

Miss Tracy Robertson

# Absolute Care

## Inspection report

Unit 1, OPCO Trading Complex  
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08 June 2023  
13 June 2023

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### About the service

Absolute Care Northwest Ltd is a domiciliary care agency providing personal care to 5 people at the time of the inspection.

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

**Right Support:** People were able to choose which staff supported them, and their preference and choices for support were assessed and reviewed. We have made a recommendation with regards to governance systems, this was because although some systems were in place, they were not always formalised.

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; the policies and systems in the service supported this practice.

**Right Care:** People were supported by staff who knew them well, and were always on time for their calls. Some staff training required updating, which we highlighted with the provider and they have since taken action. People's relatives told us they felt happy and trusted the agency caring for their family member. One relative said they were "tremendous."

**Right Culture:** The provider worked as part of the team, staff said they knew the provider well, and they were always on hand to provide advice and support. All staff said they felt valued, and felt the provider cared about the people they supported.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 4 June 2019)

### Why we inspected

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

We received concerns in relation to the management of medicines and some specialist training for staff. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remained good. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Absolute Care Northwest Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Absolute Care

## 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 undertaken by 1 inspector.

#### Service and service type

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

#### Notice of Inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### Registered manager

The registered provider managed the service and was legally responsible for how the service is run and for the quality and safety of the care provided. The service is not required to also have a registered manager with the Care Quality Commission as a condition of their registration.

#### What we did before the inspection

Before the inspection we checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also requested feedback from the local authority. Providers are required to send us key information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 27 February 2023 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

#### What we did during our inspection

Inspection activity started on 8 June 2023 and ended on 13 June 2023. We visited the location's office on 8 June 2023. We spoke to people and made contact with staff on 13 June 2023.

We spoke with the provider, the office manager and contacted 3 staff. We spoke to 3 relatives and 1 person about their experience of the care provided. We reviewed a range of documentation, including 3 care plans and 3 recruitment records as well as medication records and other documentation relating to the running 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.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had systems and processes in place to ensure people were protected from the risk of abuse.
- Staff were trained in safeguarding and understood what action they should take if they felt people were being harmed and abused.
- People who used the service had information available to them making them aware of how to report concerns or abuse, this included the local authorities safeguarding procedure.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People we spoke with and their relatives told us they felt safe and assured receiving care and support from Absolute Care Northwest Ltd.
- Some of the feedback we gathered included comments such as, "They are just brilliant; I cannot praise them enough." Another relative said, "They took over from another company, it was just seamless, they are tremendous, nothing is too much trouble." One person using the service told us, "I feel very safe. I have the same staff and they all know me and my medical history."
- There were risk assessments in place for each aspect of people's care and support needs. This varied in detail depending on the type of support each person required.
- There was not many incidents, due to the service being small, however the provider had an incident log in place and would audit this for patterns and trends when needed to enable them to make changes to service provision.

Staffing and recruitment

- There were enough staff employed to be able to support people safely and consistently.
- Staff were recruited and selected following a robust recruitment process, which included reference checks, and Disclosure and Barring service checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- There were safe processes in place to support people, where required to manage their prescribed medicines.
- Staff were trained in medication administration and underwent regular spot checks to ensure they remained competent.
- One person required medication to be given using a Percutaneous endoscopic gastrostomy (PEG). A PEG is a type of feeding tube which is inserted through the skin of the abdomen into the stomach PEG. Staff

underwent additional training to enable them to do this.

#### Preventing and controlling infection

- All staff we contacted told us they had a good amount of PPE. All staff had undergone additional infection control training.
- Everyone we spoke with told us staff wore PPE and always washed their hands before and after providing personal care.



# 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.

Staff support: induction, training, skills and experience

- All staff we spoke with said they felt well trained and supported. People we spoke with said they felt the staff were skilled and they always saw the same staff, so staff understood their care needs, however we noticed some gaps in staff training records.
- Some staff training, such as moving and handling and food hygiene had lapsed. We spoke to the provider about this, and they took action and booked the staff on training which was due to take place in the next two weeks. In the meantime, we ensured staff were not using moving and handling equipment, as they would not be trained to do so. No one required this type of support at the time of our inspection.
- Supervisions were not always recorded, and we could not tell from looking at records when staff had been supervised as part of their role and ongoing development. Staff told us they knew the provider well, and they 'always' spoke on the phone, however this was not formalised.
- We raised this with the provider at the time of our inspection, and have since been updated that all staff now have a date for supervisions to take place.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us they were in receipt of good care, which they felt met their needs and they were in full control of this.
- Each person had been assessed prior to the staff starting to support them, and staff had the opportunity to get to know the people they were supporting.

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

- People told us staff ensured they had enough to eat and drink.
- One relative said "I never have to worry. I know they will leave drinks and accessible food for [family member]."
- People's preferred food preferences were discussed with them as part of their assessment, such as what snacks they liked to eat, and how they liked their tea or coffee.

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

- Staff communicated with relatives, GPs and District Nurses if needed to ensure people had access to care when they required it.
- One person told us how staff worked alongside their specialist nurse to ensure they understood how to use and work their PEG machine. They said "I can sort it all out myself, but its reassuring that they know

how, just in case."

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 whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- There was no one subject to deprivation of liberty authorisations at the time of our inspection.
- The provider understood their role with regards to this.

# 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 for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider demonstrated during our conversations with them they understood their role about oversight and risk mitigation. There were some audits which had been completed on care plans which identified when some action which needed to be taken to improve them. However, these audits did not take place often, and action plans were not completed.
- There was other documentation, such as supervisions and appraisals which required more formalisation. The service was small, and there were only 5 people using the service and 5 staff, therefore the provider worked daily with the staff so was aware of people's needs and risks. However, they understood the need for a more robust governance process.

We recommend the provider seeks guidance from a reputable source around governance systems and takes action appropriately.

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

- Everyone we spoke with, and all of the staff told us they 'loved' the service, and felt well supported and cared for.
- Staff said they would not hesitate to approach the provider if they had any concerns about the people they supported or other staff members.
- People we spoke with and their relatives told us staff all 'got on' well together, and they always saw the same staff.

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 provider understood their role and obligations in relation to duty of candour, and being open and transparent when things went wrong.

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

- The provider knew everyone well, and spoke to relatives daily. For people who could not speak on the phone, the provider went out regularly to visit them and spot check their care records.
- There was information in peoples care plans which evidenced they were regularly asked for formal

feedback about the service they received from Absolute Care Northwest Ltd.

- Team meetings were not formally recorded, however staff told us the provider contacted them 'all of the time' to share important updates and information.
- The provider worked alongside people's health professionals to ensure they received a seamless service.