



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales



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Care Standards Act 2000

Inspection Report

Absolute Care (Wales) Limited

Cardiff

Type of Inspection – Full

Date(s) of inspection – Thursday, 8 February 2018

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Summary

About the service

Absolute Care (Wales) Ltd is based in Roath, Cardiff. The domiciliary support agency is registered to provide personal care for people in their own homes. This includes older people, those with physical disabilities, sensory loss, learning difficulties, mental health needs or dementia. Lucy Jones is the registered provider and registered manager.

What type of inspection was carried out?

We (CIW) visited the agency office on an unannounced basis on 8 February 2018 in order to conduct a full inspection of the service. We contacted people and/or their relatives by phone on 9 February. We used the following sources to inform our report:

- We considered information held by us about the service;
- Telephone calls to three people and/or their representatives;
- Discussions with the Registered Manager;
- Discussions with two members of staff;
- Consideration of people's care files held at the registered office;
- Consideration of four staff personnel files;
- The service statement of purpose;
- Staff supervision matrix;
- Staff training matrix;
- Annual Quality Review report;
- CIW Questionnaires to service users (15) and to staff (15), at the time of writing this report five service user and one staff questionnaires have been returned;
- Follow up contact with five professionals involved with the service. At the time of writing this report we had received feedback from three professionals

What does the service do well?

The percentage of staff who hold a recognised social care qualification is above the 50%, as required by the National Minimum Standards for Domiciliary Care Agencies in Wales 2004.

What has improved since the last inspection?

There were no non compliances and no recommendations from the previous inspection

What needs to be done to improve the service?

The service is non compliant with the following Domiciliary Care Agencies (Wales) Regulations 2004:

- Regulation 19 – The registered person shall ensure that every domiciliary care worker who works for the purposes of the agency is instructed that while providing personal care to a service user he or she must present the service user with identification showing his or her name, a recent photograph of him or herself and the name of the agency.

- Regulation 16 (4) – The registered person shall ensure that members of staff, and domiciliary workers who are not members of staff, receive appropriate supervision.

However, we have not issued non compliance notices on the above, as no negative impact on people who receive a service from Absolute Care was noted.

The following are recommended to improve practice:

- Ensuring all information from the Local Authority care plan is transferred to the agency service delivery plan.
- Regular reviews involving the person receiving a service are held, recorded and any actions arising are evidenced.

Quality Of Life

We examined a sample of people's care documentation in the office including the service delivery plan (care plan), risk assessments, review documentation and personal information. These documents are required by the domiciliary care regulations to set out a person's needs and the actions required from staff to meet those needs in accordance with the individual's wishes and preferences. We saw that information was clearly laid out, documents dated and the files were well organised. We found whilst the service delivery plans, on the whole, reflected the information recorded in the Local Authority care plan, some information had not been transferred over to the agency's plan for some people. We discussed this with the registered manager who acknowledged and agreed to amend immediately. We saw that each service delivery plan provided an outline of the person concerned, their particular needs, likes and dislikes and things that mattered to them to give staff information that would help them understand the person as an individual. We saw that staff were proactive in raising issues or concerns about people's health needs and that referrals were made to professionals when needed. We saw evidence of communication with a range of professionals to follow issues through and ensure people's changing needs were addressed.

We saw that care plans reviews were carried out regularly and these were noted and dated in people's files with any actions required. However, we noted people are not involved in reviewing their care planning in a meaningful way as it was not clear who had been involved and what outcomes/actions were discussed. People we spoke with told us they are regularly asked about their views on their care and felt involved in their care planning but formal reviews had not taken place. These views and opinions should be recorded to ensure any actions or changes required are clearly evidenced with reasons why. The registered manager stated they would establish a system of reviewing care plans immediately and following the inspection we received a review form to be used for future formalised review meetings with service users.

People we spoke to on the phone were highly satisfied with the service they received from the agency. They told us communication was good, there was continuity of staff, office staff were helpful and if there were any issues they would be resolved promptly. People stated that new staff would be introduced slowly by shadowing a carer who knew the person well. They also told us that care plan reviews have not happened recently but they feel confident to contact the office and discuss their care needs and have the care plans amended immediately. People stated that they have signed their care plans to say they agreed with them and their views were always listened to. Comments received included '*they are absolutely brilliant*', '*they stand out compared to other agencies*', '*do their very best to sort things out*', '*I cannot fault them on anything.*' When people were asked if they could think of any improvements the agency could make, we were told '*no, nothing*'.

We sought feedback via emails from professionals involved with the agency and received consistently positive comments. These included: '*the service is very proactive and the carers are sensitive to my client's needs*'; '*they flag up new concerns or changed behavioural/presentation patterns early that could potentially become a risk factor*'. We were told the agency '*act proactively and professionally within their remit*'. Also '*it is apparent that they have a good understanding of my client as a person – her life story, her preferences, the way she likes to have things, what distresses her, the people that are or were important to her in her life, where she wants to live etc.*'

Other professional feedback included *'They have a person centred approach, know X very well, and work with X providing a high standard of care and following the care plan. The quality of the care notes are also excellent, giving me an indication of exactly how X has been, which is so helpful'*. Another professional commented on their approach to working with people with dementia *'no hesitation in using them in providing care to people with dementia as they are knowledgeable and skilled in their interactions with people'*, *'they are one of the best care agencies I have worked with'*.

We received responses to questionnaires sent out. People told us that they had been given all the important information they need and that it *'comprehensive, clear and avoids 'officialese'*. We were told that visits to the home to discuss the care to be provided were *'very helpful'*. The agency was described as *'very efficient'* and we were told punctuality is *'excellent'* and continuity of staff is *'a very good feature of the agency'*. One person told us that there had been problems with communication but these were now resolved. Staff told us that management are approachable, when new people are starting with the service full information is provided before their first visit to provide care. Staff told us that good support is always available and if any training is required the manager will try to obtain it. One question asks if staff feel valued by the organisation and the response was *'absolutely!'* We were told that Absolute care is *'a dream company to work for'*.

Quality Of Staffing

We viewed the staff training matrix which showed the training undertaken and scheduled for staff. This indicated most staff had received training appropriate to their role. The agency has 16 staff and one new starter. Of these, 10 have completed their QCF (Qualification and Credit Framework) level 2, this includes two members of staff who have achieved their QCF level 3. This evidences the percentage of staff who hold a recognised social care qualification at the time of our inspection was above the 50% required by the National Minimum Standards for Domiciliary Care Agencies in Wales 2004.

We spoke to staff following the inspection, they told us they enjoyed working for the agency and felt well supported by the registered manager and senior staff. Staff told us there is good continuity in care for the people they work with and they are given the chance to know about people as individuals before they undertake the first visit. Staff stated there is a file kept at the office with the details they need to know and this included 'the little things, like if they take sugar in their tea or do they prefer coffee'. It was felt these details made a big difference when meeting someone for the first time. They told us they can access advice and guidance at any time from the manager and senior staff. They told us that Absolute Care is a 'supportive' agency, 'any concerns, I can call or go to the office'. One person told us that this agency had been recommended to them to work for and they had been very happy since joining them. Care workers told us they did not feel rushed and there was good continuity of calls. The only comments about any changes was the timing between calls could be an issue sometimes. We were also told by a member of staff 'I enjoy my job'.

Staff told us they felt well equipped to do their work by the training they had received, although staff had not received training in specialist areas such as Parkinson's, Multiple Sclerosis or palliative care and would find this useful. We noted staff had also commented on the need for dementia, palliative and bereavement training on staff questionnaires provided by the agency for its quality assurance process. However, some staff had recently received training on dementia and has found this very informative. They confirmed they could ask for training that they needed. Staff told us they could not think of improvements to the way the service works. We saw minutes from a team meeting (October 2017) and noted that staff had raised issues they wished to discuss, the minutes were detailed and at the end staff were thanked for their hard work. Team work was described as 'outstanding' and they had all been 'fantastic'. People benefit from a service where staff are well supported and well led.

Quality Of Leadership and Management

Information we received from people who receive a service evidenced people benefit from a service where they received good support from staff they were comfortable with. People know who is in charge and who to approach for support and advice or to raise a concern.

We saw the statement of purpose, this required some amendments, and this was discussed with the manager who submitted an updated copy following the inspection.

People can feel mostly confident that there is good oversight of staff practice. We saw evidence the registered manager and senior staff complete work place observations, known as 'spot checks'. This involves undertaking unannounced observations of members of staff within people's homes, whilst carrying out their duties. The registered person can satisfy themselves that they have oversight of the quality of care being provided to people. However, we saw the agency's supervision matrix which evidenced staff are not receiving supervision sessions at intervals that meet the requirements of the regulations. Supervision in this context refers to members of staff meeting regularly with their line manager on a confidential one to one basis, to discuss their performance, training needs or any concerns they may have. This in turn ensures that residents receive the best possible care from a knowledgeable, motivated staff group. Where supervision records were seen, they were detailed, in depth and allowed for two way communication. We noted that plans had been made to address this issue and supervision sessions had been arranged for staff. We did not note any negative impact on service users from the current level of supervision but this area will need addressing.

We saw evidence that the agency appropriately recruits its staff to keep vulnerable people safe. We sampled staff personnel files and they mostly contained the information required by the regulations. Files were well organised and easy to follow. However, we noted one member of care staff had not been provided with an identity badge since starting work and their file did not contain an updated photograph. The ID badge had been however had not given out to the worker. All staff must have clear evidence of their identity available on their files and for the people they are supporting. The registered manager notified us that this had been rectified the day following the inspection.

We sampled policies used by the service, in particular on medication and safeguarding. We found the policies covered all the necessary information and were clear and easy for staff to follow.

Information from questionnaires completed by people as part of the agency's most recent quality review was seen. Overall comments were positive including: *'they treat me with kindness and courtesy'*, *'very kind'*; *'the care given is wonderful and all done with a lovely sense of humour'*. People commented on any areas where they felt the agency could do better: *'let me know if someone is going to be late'* and; *'care does not always read the previous carer notes'*. However, we noted that where any comments on improvements needed had been made, the manager had been proactive in contacting people to address these issues and try to resolve them.

We also saw comments from staff: *'I feel senior staff give me excellent support'*, *'training has been relevant and interesting'*, *'communication is 100%'*, and *'I am always thanked for helping out'*. Some other comments noted were *'if I am going on a mental health call it would be helpful to know details of the condition'*, The manager stated that since that time two staff had received training on mental health issues and there were plans for future training. People benefit from a service that seeks to improve its standards.



Quality Of The Environment

We do not consider the environment but noted that the office had adequate storage and security facilities. Registration certificates were on display and there was space for staff meetings/staff supervisions to be held.

How we inspect and report on services

We conduct two types of inspection; baseline and focused. Both consider the experience of people using services.

Baseline inspections assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.