

Miss Tracy Robertson

# Absolute Care

## Inspection report

Unit 1, OPCO Trading Complex  
Speke Hall Road  
Liverpool  
Merseyside  
L24 9HE

Tel: 01514860870

Date of inspection visit:  
24 October 2016

Date of publication:  
14 November 2016

## 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 is a domiciliary care service. It provides personal care for people living in their own homes in the south Liverpool area. The service currently provides care and support to eleven people.

The service has a registered manager who is also the registered provider and they were involved directly in the running of the business and the provision of care. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered Nominated individuals, 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.

People were protected by the service's approach to safeguarding and whistle blowing. People who used the service told us that they were safe, could raise concerns if they needed to and were listened to by staff. Staff were aware of safeguarding procedures, could describe what they would do if they thought somebody was being mistreated and said that management listened and acted upon staff feedback.

People we spoke with who received personal care felt the staff were knowledgeable, skilled and their care and support package met their needs. People who used the service told us that they had a small team of staff, who were reliable and arrived when expected. Staff confirmed that they were not rushed and had time to provide the care people expected.

Staff told us they were supported by their management and could get help and support if they needed it. Staff did receive supervision through observations and discussions that were recorded.

The service had systems to ensure staff were appropriately recruited, trained and supported. Staff were being supported to achieve National Vocational Qualifications in health and social care.

The staff undertook the management of medicines safely and in line with people's care plans. The service had health and safety related procedures, including systems for reporting and recording accidents and incidents. The care records we looked at included risk assessments, which had been completed to identify any risks associated with the person's environment and delivering the person's care.

People and staff told us when they raised any issues they were dealt with promptly and professionally and everyone we spoke with knew how to speak to the management team at the office if they had any concerns.

There were quality assurance systems in place to gain the views of people using the service and staff would discuss developments and issues together.

The service was an active part of the local community. We saw that the registered manager and staff were committed to supporting people to remain in their own homes with support and worked with G.P's and district nursing services and other specialist services.

The registered manager told us about how the service worked with people from different religious ethnic and religious backgrounds and supported people to uphold their beliefs and respected their traditions and religious observations.

## 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.

We found that there were effective processes in place to make sure people were protected from bullying, harassment, avoidable harm and abuse. Staff took appropriate action to raise and investigate incidents and concerns

Effective recruitment procedures were in place.

Robust risk assessments were undertaken of the environment and personal risks.

Appropriate systems were in place for the management and administration of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to deliver the care and support people required.

Records showed and staff understood the importance of obtaining people's consent prior to any tasks being undertaken and staff had been trained in the Mental Capacity Act.

Where the service provided support with mealtimes, we saw that people were provided with effective nutritional support by trained staff.

### Is the service caring?

Good ●

The service was caring.

We heard the staff had developed positive relationships with people and were caring and kind.

People told us their privacy and dignity were well respected.

People were supported by a small consistent team of staff.

### **Is the service responsive?**

The service was responsive.

People's care plans contained individual, person centred information about their needs and preferences.

Care was provided on an individual basis, based on people's individual needs, with changes being made to reflect changing circumstances.

People had been provided with information on how to make complaints and said that they were listened to by the registered manager.

**Good** ●

### **Is the service well-led?**

The service was well-led.

People received a reliable and caring service, and expressed good levels of satisfaction with their care.

The service sought regular reviews of client care and feedback.

The management team were immediately responsive to any issues raised and addressed areas for improvement promptly

**Good** ●

# Absolute Care

## 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 checked whether the Nominated individual 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.

We inspected Absolute Care on 24 October 2016. The registered provider was given 48 hours' notice because the location provides a domiciliary care service with the registered manager also providing care; we needed to be sure that someone would be at the registered office. At the time of our inspection visit the service provided care and support to eleven people and there were 13 care staff members employed.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service including notifications and complaints.

We obtained information to contact people who used the service during the course of the inspection and sought people's permission to consult with them.

During the inspection we contacted two people who used the service and two family carers. We also spoke with the registered manager, the account manager and three support workers. We looked at five people's care records, six recruitment records for staff providing personal care, the training chart and training records, as well as records relating to the management of the service.

# Is the service safe?

## Our findings

The people who used the personal care services told us that they felt Absolute Care staff delivered safe care.

People said; "I feel comfortable and safe with them," and "I knew who and when they would be coming."

During the inspection we spoke the registered manager and three of the support staff who provided personal care. The staff we spoke with were aware of the different types of abuse and what would constitute poor practice. The staff members we spoke with told us they had confidence in the registered manager responding appropriately to any concerns.

A staff member told us; "I would immediately report to the manager if I had any concerns." Another staff member said, "If I saw neglect or any other form of abuse, I'd have no hesitation in reporting it higher until I was satisfied with the response."

Staff told us that they had received safeguarding training and records showed this was the case. One staff member said they understood the whistle blowing procedure and would not hesitate to follow this if it was required.

The service had a safeguarding policy that included all the local contact details for safeguarding issues. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries.

We looked at the arrangements that were in place for risk assessment and safety. The service provided a copy of their health and safety policy. This set out the health and safety duties related to the service and its staff, and referenced other relevant policies and procedures. The care records we looked at included detailed risk assessments, which had been completed to identify any risks associated with delivering the person's care and their environment. These risk assessments had been personalised to each individual and covered areas such as moving and handling. The risk assessments provided staff with the guidance they needed to help people to remain safe.

The six staff files we looked at showed us the registered manager operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer references and a Disclosure and Barring Service check (DBS) which was carried out before staff started work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. We saw staff files were well organised and systematically updated.

Through discussions with people and staff members and the review of records, we found there were enough staff with the right experience and training to meet the needs of the people who used the personal care service. One relative told us; "If there are any problems if someone is running late or can't make it they let me know and the manager will come herself."

We found that all the staff had completed recognised safe handling of medication qualifications. The service provided us with a copy of their policy on managing medicines, which provided information on how the service assisted people with their medicines.

We looked at the information that was available in people's care records relating to their medicines and the help provided by care staff. Medicine administration records (MARs) were in place to record the medicines staff had administered. The records we looked at had been completed fully and showed that people had been receiving their medicines safely and as prescribed.

The staff we spoke with told us in the event of a medical emergency an ambulance would be called and that staff would follow the emergency operator instructions until an ambulance arrived. Staff we spoke with told us they had undertaken training in first aid. We saw records to confirm this training was up to date. This meant that staff had the knowledge and skills to deal with foreseeable emergencies.

We also looked at the arrangements that were in place for managing accidents and incidents and preventing unnecessary risk of reoccurrence. Staff we spoke with told us that any incidents or accidents were reported to the office, so that they could be recorded and monitored. We discussed accident monitoring with the registered manager. They showed us how individual accidents were recorded and reviewed by the registered manager and any actions taken to reduce risks.

## Is the service effective?

### Our findings

We contacted three people who directly used the personal care service and two family carers, all of whom told us they had confidence in the staff's abilities to provide good care. They told us the staff from Absolute Care were able to deliver the care and could readily carry out the tasks they had been requested from their assessment. People told us they were very happy with the arrangements. People said; "We were in the depths of despair before [name] the manager came, they have turned everything round for our family for the better."

We looked at the arrangements that were in place to ensure that staff had the training and skills they needed to do their jobs and care for people effectively. All of the people who used the service and the relatives we spoke with told us that their regular care staff understood what people needed and appeared to have the appropriate skills. For example one person told us; "They know what they are supposed to be doing and they are all very caring, they don't let me down. If there is a problem with someone,[name] the manager turns up instead."

From our discussions with staff and review of staff files we found people had obtained suitable qualifications and experience to meet the requirements of their posts. All of the staff we spoke with provided personal care and told us they had received a range of training that was relevant to their role and this training was up to date. We found staff had completed mandatory training such as first aid, safe handling of medicines, moving and handling training as well as role specific training such as working with people with dementia.

One staff member said; "The training is really helpful, a lot of it is common sense that you have from being a caring person but I have found it all really interesting."

We saw induction processes were in place to support newly recruited staff. This included completing all of the mandatory training, reviewing the service's policies and procedures and shadowing more experienced staff. Staff were then supported by the service's training provider to comment National Vocational Qualification awards. One staff member told us, "It's been a long time since I have worked as I have been caring for my relative but it's been brilliant and everyone has been so helpful and supportive."

Staff we spoke with during the inspection told us that they received supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw both supervision meetings and spot checks on staff practice were now carried out by the registered manager.

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. No applications had been made by the service to the Court of Protection.

We observed that the service had sought written consent from people to the care and support they were

received from the service. People's consent was also sought prior to staff administering medicines.

Absolute Care staff supported people to have meals. This was in the form of preparing foods purchased by the person or family. The staff were not responsible for monitoring whether people's weights were within normal ranges but would raise concerns with visiting healthcare professionals such as district nurses when needed. Some of the staff assisted with shopping but this was to obtain items the person had listed not to design the shopping list. In other situations it was the person themselves or the person's relative who ensured they had an adequate diet.

People we spoke with told us the staff were considerate and really interested in ensuring they remained well, so encouraged them to have regular health checks. The registered manager gave us examples of how they had raised concerns about people's health or welfare and had shared these concerns with families or their G.P.

# Is the service caring?

## Our findings

People we spoke with who received personal care said they were very happy with the care and support provided. We found a range of support could be offered, which could mean staff visited once a day, several times a day or even as a 24 hour full time care package to assist with personal care tasks; or completed domestic tasks or companionship. All visits were of a minimum of half an hour and people and staff told us that care and support was not rushed.

One relative said; "It is total peace of mind for us that they are involved in our lives."

People said; "It is an excellent company, They all care about people and especially the manager."

We reviewed five sets of care records and saw people had signed to say they agreed with their assessment and plan of care. The people we spoke with were readily able to discuss what type of support they received and how they had gone through with staff exactly what their needs were and how these were best supported as part of their assessment.

We found that each person had a detailed assessment, which highlighted their needs. The assessment could be seen to have led to a range of care plans being developed, which we found from our discussions with staff and individuals met their needs. One staff member told us, "I like to read the care file every time I visit, so I know how the person has been and even things like what they have eaten the last few days so I don't prepare the same meal. They are very useful."

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives and provided with appropriate information. The care records we viewed included information about Absolute Care and the services they provided. Everyone we spoke with as part of this inspection had information about the service included in their care file, so that they could access it at any time.

The people we spoke with told us staff always treated them with dignity and respect. People found staff were attentive, showed compassion, were patient and had developed good working relationships with them. People told us; "I am delighted, they are all such good company."

The staff we spoke with explained how they maintained the privacy and dignity of the people that they care for and told us that this was a fundamental part of their role. One staff member told us, "I make sure I reassure people, I tell them what and why I am doing something. I always make sure I keep people's dignity by doing things in private."

The registered manager regularly contacted people to ensure they were happy with the staff and service. The feedback the service received showed this was the case.

The registered manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences,

likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

## Is the service responsive?

### Our findings

People told us that Absolute Care staff always turned up as planned and that if, on odd occasions, they had been delayed by a few minutes the staff rang them to say why this had happened. People told us it was very rare for staff not to turn up on time. Relatives and people using the service told us that they were kept well informed of any changes to the appointments.

Staff told us they encouraged and supported people to remain as independent as possible. The service provided a minimum half hour call and staff told us they did not feel rushed and were able to have meaningful time with people. Staff also said they were able to have sufficient time allocated to travel between calls.

The registered manager outlined the assessment process and we confirmed from the review of care records that this mirrored what had been outlined to us. We found that people's needs were assessed upon referral to establish if the service were able to meet the person's needs. Information was provided about person's care and support needs by, either the person or their carer or family member. This enabled the registered manager to produce a care plan. One relative told us; "They have a folder and they write in it every day, when they come, when they leave and what they have done, it's very good."

We found that care plans were person-centred and updated on a regular basis. We found that systems were in place to monitor people's needs and ensure the care records were accurate.

Staff visited people at defined times during the day or week and we heard that should someone appear unwell when they visited staff take prompt action to deal with this concern. One relative told us, "One day they rang me when my relative wasn't well, they were concerned about them and we were very happy they contacted us."

Care staff told us they were allocated the same people, which meant they could build very good working relationships. One relative said; "I am really happy, the girls are all really nice, very helpful and cheerful."

The registered manager explained to us the respect and understanding the service had for people of different religious and cultural backgrounds. The service worked with several people from the Jewish faith and as part of our inspection process we asked for the contact details to get feedback from people. The registered manager advised us not to contact people until a few days after our visit as people were observing a particular religious festival which meant people did not use their telephones. This showed the service understood and respected people's cultural and religious traditions and beliefs.

The people who used the service we spoke with told us they were given a copy of the complaints procedure when they first started to receive the service. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the management team. The service had not received any complaints since our last visit. The management team

told us that if they received any concern or issue no matter how minor, they immediately contacted the person via telephone or a visit to discuss and address their issues. They stated by undertaking this pro-active strategy that was why the perhaps the service did not have any formal complaints

## Is the service well-led?

### Our findings

People told us the service was well led. Comments included; "[Name] the registered manager is an angel, she goes out of her way to help people, she sets a lovely example." A relative told us, "Any problems and [Name] the registered manager comes, she is such a caring person."

There was a registered manager in place who was also the registered provider. The registered manager regularly carried out care visits and stated this was beneficial to them. "I enjoy doing the care, you can pick things up and you get more feedback from people. It also helps as you see the care plans more often." Staff we spoke with told us, "They are behind me all the time, they are great, very supportive," and another staff member said, "The manager is really friendly and helpful."

The registered manager discussed the process they used for checking if people were happy with the service and showed us the system. We saw they had regularly contacted people to check that the service was meeting their needs and had a system in place to make sure each person was visited at least twice annually. People using the service told us they knew the registered manager and knew how to contact her if they needed to. This showed people were consulted.

The service had undertaken a survey questionnaire with people who used the service. This was to take place twice a year. The comments on this survey from people using the service and their families were very positive. The registered provider was fully involved in the day to day management and provision of the care service, The registered manager had very detailed knowledge of people's needs and explained how they continually aimed to provide people with good quality care that was responsive to their needs. Staff told us that the registered manager was open, accessible and approachable. One staff member said; "She is there at the end of the phone anytime."

The registered manager told us that at the present time with a small team of people, they tended to communicate with each other via telephone and when staff popped into the office to hand in time sheets and to collect supplies so there were no formal staff meetings in place. All staff we spoke with confirmed they felt supported by the registered manager.

We also looked at how Absolute Care was meeting the requirement to notify CQC of certain incidents and events. Notifiable incidents are events that the service has a legal requirement to inform CQC about and when we prepared for this inspection we reviewed what the service had submitted and on viewing records on our visit we found the service had submitted all appropriate notifications.

We observed the registered manager dealing with a telephone enquiry from an anxious relative about a new care package They were sympathetic and very accommodating to the relative and were extremely professional and courteous in their manner.

Any accidents and incidents that involved the services staff and people using the service were monitored to ensure any trends were identified. The registered manager told us how they reviewed all aspects of the

service and amended them where they felt improvements could be made. The registered manager had undertaken staff supervision and spot checks on their performance and attitude as well as recording feedback from people about the quality of the staff.