

Able Support Ltd

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Inspection report

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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?

Requires improvement 

Is the service well-led?

Good 

Overall summary

This was an announced inspection, carried out on 9, 15 and 18 February 2016. '48 hours' notice of the inspection was given because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available in the office.

Able Support is a large domiciliary care agency based in St. Helens. It offers care and support to 450 people in their own homes including personal care. The agency has offices based in St. Helens and is registered as a supplier of services to St. Helens and Knowsley local authorities. They employ 150 support staff.

The last inspection of Able Support was carried out on 26 September 2014. This was a focused inspection following actions which needed to be taken by the provider to address areas of non-compliance. This was from an inspection carried out on 19 November 2013. We found that the service was meeting all the regulations that were assessed.

The service had a registered manager who had in post since April 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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's needs were assessed and risk assessments were in place. People's histories, wishes and preferences were not consistently reflected within their care plans. Daily records which were maintained for each person showed they had received the care and support stated in the care plan. Care plans were regularly reviewed. By not having a full life history and people's wishes and preferences not being documented staff were left with insufficient information to fully meet people's needs.

People had no concerns about their safety and the way they were treated by staff. There were systems in place to protect people from abuse which included training for staff and policies and procedures for staff to follow. Staff spoken with demonstrated a good understanding of what action needed to be taken in the event of a person being at risk from harm. Recruitment practices helped ensure that only people suitable to work with vulnerable people were employed by the service. Recruitment of staff was thorough and safe which ensured people received support from staff who were fit and suitable for the job. People were supported by the right amount of suitably qualified staff.

People told us that the staff were very caring. They told us that they had a core team of staff going into their homes which was good because they got to know them as friends as well as carers. They told us that staff met their needs and had sufficient training to enable them to carry out their job.

People and their relatives told us that they were listened to by the staff and that they felt that staff were like family and that they could speak with them.

Staff were confident about dealing with emergency situations and they had details of people and services they could contact if they needed advice, guidance or support at any time of the day or night.

Staff received training and support to carry out their job and they were provided with opportunities to develop within their roles. Staff had their competencies checked and they had access to policies and procedures in relation to safe practice.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and to report on what we find. We saw that policies and guidance were available to staff in relation to the MCA.

People had access to information about how to complain and they were confident about voicing any concerns they had. Complaints were taken seriously and dealt with in a timely way.

There were systems in place for assessing and monitoring the quality of the service. Staff carried out a range of checks on all aspects of the service. This included checks on documentation to make sure it was up to date and accurate and seeking people's views about the service they received.

Summary of findings

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 safe

People felt safe and trusted the staff. Staff had received safeguarding training and the registered provider had procedures in place for safeguarding people.

There were sufficient staff to ensure that people received care and support from staff they were familiar with and who had been appropriately recruited.

There were good systems in place to ensure risks to people's safety and wellbeing were identified and addressed.

Good



Is the service effective?

The service was effective.

Staff received training and supervision for their role which enabled them to support people safely and effectively.

Staff acted promptly to people's changing needs and liaised with health and social care professionals as required.

Good



Is the service caring?

The service was caring.

People told us that staff were caring, kind and helpful.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

Good



Is the service responsive?

The service was not always responsive.

Information within the care plans did not always reflect each person's life history and their likes, dislikes and choices. This meant a person centred approach was not always followed.

People had been fully involved in the development and reviewing of their care plans and had agreed with the content.

People were provided with written information about how to make a complaint. People told us they thought any complaints would be properly investigated by the registered provider.

Requires improvement



Is the service well-led?

The service was well led.

A registered manager was in post.

Good



Summary of findings

People who used the service and staff told us, the registered manager was approachable and available to speak with if they had any concerns.

People who used the service and relatives were regularly invited to give feedback on the service provided.

Able Support Ltd

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 was planned to check 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.

This inspection was carried out by one adult social care inspector and a bank inspector. The inspection took place over three days and was announced. The registered provider was given 48 hours' notice because we needed to be sure that someone would be available at the office.

During our inspection we spoke with six people who used the service and visited three people in their homes. We also spoke with four family members, eight care workers, two office staff, the registered manager and the managing director. We looked at 10 people's care records, 10 staff records and records relating to the management of the service.

Before our inspection we reviewed the information we held about the service. This included any notifications received from the registered manager, safeguarding referrals, concerns about the service and other information from members of the public. We contacted the local authority quality monitoring and safeguarding teams and they told us they had no immediate concerns regarding the service.

Is the service safe?

Our findings

People told us that they felt safe with the carers coming into their home. People's comments included "I have no problems with the carers, they have been coming for a while now and I feel very safe" and "I really trust the staff and my main two carers are brilliant". Another person told us that they had always had regular staff and they said "The carers that come to me are very kind people, they are very good workers".

We looked at the medicines records of eight people. We saw that arrangements for the safe handling of medicines were in place and people were protected against the risk of unsafe use and management of medicines. Evidence of staff competencies for medication administration was reviewed. The medication policy contained all of the information required for the safe handling of medicines. The monitoring systems in place were not robust enough to highlight any errors in a timely manner. We saw that the medication administration records (MARs) were not fully completed. The registered manager confirmed that there was not a robust system in place to audit and check the safe handling and administration of people's medicines. During feedback and discussion of our findings, the registered manager demonstrated a commitment to make improvements as to how people's medicines are managed. During our second day we saw that an auditing system had been developed and implemented. Staff had commenced the assessment and auditing of people's medication records to identify any areas of improvement needed to help ensure that people received their medicines safely.

There were sufficient staff to keep people safe. All of the people spoken with told us that they were not rushed with their care and staff completed all tasks required. One person said; "The girls are always on time and stay for how long I need them." Staff told us that they generally had sufficient time to meet the needs of people. However, when a person is unwell or required more support this may result in their next visit being late. Staff told us "We will always do what is needed" and "We always make sure people are ok before we leave."

A recruitment procedure was in place to ensure that staff were recruited safely. For example, we saw that all applicants were required to complete an application form, attend an interview and checks were undertaken including

references and a disclosure and barring service check (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We looked at the recruitment files of 10 staff and saw that the appropriate recruitment procedures had been followed.

Risks to people were assessed and this information formed part of their care planning documents. For example, we saw that people's living environment was assessed for any risks as well as their medicines and mobility. Emergency contact details for family members and health care professionals involved in people's lives also formed part of people's care planning documents. Staff had access to this information which meant that in the event of an emergency the appropriate people could be contacted without delay.

Policies and procedures were in place in relation to safeguarding people. A copy of the procedures were available in the office along with a copy of the local authority's safeguarding procedure. Staff spoken with demonstrated a good understanding of what action they needed to take in the event of a person being abused or if staff suspected that abuse was taking place. Staff told us that there was always management support available to discuss any concerns they had in relation to safeguarding people from harm. Training records showed that staff had completed training in safeguarding people.

The registered provider had a whistleblowing policy, which staff were familiar with. Staff told us there was an open and positive culture within the service and that they would not be afraid to approach the registered manager or their supervisor, if they had any concerns.

We also saw guidance that was in place to support staff in their role and that were aimed to protect people who used the service. For example, policies relating to handling people's money clearly stated what actions staff needed to take to ensure that people's monies were managed and recorded appropriately.

The registered provider had policies and procedures in place for responding to emergencies. Staff had access to these and they were familiar with them. People who used the service had access to advice and support at all times. The office was staffed at all times when staff were out working including weekends and bank holidays.

Is the service effective?

Our findings

People told us that they received the right care and support from staff who knew them well. People's comments included "The carers are all very nice and seem well trained to me. They know what they are doing". "I can't praise them (carers) enough, they are absolutely marvellous" and "I love the banter and fun I have with the carers. They are always on time and do everything that I need them to".

New staff completed a five day classroom based induction programme when they first started work at the service. During their induction new staff completed a range of training in key topics including safeguarding, health and safety, basic life support and infection prevention and control. Also as part of their induction staff worked in the community shadowing more experienced staff. Further training was provided to staff on an on-going basis including refresher training in key topics. Specialist training relevant to people's individual needs included dementia care, end of life care, epilepsy awareness and catheter care. Staff were required to undertake a knowledge test to assess their competency in relation to the training they had completed. Staff told us they received a lot of training and that they found it beneficial to their role. We saw that 78% of staff were working towards or were in receipt of an National Vocational Qualification (NVQ) level 2, 3 or above in health and social care. An NVQ is a nationally recognised qualification which demonstrates staff can deliver health and social care to a required standard. Staff comments included "My induction was really good, it covered everything I needed to know to do my job" and "If you need more training you can just ask. I asked for specific training and it was arranged for me".

Staff received the support they needed to carry out their roles effectively. Staff told us they were well supported and they felt able to talk at any time about their work with the registered manager and their supervisors. The quality monitoring officers and care co-ordinators provided staff with one to one formal supervision sessions and an end of year performance and development review.

The quality monitoring officers and care co-ordinators also carried out spot checks on staff whilst they were working in the community and the views of people who used the service were also obtained. This enabled the registered

provider to assess and obtain feedback about staff performance. Discussions with staff took place following spot checks to highlight what went well, areas for improvement and future training and development needs.

People who used the service told us that they dealt with most of their own health care appointments and health care needs with the help of relatives and relevant other people. However, care plans provided staff with information about people's healthcare needs and any support staff were required to provide people with, should they need to. Staff had supported some people to access healthcare appointments and when required they liaised with health and social care professionals involved in people's care. People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health. Staff were confident about what to do if they had immediate concerns about a person's health. Staff told us they would carry out the necessary first aid and call for emergency assistance. We saw office records of care concerns raised promptly by carers including reports of falls, changes in health needs, people's heating not working in the cold weather, medication queries and people not being at home at the time of the call. The records showed the actions taken by the carers and the office staff.

People who required assistance and support to eat and drink had a care plan detailing their needs. The plans described the support people needed at meal times, for example with the preparation and presentation of meals and the task of eating and drinking. Staff had completed training in nutrition and food safety and they knew how to respond to any concerns they had about a person's diet, for example if a person's appetite significantly changed or if a person showed obvious signs of weight loss.

The registered provider had a range of health and safety policies and procedures which were made available to staff. In addition to this staff were provided with on-going training in health and safety, fire awareness, prevention and control of infection, first aid and also moving and handling. Staff were aware of their responsibilities for ensuring the safety of the people they supported as well as their own safety and for reporting any concerns they had. The service had personal protective equipment (PPE) which was held at the office and made available to staff on request.

Is the service effective?

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. We checked

whether the service was working within the principles of the MCA. The registered manager and staff had undertaken training in the Mental Capacity Act and they showed a clear understanding of it. The registered manager told us they worked alongside family members and health and social care professionals in deciding if a decision needed to be made in a person's best interests, if the person did not have the mental capacity to make their own decisions.

Is the service caring?

Our findings

People who used the service described the staff as very caring, polite and respectful. People told

us they had a say in who provided their care and support and that they were notified of any changes or delays. People's comments about the staff included, "I can't speak highly enough about the carers that come here, I feel very lucky to have them", "Can't praise them enough" and "Absolutely marvellous, very good indeed".

People told us that the staff met their needs. They said that they had a core team of staff going into their homes which was good because they got to know them well. We saw and staff confirmed that for the majority of their visits were scheduled to the same people. Staff told us that this helped ensure that people received a consistent service. This meant staff had the opportunity to get to know people and to understand their care and support needs. A member of staff gave an example of how a consistent service had benefited a person and their family they supported during end of their life care. They described the care and support they had given and explained the importance of continuity during this time to ensure the person was treated with dignity and respect by staff that knew their needs and wishes. Staff described going the extra mile to ensure relatives who wanted to, had contact during the end of life period. Records relating to the care and support people received demonstrated that staff had taken time to encourage and offer support during their visits.

Staff told us that the key to their role being successful in caring for people was good communication. They told us that in getting to know people's needs, wishes, likes and dislikes they were able to identify if people were feeling physically or mentally unwell. Staff told us that they always

chatted to people during their visits, to ensure that they were well. They said they gave people an opportunity to talk about something that may be on their mind and to ensure people knew that they mattered. One member of staff told us; "It's not just about completing the task, although that is important it is also about the little things that make a big difference to that individual person".

Staff had received training in relation to equality and diversity, person centred care, communication and privacy and dignity. Staff told us they enjoyed their work. One staff member said, "I love my job and find it very rewarding" and another said "I love making a difference to a person's life and I particularly find end of life care rewarding". Staff respected people's privacy and dignity. Staff were observed knocking on people's doors before entering. We also saw that they asked permission before undertaking any tasks. People said staff always spoke with them about the care and support they intended to provide and asked for their permission before they proceeded. Staff gave examples of how they maintained people's privacy and dignity. This included talking to people whilst assisting them, ensuring personal care was provided in private and at a pace the person was happy with and involving people in decisions about their care and support. People told us that staff always knocked on the door before entering their homes unless they had had prior agreement to enter using key code access or by other means.

People received an information pack about the service which described the standards of care they should expect to receive. The pack also included key pieces of information about matters such as; what tasks carers can and cannot undertake, how to make a complaint or compliment, standards of service including confidentiality, punctuality and choice. People told us they had been given this information when they first started to use the service.

Is the service responsive?

Our findings

People told us that the staff were knowledgeable about their needs and that they had received a personalised service. They said staff had arrived and left their homes on time. People told us they knew the staff that were to visit them and that staff spent the right amount of time with them and they did not feel rushed. One staff member told us; “We wouldn’t leave someone unless they were okay”. Staff explained that whenever they were delayed if possible they contacted the staff in the office for them to contact the person whose visit would be delayed. People said the service had been flexible to their needs, for example visit times were altered at people’s request without any difficulties.

People’s needs were assessed prior to them using the service. The information gathered as part of the assessment helped to ensure that people’s needs could be met. Assessments were carried out by the registered manager or a suitably qualified member of the senior care team. A care plan was developed for people’s identified needs and a copy of the care plan was kept at the office and at people’s homes. People who used the service confirmed this. We found staff did not always have information about how to meet people’s needs. The content of the care plan documents varied in detail. People’s histories, wishes and preferences were not consistently reflected within their care plans. This information is important to ensure people received person centred care of their choice. People told us that they had been fully involved in the development and reviewing of their care plans and had agreed with the contents. Care plans were signed by the person or where appropriate a representative acting on their behalf. Care plans had been reviewed every six months or sooner if required, for example when a person had experienced a change in their needs. Care plans were person centred and included people’s views and preferences about the care and support

they received. They included how many staff were required to support people, tasks which people were able to carry out independently and specific times when people liked to eat, get up each morning and retire to bed.

Prior to leaving people’s homes staff completed a written record detailing the care and support they had provided the person with. Records also included any significant observations and action taken during the visit. The registered manager had not been regularly evaluating these records as a way of monitoring people’s care and support. During feedback the registered manager made a commitment to review records more regularly and thoroughly to ensure areas of service development were identified and addressed.

Where required the service worked alongside relevant others, health and social care professionals, including district nurses and therapists to ensure people’s needs were met. Records showed contact by the service with GP’s, district nurses and other professionals to ensure any changing needs of a person were met.

The registered provider had a complaints policy and procedure which was provided to people when they first started to use the service. A record of complaints people made was kept and they showed that they were dealt with in a timely way in line with the registered provider’s complaints policy. People told us if they had any concerns they would feel confident to raise them and they felt their concerns would be appropriately addressed. Staff were knowledgeable about the complaints procedure and they were confident about dealing with any concerns, complaints or comments people made. We saw compliments that had been received by the service and comments within these included “All staff showed nothing but compassion and empathy” and “Staff would turn up with a warm welcome, positive attitude and embrace any task big or small”.

We recommend that the registered provider ensures all areas of the care plan documentation are completed for people who use the service.

Is the service well-led?

Our findings

People spoke positively about the service and management team. Comments included “I know the managers and they come out regularly to see me, they are very good”, “The managers do regular reviews and always ask for feedback about the service” and “The service is brilliant, I think it is an excellently run company”. Staff said “It’s a great company to work for and I cannot fault any of the managers as they are really supportive”.

The registered manager had been in post since April 2015. There was a clear management structure within the service which involved the registered manager, the quality monitoring manager and care co-ordinators. People told us that they had the telephone numbers for the office and could contact them [the staff] easily and that the out of hour’s number was easy to use. Staff told us that the management team at the office had been easy to contact and that they had been provided with work mobile phones which enabled them to contact someone for advice and support. They said that a senior member of staff was always available to contact outside of the general office hours. In addition they told us that they were able to visit the office at any time to discuss any concerns they had in private with a member of the management team who would always listen. Staff told us “It’s a great company to work for and I could not fault any of the managers as they are really supportive”, “If I’ve ever got a problem the manager will listen and try and sort it for me” and “I think the management is good here”.

Regular staff meetings were arranged. Minutes of these meetings were made available to all staff. Staff told us that they received regular support by way of supervision or just going to have a chat with a member of the management team. One member of staff told us that they found visiting the office once a week for a chat useful to discuss any concerns they had.

Staff were all issued with a mobile phone which was security protected with a unique pin number. The service operated on a closed network which allowed staff to speak to each other as well as the office. Staff received their weekly roster through the phone as well as any updates and amendments. The service used an electronic monitoring system for staff to log in and out of every call to people in their homes. This system recorded the times in which staff were scheduled to visit a person and also

recorded the actual times staff had arrived and left. This system was monitored by the service and the Local Authority on a regular basis to help ensure that people received the visits they required. Invoicing systems were also linked to this to ensure people only paid for the care and support they had received.

Care plans and risk assessment were monitored on a regular basis, however the system was not robust. The regular monitoring of care plans would help to ensure that any changes to people’s needs and wishes were dealt with promptly. Medication administration records (MARs) were not regularly reviewed by managers. During the inspection the registered provider introduced and commenced a new auditing process for regular review of (MAR) records which would highlight areas for improvement or training needs of staff

Daily records gave staff the opportunity to record the nature of each call and the outcome. We saw evidence in people’s care plan records of client monitoring visits by the quality monitoring officers taking place. We saw evidence that regular reviews and monitoring visits had taken place. We saw documents that demonstrated people’s needs had been reviewed by the local authority.

The views of people who used the service and where appropriate their representative, were sought through direct conversations and via a survey sent out to people each year. Surveys invited people to comment on aspects of the service including staff, privacy and dignity, care reviews and complaints. Results of the most recent survey undertaken during 2015 showed people were mostly satisfied with all aspects of the service which they were invited to comment on. The registered provider had analysed the information and displayed the results using pie charts. The results are shared with the people using the service and staff team.

The quality assurance officer was responsible for monitoring and assessing the quality of the service people received. Ways in which they did this included spot checks on staff whilst they were working with people in their homes and seeking people’s views about the service.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. Registered providers are required to inform the Care Quality Commission of certain incidents and events that happen within the service.

Is the service well-led?

Providers are required, by law, to notify us about and report incidents to other agencies when deemed necessary so they can decide if any action is required to keep people safe and well.