

Absolute Care Solutions Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Absolute Care Solutions Limited is a domiciliary care agency. The service provides personal care to people in their own homes. At the time of our inspection there were two people using the service.

People's experience of using this service and what we found

People's risks had not been consistently assessed and plans put in place to mitigate these. Medicines were not consistently administered in line with the providers policy.

Checks carried out as part of recruitment of staff had not been done effectively. The providers oversight of the service was limited. The audits in place did not identify areas for improvement.

People were safeguarded from abuse by staff that understood how to recognise potential abuse and report it. People were supported by enough staff. People received care from staff who understood how to manage the risks from infection. Staff received training and had the skills to carry out their role.

People had care plans in place which gave guidance to staff on how to support them.

People had the support they needed to eat and drink safely. People received support which was consistent and were supported to maintain and improve their health and wellbeing.

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.

People were supported by kind and caring staff that understood their needs and preferences. People had the support they needed to make decisions for themselves and their rights, privacy and dignity was protected.

People and their relatives were involved in planning care which met people's individual needs and preferences. Staff understood how to support people with their individual cultural needs. People had their communication needs assessed and staff were able to meet their needs.

People and relatives confirmed they understood the complaints procedure and felt this would be responded to and acted upon.

The provider understood their responsibilities for duty of candour. Relatives confirmed the provider had a compassionate staff team in place to support people and that people had improved outcomes following using the service.

Staff felt supported and had opportunities to engage with the registered manager and make suggestions about the service.

The registered manager told us she was working in partnership to grow the service to meet local need.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Last rating and update

This service was registered with us on 25 October 2017 and this is the first inspection.

Why we inspected

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have found breaches in relation to governance of the service and safe recruitment of staff at this inspection.

Please see the action we have told the provider to take at the end of the full version of this report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Absolute Care Solutions Limited

Detailed findings

Background to this inspection

Inspection team

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 carried out by one inspector.

Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We looked at the information we held about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

Inspection activity started on 24 May 2022 and ended on 27 May 2022. We visited the location's office location on 26 May 2022.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider had not consistently followed the recruitment policy. We found some checks had not been fully completed in line with the policy to ensure safe recruitment decisions. For example, incomplete employment history for some staff.
- We found some checks had not been carried out correctly with the Disclosure and Barring Service (DBS) when people were recruited. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to recruitment was safely managed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us there were enough staff to support people in the way they needed it, they told us staff were always on time for peoples calls.

Assessing risk, safety monitoring and management

- Risk assessments were not consistently documented. For example, skin integrity risk assessments and medicine administration. The registered manager updated these straight away and we found there was no impact on people.
- Relatives told us staff managed risks to people's safety well. One relative told us, "The staff know exactly what they are doing, things work really well."
- Staff could describe how they supported people to manage risks to their safety. One staff member told us about how they used equipment to support a person safely and another described the checks they completed to ensure a person's skin integrity.

Using medicines safely

- Risk assessments were not completed for medicine management. This meant people may not receive the support they needed with medicines.
- Topical medicines were not consistently included on people's medication administration record, which meant people were at risk of not receiving prescribed medicines.

- Relatives told us staff were administering people's medicines safely. One relative said, "[Person's name] always has their medication on time."
- Staff had been trained in how to administer medicines safely. Staff understood how to administer medication and could give detailed descriptions of the support people needed.

Systems and processes to safeguard people from the risk from abuse

- People felt safe with the staff who provided their care. Relative told us they were sure people were safe with the staff supporting their relatives.
- Staff had received training in how to safeguard people from abuse and could describe how they would report any incidents.
- The registered manager understood how to safeguard people from abuse and could describe how they would report any concerns.

Preventing and controlling infection

- Relatives told us staff used the correct personal protective equipment (PPE). One relative told us, "The staff use masks, gloves and aprons."
- Staff had received training in infection prevention control. Staff could tell us how they prevented the spread of infection. They described the PPE they used and the handwashing procedure.
- The registered manager conducted spot checks to ensure staff were following the correct procedures.

Learning lessons when things go wrong

- There was a system in place to learn when things went wrong. The registered manager described how incidents would be documented, reviewed and learning shared with staff.
- There had not been any incidents at the service, however the registered manager could give examples of how they would use their system to learn from incidents.

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.

This is the first inspection of this newly registered service. We have rated this key question good.

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

- The assessment of needs was not consistently documented. This had not impacted on people's care and the registered manager said they would update their assessment documentation to include all people's needs.
- People had their needs assessed and plans put in place to meet these. One relative told us, "We have a detailed care plan in place to meet [person's name] needs."
- Staff could describe how they met people's needs and how this was documented in the care plan.

Staff support, training, skills and experience

- Relatives told us staff were skilled and understood how to meet people's needs effectively. "One relative told us, "Staff are able to communicate with [person's name] in Punjabi and this means the care is more effective."
- Staff told us they received an induction and had regular training. One staff member said, "The induction was good, enough for me to understand the role. We have some online training and then other training is in person such as moving and handling."
- Staff received support in their role. One staff member told us, "We have regular supervisions and meetings with regular updates."

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

- Relatives told us people had support to have meals and drinks. One relative told us, "the staff provide encouragement for [person's name] to eat."
- Staff could describe the support people needed with eating and drinking. They told us about ensuring people had culturally appropriate meals.
- Care plans showed the support people needed and any risks were clearly identified.

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

- Relatives told us the staff provided consistent care. One relative told us, "We have the same staff coming to calls and this is so important."
- Staff told us they worked in partnership with families to ensure the care people received was consistent.

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

- Relatives told us people had support to maintain and improve their health. One relative told us, "The staff have helped [person's name] health to improve, they are keeping them out of hospital and at home safe."
- Staff understood people's health needs and could describe how they would seek help from other

professionals if required.

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.

- Everyone using the service had capacity to make their own decisions. Staff had received training in the MCA and understood how this would be applied if people lacked capacity to consent to their care. Staff told us how they sought consent from people when delivering care.

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.

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Relatives told us people were supported respectfully and treated well. One relative said, "The staff understand [person's name] culture and their needs and it helps the staff can communicate with them, this is the happiest [person's name] has ever been." Another relative told us, "The staff are so kind to [person's name], my relative praises them all the time."
- Staff told us how they built relationships with people and understood how they wished to be supported. One staff member told us, "As I speak Punjabi it's easier to communicate with [person's name]. We have a good rapport."
- Staff spoke about people respectfully and the care records demonstrated a caring approach was used.

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

- Relatives told us people were able to direct their own care and make decisions about how their care was provided. One relative told us, "We were involved in the care plan and choosing how things are done."
- Staff gave examples of how people made choices about their personal care, meals and what support they needed.
- Care records confirmed people made their own decisions about the care they received and were able to make choices.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff were respectful of people's privacy and dignity and encouraged independence. One relative told us, "the staff are really respectful of [person's name] culture."
- Staff could give examples of how they encouraged people to be independent. For example, with getting dressed and meals.
- Staff told us how they ensured people's privacy and dignity were maintained for example when they were supporting people with personal care. Care records supported what we were told.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care

- People and relatives were involved in developing care plans and reviews. One relative told us, "The care plan is changed when things change for the better or worse." Another relative told us, "It is the little things staff do for [person's name] like how they wash their hair."
- Staff could tell us how people liked their care to be provided. Staff understood people's protected characteristics for example with regards to their cultural needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their communication needs assessed and planned for. Relatives told us staff could communicate with people using their preferred language and this was helpful in ensuring people had their care needs met.
- Staff told us they understood people's communication needs and how to meet them and gave examples of how they did this.

Improving care quality in response to complaints or concerns

- Relatives told us they understood how to make a complaint and felt confident these would be responded to if they needed to raise any concerns.
- The provider had a policy in place to guide them with responding to complaints. They had only received one complaint and could demonstrate how this was responded to and learning considered.

End of life care and support

- The provider was not providing end of life care at the time of the inspection. However, there were systems in place to provide end of life support should the need arise.

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.

This is the first inspection of this newly registered service. We have rated this key question requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The providers oversight systems were not robust. The systems had not identified the recruitment policy was out of date and had not been followed when making recruitment decisions. This meant we could not be assured staff were recruited safely.
- Audits had not identified where initial assessments were not documented, risk assessments and care plans were not documented. This meant we could not be assured peoples care records gave staff the correct guidance to provide peoples care.
- The system for checking on medicine administration had not identified the policy was out of date and records did not meet with current best practice guidance. This meant we could not be assured people's medicines were managed safely.
- The registered manager did not have an effective oversight of the service. The quality assurance processes had failed to identify the issues we found at the inspection.
- The registered manager told us how they planned to make improvements. We will check these at the next inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 set out to provide compassionate care which supported people from diverse communities to meet their cultural needs. Relatives confirmed this was at the heart of the care people received.
- Staff told us they provided compassionate care to people and helped people achieve the outcomes they wanted to. Relatives confirmed people's health had improved following support from the service.
- The registered Manager understood the duty of candour and we could see where required the appropriate people had been informed about incidents.

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

characteristics

- Relatives confirmed they had meetings and regular contact to share their views on the care people received. Relatives felt the registered manager would act on any information shared.
- Staff told us they were well supported and had regular meetings and other mechanisms to share their views.

Continuous learning and improving care; Working in partnership with others

- The provider had a system in place to consider learning from incidents and complaints. There had not been any incidents at the time of the inspection.
- The registered manager told us they were working in partnership with local agencies to understand what services were needed locally to help with developing their service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers systems to monitor the quality of the service were not identifying areas for improvement.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not consistently followed safe recruitment practices to check staff were safe to work with people.