also provide people with domiciliary care.
- They predominantly provide care to people living in North Hampshire.
- They were providing personal care to 31 children and adults at the time of the inspection, several of whom were living with complex healthcare needs.

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

People's experience of using this service:

- People felt valued by the staff who provided their care. They looked forward to their visits.
- Staff understood and recognised people's individuality. They adapted their practices to reflect people's personal wishes and preferences about how they wanted their care provided.
- People felt involved by staff in decisions about their care.
- People told us staff understood their individual routines, which was important to them.
- People reported they received consistent care from staff they knew and trusted. They received their care at the times they wanted and knew who was due to visit them.
- People told us the service was efficient and well-led.
- Staff were well trained, skilled and well supported in their role.
- People's needs were comprehensively assessed prior to the commencement of their service.
- Staff had a good understanding of the risks to each person and how to keep them safe.
- People received their medicines safely from trained, competent staff.
- Staff worked across agencies and providers and with health care professionals to ensure people received effective care focused on the achievement of good outcomes for them.
- 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.
- The provider used technology effectively to ensure people received timely care and support.

Rating at last inspection:

- At the last inspection the service was rated good (20 December 2016).

Why we inspected:

- This was a planned inspection to check that this service remained good.

Follow up:

- We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated good. We will continue to monitor the service through the

information we receive.

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 Healthcare Providers

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:

- The inspection was completed by two adult social care inspectors.

Service and service type:

- This service is a community health care service that also provides people with domiciliary care.
- They provide nursing care, treatment of disease, disorder or injury and personal care to people living in their own houses and flats. They provide care to both children and adults.
- 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.
- Not everyone using Absolute Healthcare Providers receives regulated activity; CQC only inspects the service being received by people being provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Notice of inspection:

- We gave the service 24 hours' notice of the start of inspection activity, to ensure people were aware we might call them.
- Inspection activity started on 8 February 2019 with telephone calls to people who used the service. It ended on 11 February 2019. We visited the office location on 11 February 2019 to speak with the registered manager and office staff; and to review records.

What we did:

- Before the inspection the provider sent us a Provider Information Return. Providers are required to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
- We reviewed information we held about the service, for example, statutory notifications. A notification is information about events which the provider is required to tell us about by law.
- We contacted 13 professionals to seek their feedback and received feedback from eight.
- Before the site visit we spoke with 10 people and two relatives.
- During the site visit we spoke to three care staff, the office manager, the HR/recruitment administrator, the registered manager, who was also the nominated individual and the second company director.
- We reviewed records for three people, three staff files and records relating to the management of the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People felt safe in the care of staff. They told us, "Absolutely I am safe," and "I trust them."
- Staff knew how to recognise and protect people from the risk of abuse.
- Staff acted promptly, when they were concerned about people's welfare, for their safety.
- The registered manager told us, "We do the right thing and raise any concerns."
- The provider ensured staff completed and updated their safeguarding training and knowledge regularly to ensure it remained current. Staff meetings also were also used to enable staff to refresh their safeguarding knowledge. Staff completed safeguarding children and adults training as they worked with both age groups.
- Staff had access to up to date safeguarding policies and procedures to guide them.
- People were protected from the risk of financial abuse by robust processes and policies.

Assessing risk, safety monitoring and management

- People felt risks to them were well managed. They valued the efforts staff had made to provide their care during the recent snow.
- Professionals told us risks to people were assessed and well managed to ensure their care was delivered safely.
- Staff were provided with clear written guidance about how to safely manage any assessed risks for people.
- When staff were first introduced to a person's care they shadowed existing staff. This enabled them to understand how risks to the person were managed in practice.
- The provider required staff to complete practical competency assessments, which assessed their knowledge and management of risks to people.
- Staff undertook annual moving and handling training. Staff told us when they worked together to transfer a person, one staff would work as, 'the lead' to instruct the two staff and ensure clear direction. They also talked the person through what they were doing to ensure they understand what was happening to them.
- Staff understood the need to alert the office to any changes in people's care, so any required action could be taken.

Staffing and recruitment

- Some people noted there had been some turnover of staff recently. However, no-one reported this had impacted negatively upon them.
- People still reported they experienced consistency in the group of staff who provided their care. They told us they received their care on time and for the required duration.
- The provider had an on-going programme of staff recruitment and retention. They only took on people's care packages they had the capacity to meet.

- The provider followed rigorous recruitment procedures and completed relevant pre-employment checks to ensure only suitable staff were recruited.
- Staff said prior to their interview they had undertaken a psychometric test. These were then used to help identify a candidate's knowledge, values, attitudes, skills, personality and suitability for the role. The provider used the information gathered to inform their recruitment decisions.

Using medicines safely

- People told us staff ensured they received their medicines and topical creams as needed. They also told us staff assisted them to order their medicines if required.
- Staff completed medicines training which they updated every two years. They had regular medicine competency assessments, during observations of their practice, to ensure they remained competent.
- Staff had access to relevant policies and guidance to ensure the safe management of people's medicines.
- The provider ensured staff had relevant guidance about specific medicines; such as those people only took 'as required,' to ensure they received them safely.
- People had electronic medicine administration records which office staff updated at the point of any change in the person's medicines. A person told us, "They [staff] record I have taken my medicines on their phones." Office staff were then alerted immediately by the system if staff did not give a person's medicines, so relevant action could be taken.

Preventing and controlling infection

- People told us staff wore the personal protective equipment (PPE) provided. A person said, "They are meticulous about it."
- Staff undertook hand hygiene, infection control and food hygiene training during their induction. They regularly updated this training, which ensured their knowledge remained current.
- Staff were able to access supplies of PPE as required.
- People's care records and the provider's policies informed staff of how to ensure good infection control standards were maintained. This minimised the risk of people acquiring an infection.
- Staff's adherence to infection control processes and food hygiene procedures were monitored by the provider during spot checks on their practice.

Learning lessons when things go wrong

- Staff understood their responsibility to raise any concerns about people's safety. The provider encouraged them to report any incidents that might impact upon a person's care.
- A director told us there was a, "No blame culture, we learn from mistakes rather than blame."
- Incidents were logged, graded, reviewed and analysed for any emerging trends. Office staff then ensured relevant actions were taken and information was shared with staff or other agencies where required.
- The provider ensured any issues that arose through their monitoring, were addressed with staff either as individuals or through staff meetings or through additional training.

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

Good: 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 reported their needs had been thoroughly assessed prior to the provision of their care. A person said, "The manager came and did an assessment with a carer. They were wonderful."
- The registered manager told us they ensured they obtained all information relevant to the provision of a person's care as part of their holistic assessment process. This ensured they were able to meet the person's needs and reduced the risk of a later breakdown in care.
- The registered manager was also a registered nurse. They ensured they remained up to date with developments in law and practice. They also worked with an external registered nurse to update their knowledge, and maintained their professional registration.
- Staff applied good practice guidance in their work, to achieve positive outcomes for people.
- The provider had relevant policies and staff training in place in relation to equality and anti-discriminatory practice. Their focus was on the needs of the person, which included taking account of their individual characteristics or diversity.

Staff support: induction, training, skills and experience

- People told us staff were well skilled and trained in how to provide their care. This was confirmed by professionals, one of whom reported, "Staff have a good level of training and arrive knowing what to do."
- Staff had the required skills to provide care to people who had highly complex needs, but who wanted to be supported to remain at home.
- Staff underwent a comprehensive training programme. This included pre-induction training, an induction and the industry standard induction.
- Staff then received training in the needs of the people to whom they provided care. This included training on specific health conditions and clinical skills. Staff described how they carried out specific clinical procedures, in accordance with good practice guidance.
- The registered manager, as a nurse, was able to provide staff with this training themselves. They then assessed staff's clinical competencies and were qualified to delegate nursing tasks to them to complete.
- People received care from skilled and confident staff.
- The provider ensured regular 'spot checks' took place of staff's practice, to ensure it was of the required standard. These were completed by both the registered manager and a process of 'peer to peer' auditing. This supported and encouraged staff's learning from each other. In addition, staff received supervisions and an annual appraisal of their performance.
- Staff reported feeling well supported both within their role and with their professional development.

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

- People told us staff supported them with the preparation of their meals and drinks where required. They also told us staff knew what assistance they wanted.
- Staff had written guidance about what foods and drinks people liked. Where people required assistance with eating and drinking, staff were instructed about what equipment to use, and how to support the person effectively and safely.
- Staff were informed, where required about how much people needed per day to drink and how this was to be provided. Staff monitored and recorded people's food and drink intake. Staff knew when to report any issues with a person's eating and drinking to the office for any further action to be taken.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked both across agencies and with other health care professionals and service providers to deliver effective care, support and treatment to people.
- Staff ensured where they worked with other providers to support people at home, they received a handover of information.
- Professionals told us referrals were made to them promptly. A professional said, "They work really well across services." Another told us staff worked to resolve any problems.
- Staff provided feedback to healthcare professionals to enable them to assess the effectiveness of any changes they had made to people's care.
- People had emergency details forms which provided key information for emergency services about the person. If people did not want to be admitted to hospital, staff ensured the person's wishes were documented.

Supporting people to live healthier lives, access healthcare services and support

- People told us staff monitored their health needs. A person said, staff also checked with them at visits if they had completed their physiotherapy exercises.
- Staff understood people's general and specific healthcare needs.
- Staff were taught about people's individual warning signs that could indicate their condition was deteriorating. They then reported any changes to the office, for any required action to be taken.
- Staff were trained to provide people's oral health care.

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

- People's written consent to their care was sought wherever people had the capacity to consent to their care.
- 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.
- Staff had received training on the MCA and respected people's right to make choices about their care. Staff understood the need to always act in a person's best interests. Processes were in place to enable the provider to document any MCA assessments and resulting best interests decisions 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were all very positive about the care provided.
- A professional told us it was a "Family run business where caring relationships are role modelled and encouraged."
- People felt they and their loved one's welfare mattered to staff. They felt valued. A person told us, "If they [care staff] see I am a bit low they will sit and chat. It lifts the spirits." Another person told us how they had been rostered a staff member they already knew, which they found very reassuring.
- People told us how much they enjoyed staff's visits. One person told us, "I feel relaxed about them [care staff] coming into my home." While others spoke about how much fun and laughter they had with the staff. They looked forward to their visits and company.
- People told us how staff would do 'little things' for them without being asked.
- Staff knew a person liked singing and had taken their loved one to sing for them which had provided them with great pleasure.
- Staff had a good understanding of people's individual communication needs and ensured they were able to communicate with them. Staff supported people to use communication equipment where required.
- The registered manager ensured staff were provided with an overview of people's personal history, background, preferences and potential. In addition, they had access to written information about people.

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

- People felt consulted about their care and involved in their decisions. A person said, "They [care staff] always ask how I want things done." Staff told us how they would take people to their wardrobe, so they could choose their own clothes for the day.
- Staff had received training in consent and understood the importance of not making assumptions. People confirmed staff asked them if they could provide each aspect of their care.
- Staff involved people's relatives in their support and care planning where this was their wish.
- Staff came from a variety of ethnicities and backgrounds which provided people with diversity and choice.
- People were asked by the provider about their preferences about the gender of staff who provided their care.
- People valued the way staff were matched and introduced to them through shadowing, so they always got to meet them before they provided their care.
- The provider's staff scheduling tool calculated and allowed for staff's travel time. This ensured staff were not rushing between care calls. People told us staff often stayed over their time.
- The registered manager was involved with the local 'Dementia friends' training sessions. They shared information with people to let them know what they could access locally.

- People were provided with a 'client information pack' which provided them with essential information about the service.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect by staff. Their privacy and dignity were upheld during the provision of their personal care.
- Staff underwent privacy and dignity training and had access to relevant guidance.
- Staff recognised people had different ideas about privacy and dignity, and how to promote them. Staff changed their practices to reflect people's individual preferences and wishes.
- People felt staff understood their need and desire to be independent. A person told us, "They [staff] respect that I want to be independent and ask if I want help." Another person told us how they partially prepared their breakfast and then staff helped them to complete the task. This enabled the person to retain their skills.

Is the service responsive?

Our findings

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

Good: 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 their care planning reflected their wishes. A person said, "The care plan reflects how I liked my care provided." Professionals confirmed people's care plans were person-centred, which meant the plan was focused on them as an individual.
- People felt staff knew them well and understood their personal routines.
- The provider recognised and understood people's desire to remain at home. They acknowledged and upheld people's right to self-determination. They provided examples of where people had complex health care needs, which could have been met in 24-hour care. However, these people wanted to stay at home and staff supported them to exercise their right of choice.
- People told us their care was kept under regular review. We saw their care plans were updated as soon as their care needs changed. Reviews were held with the person, their representative and any professionals involved in their care.
- People told us the provider was responsive to changes in their needs. A person said, "If the care call clashes with an appointment I ring the office and they change it." If people required their care call time to be different according to their schedule for a particular day of the week, this was arranged.
- Staff had a good understanding of each person's needs.
- Staff had undertaken comprehensive on-line dementia training which covered all aspects of people's care. From the welfare of the individual, equality, ethics and medicines to the impact on the person's wider family. Staff had been supported to become dementia friends or dementia champions to promote understanding of dementia.
- People told us where staff were commissioned to support them to go out into the community, or for respite care, this was provided.
- The provider used technology to support people to receive timely care and support.
- Staff were able to access real time information about people's care needs and the support they were required to provide on their mobile phones.
- The provider was able to monitor service delivery in real time and address any issues for people.
- Where people or their representatives wished to access their electronic notes to review them this was arranged.
- Staff had undertaken training in sensory impairment.
- People's communication needs were clearly documented, understood and met by staff. Where people required information in an accessible format, this was provided.

Improving care quality in response to complaints or concerns

- People told us they had been provided with information about how to make a complaint and knew how to. They were provided with complaints forms and envelopes to enable their easy return.

- The provider's complaints policy set out how to make a complaint and the process by which it would be investigated.
- Staff understood people's right to make a complaint and their role if people made a complaint to them.
- The provider had investigated verbal and written complaints received and taken relevant action to address and learn from them.
- A complaints summary was maintained for review and monitoring at senior staff meetings. The provider and staff saw complaints as an opportunity to reflect and learn.

End of life care and support

- The provider had a policy for the provision of end of life care to people. It outlined for staff their aims and objectives in the provision of people's care.
- Staff were provided with end of life online care training. This was then supplemented by classroom sessions, led by the registered manager, specific to the needs of the person cared for, and team discussions. This ensured staff had the correct knowledge, skills and appropriate support from the provider to enable them to provide this care.
- Staff worked alongside healthcare professionals to ensure people received dignified care and effective pain management.

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

Good: 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

- People told us the service was efficient and well-led.
- Staff were open and transparent about what they could provide. A person said, "Office staff are very efficient. They are very clear about what they can and cannot do."
- The provider's purpose was stated in their statement of purpose. Their aim was to provide people with a high-quality service, which was person-centred. Feedback from people, professionals and staff confirmed this objective was achieved.
- The provider recognised that as their key resource, staff needed be supported.
- Staff reported they felt respected, valued, motivated and supported. They received a range of good quality training.
- The provider supported staff where required to access accommodation and transport to enable them to carry out their role.
- Staff told us how they had been promoted from within the company. This had supported them with their professional development. A staff member said, "It's almost like a family. Very relaxed and friendly but very professional."
- The registered manager was very 'hands on'. They told us, "I lead by example. I don't expect anyone to do anything I would not do myself." They were rostered on the out of hours on-call system. They were also scheduled to provide care to people, particularly those with complex health care needs. This ensured they were visible to staff in the field, working alongside them. It also provided them with the opportunity to meet and speak with people.

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

- The registered manager was clear about their responsibilities and had the skills, knowledge and experience to ensure they were met.
- They were supported by a well qualified office manager.
- The registered manager had ensured statutory notifications had been submitted to CQC as required, to inform us of events at the service.
- The provider's expectations of staff, their responsibilities and what they could and could not do were clearly described in their policies.
- The provider had a 'flat' hierarchy for the care staff. The purpose of this was to foster a culture of learning together and joint responsibility and working.

- Staff were well led by the registered manager and the office manager.
- Staff felt they received feedback from the provider in a positive manner. They felt able to raise any issues as they arose.
- The registered manager told us, "We have an open-door policy and encourage staff to come in when they want and to come and off load and talk."

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

- People's feedback about the service was sought through on-going discussions about their care and reviews.
- The provider also asked for people's feedback through surveys. They told us one had recently been sent out following the snow. This was to enable them to seek people's feedback on how staff had coped and to identify any opportunities for improvement.
- Staff's views were sought through their regular contact with the registered manager and office staff and meetings. Staff told us the provider recognised there were, "Different ways of doing things to improve" and felt their ideas were listened to.
- Staff had access to the provider's whistleblowing policy and understood how to raise any concerns if required.

Continuous learning and improving care

- There was a culture of continuous learning and a desire to identify areas for improvement.
- The electronic medicines records system, ensured any issues were identified and addressed 'in real time' for people.
- The provider also logged any 'alerts' received from the electronic monitoring system. This again enabled them to identify and address any issues for people.
- The provider monitored incidents to identify any emerging trends.
- The provider operated a system of peer-to-peer spot audits of staff's practice. Shadow visits and spot audits were also an opportunity to check the quality of care delivery. Processes were in place to ensure these were completed regularly for people.
- The provider ensured they monitored their performance against the CQC key lines of enquiry, which underpin our inspections, to benchmark their performance.

Working in partnership with others

- The provider worked in partnership with key organisations to support the delivery of joined up care to people.
- Professionals told us staff had completed joint visits to people with them and attended multi-disciplinary meetings as required. This ensured there was a holistic understanding of people's needs.
- Professionals told us staff reported any incidents to them and provided regular updates.
- A professional told us staff were supportive when working alongside staff from other providers. Staff ensured the person's needs were paramount.