

Scene Absolute Quality Care Ltd

Absolute Quality Care

Inspection report

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14 March 2019
18 March 2019
19 March 2019

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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

About the service: Absolute Quality Care provides personal care to people with a range of health issues in their own homes. At the time of the inspection 77 people were provided with care and support.

People's experience of using this service: Staff continued to be good at caring for people and demonstrated a visible person-centred culture. People and their relatives were complimentary about the care provided by staff and said they were kind and compassionate.

Privacy was maintained, and people were treated with dignity and respect. There was evidence to show people's independence was maintained. Wishes, preferences and what was important to people were recorded and followed by staff when care was delivered.

There were enough staff to support people and the provider tried to ensure continuity was maintained whenever possible. Safe recruitment procedures continued. Induction and training was provided to ensure staff had appropriate skills. A small number of staff said they sometimes felt undervalued; the provider was looking into this. Although processes were in place for staff to receive support, this had not always occurred formally. We have made a recommendation and will follow this up.

People said they were safe with care staff visiting them and knew how to raise a complaint if needed. Staff could explain how to report any concerns they had. Risks to people had been assessed and staff had a good understanding of these risks and how to minimise them.

Medicines were generally managed well. Issues we found were addressed immediately. The provider was in the process of implementing new procedures and this needed to be embedded.

People's nutritional needs were met, and people were happy with the support they received to enjoy a choice of meals and maintain a healthy diet. Partnership working with other healthcare professionals was proactive and positive.

People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.

People and relatives spoke positively about the provider, staff and the service provided. The provider monitored the quality and safety of the service through regular checks and audits and these were in the process of being reviewed.

The provider remained rated as good overall as they provided good quality care to the people they supported.

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

Rating at last inspection: Good (Report published on 6 October 2016).

Why we inspected: The inspection was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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?

The service remained safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained well-led.

Details are in our Well-led findings below.

Good ●

Absolute Quality 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 as part of our regulatory functions. This inspection checked whether the provider 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.

Inspection team: Consisted of one inspector, an assistant inspector and one 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; this Expert by Experience had knowledge of older people.

Service and service type: Absolute Quality Care is a domiciliary care agency. It provides care to people living in their own homes.

The service had a manager registered (who was also the provider) with the Care Quality Commission. This means that they 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 visit because we wanted to visit and telephone people in their homes and needed to give them notice and receive their consent. We visited the office location on 12 and 18 March 2019. We visited people in their homes on 14 and 19 March; and telephoned them on 12 March 2019; which also included contact with some of their relatives.

What we did: Before the inspection we looked at information received from the service, including incidents received. We reviewed the information the provider sent us in their last Provider Information Return. This is information we require providers to send us, for example what works well, and improvements planned. We contacted the local authority and Healthwatch. Any comments received supported the planning and judgements of this inspection.

During the inspection we telephoned nine people and four relatives and visited six people with three of their relatives. We spoke with the provider/registered manager, deputy manager and two team coordinators/quality officers. We contacted 14 support staff. We also contacted, district nursing teams,

occupational therapists, a social worker, two care managers and an advocate involved with one person.

We looked at eight people's care and medicines records. We also looked at records relating to the management and quality assurance of the service and four staff records.

After inspection: The registered manager sent us further information which we had requested.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse.

- People were protected by staff who knew how to report any safeguarding concerns.
- People felt safe. One person said, "I am safe with my carers, they give me confidence because they are all very good. I can't fault them."

Assessing risk, safety monitoring and management.

- Risks people faced in their day to day lives had been assessed, however, we found some updates were required. We discussed this with the registered manager who said they would address these straight away.
- Staff had personal alarms and other equipment to maintain their safety.

Using medicines safely.

- The management of medicines was generally managed well.
- A small number of medicines records required some improvement as they were not always in place or up to date.
- Staff were trained in administering medicines.
- Medicines were disposed of correctly when required.
- The medicines policy was missing some guidance and information which the provider told us they would address.

Staffing and recruitment.

- Recruitment procedures continued to be robust with appropriate checks in place to confirm staff suitability to be employed.
- There was enough staff to meet the needs of people using the service. One person said, "They (care staff) have never missed a visit; they are excellent. They are more or less on time, I can't fault them."
- There was evidence to show the provider tried to maintain continuity of staff for people, but due to sickness and holidays this was not always possible.

Preventing and controlling infection.

- Staff used protective equipment to prevent and minimise infection. One person said, "To prevent me getting any further infections they wear gloves and aprons when they are supporting me."
- Staff had received training in infection control procedures and followed best practice guidelines.

Learning lessons when things go wrong.

- Accidents and incidents were monitored and procedures were reviewed, including updating people's care records where necessary.

- Processes were in place to identify, address and learn from any medicine errors that took place to reduce the risk of repetition for people.
- Staff had undertaken medicines re-training, or a competency assessment where required including following any medicines incidents.
- The provider was about to implement a new IT process to further strengthen medicines management.

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.

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.

- The majority of people's care needs were assessed, planned and renewed. Where some had fallen behind the provider had a plan to address these. One person said their likes and dislikes had been recorded and added, "My social worker was involved too. Consequently, a (care) plan was put together that I am very happy with."
- People told us they were very happy with the care provided.
- We found evidence of good outcomes for people, including improvement in their quality of life.
- Staff gave people choices in their daily lives and had recorded what their preferences were.

Adapting service, design, decoration to meet people's needs.

- The provider was in the process of enhancing their care call monitoring process, and we were told this was to be launched on 1 April 2019. This would mean, for example, the provider could provide up to date information to staff including medicines data.
- The provider kept up to date with current best practice.

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

- People who required assistance to eat and drink, were well supported to do so by care staff.
- People at risk of weight loss or dehydration were monitored and appropriate action taken when necessary.

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

- Staff responded quickly if there was any concern for a person's health. One person said, "One (care staff) made an extra visit to see me in her own time when I wasn't well. She got the wheels moving. She contacted my family and I ended up in hospital."

Staff support: induction, training, skills and experience.

- The majority of staff we spoke with felt supported and could contact the management team or call into the provider's offices when required. One staff member said, "Communication is good with the office, there is always someone able to help." Two staff member's said they sometimes felt undervalued. Formal supervisions had not always taken place in line with provider policy but appraisals were planned.
- Care and support staff meetings had not taken place regularly. During the inspection the provider contacted all staff to try and address this.
- The provider had completed spot checks on staff to ensure they were following correct procedures.

- Staff had received an induction, shadowing opportunities and a range of training. A new training room and training provider were now available to further develop this.

We recommend the provider ensure that staff receive appropriate support in line with best practice. We will follow this up at our next inspection.

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 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.

- The registered manager was working with staff to ensure that capacity assessments and best interest decisions were made appropriately.
- Consent was asked for before staff provided any care or support to people.
- Staff confirmed if people had a lasting power of attorney (LPA) in place but did not always have copies of the documentation to support this. (LPA) is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future. The registered manager was going to address this.

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.

People were supported and treated with dignity and respect; and involves as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- Everyone we spoke with told us that staff were very caring and kind to them. One person said, "I look forward to them coming and their company. It is like a friendship."
- We saw evidence that staff had anticipated people's needs and recognised distress and then acted quickly.
- Staff were compassionate and believed in the best care for people. One staff member said, "I give the same care I would expect my own nana to receive."
- People's individuality and diversity was maintained, including those from people from different ethnic backgrounds. One person told us, "I prefer female staff and that is what I get."
- Staff had a good awareness of people's individual needs and preferences. They were attentive and talked to and about people in a respectful way.

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

- People and their relatives told us they had been fully involved in decisions about how care was to be delivered.
- Where English was not a person's first language, additional support was offered.
- People had access to advocacy services if they required this, but many had relatives who acted on their behalf. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Respecting and promoting people's privacy, dignity and independence.

- People were respected. One person said, "They (care staff) are great, they never undermine me. If I make a mistake, they will point it out to me without making me feel a failure."
- People's independence was maintained. We observed one person being asked if they needed support with a particular task. When the person indicated they could manage; the staff member respected their decision.
- Privacy and dignity was maintained. One person explained the routine staff follow when providing personal care, including covering them up and closing curtains.

Is the service responsive?

Our findings

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

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's care needs were planned and recorded in a very detailed and person-centred way. One relative told us of the improvement made to their family member's care and well being with the support of staff.
- People's preferences were recorded, and staff supported people to achieve them.
- Social needs were met where this was part of a person's care package.
- People had choice in how their care was provided.
- The Provider complied with the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- Staff supported people to access and understand information. One person said, "Any information I have received is very easy to understand. When they make notes in my care plan, they let me read what they have written. If I don't understand they explain to me."

Improving care quality in response to complaints or concerns.

- There was a complaints policy in place and people had access to it.
- No written complaints had been received and all verbal complaints had been recorded and dealt with appropriately. This included apologies to people and discussions with staff as necessary.
- Many compliments about the care provided had been received from a range of people, relatives and healthcare professionals.

End of life care and support.

- There was no one receiving end of life care during the inspection. Relatives who had previously used the service and suffered the loss of a loved one, told us staff had supported their family member extremely well during this stage of their life.
- Healthcare professionals confirmed that staff worked closely with them should a person reach this stage of their life to ensure they remained as comfortable as possible.
- Staff gave us examples of kindness, empathy and understanding they had shown when delivering this type of care to people.

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.

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 with openness; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Duty of Candour was met. The management team strived to build solid and open relationships with people and their relatives using the service and we saw many examples of where this had occurred.
- Healthcare professionals said the service provided people with good quality care. One said, "Think they are one of the better organisations in Newcastle. Not had any problems, put it that way."
- The provider promoted an open and honest culture, but a small number of staff felt they were not always praised for the work they had done and felt undervalued. The provider was going to investigate this.
- Staff were very complimentary about the new deputy manager and said they were someone they could go to for support at any time and could feedback any issues arising.
- Surveys had taken place to gain feedback. These had been analysed and actions taken when necessary. The vast majority of surveys viewed were extremely positive about the service and the care provided.

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

- There had been some recent changes within the management team and these were still being embedded. The team had proactively addressed some shortfalls and had adequate plans in place to address them.
- Storage of care records needed review. Care staff told us they had recently brought older care records from people's homes back to the provider's office; but this was not done on the day collected. The provider told us this was to be addressed immediately by a member of office staff who would undertake this task in the future.

We recommend the provider review data protection procedures in line with best practice.

- A number of audits and checks had taken place and these included checks on health and safety, monitoring of medicines procedures and people's daily notes returned. The provider was going to further review these checks in light of some of the issues we had found.
- Policies and procedures were available to support staff, some were in the process of being reviewed.
- All legal regulatory requirements had been met, including informing the CQC of particular incidents or accidents at the service.

Continuous learning and improving care.

- There had been an issue with one person's medicine record supplied by a local pharmacist. The provider

contacted the person's GP and care manager from the local authority to fully address this immediately.

- The provider and deputy manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included attending training sessions, local authority meetings and accessing on-line guidance and information.
- The provider had some innovative ideas for the future development of the service, including for example, pet therapy dog visits for some people.

Working in partnership with others.

- The provider had established good working partnerships which continued to be maintained.
- One person's health had declined, and they had to move to a care home. The provider confirmed that staff had produced communication cards for the care home to better support the person through the transition.
- The management team sent us everything we asked for either during or just after the inspection visit.