

Mrs Juliette A Macdonald

# Active Care & Training Solutions

## Inspection report

Whitehouse Distribution Centre  
46 White House Road  
Ipswich  
IP1 5NX

Tel: 01473517883

Date of inspection visit:  
24 July 2019

Date of publication:  
08 August 2019

## 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

Active Care and Training is a domiciliary care service that provides personal care to people living in their own homes in Ipswich and Felixstowe. At the time of the inspection they were supporting 14 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were supported safely and staff understood their responsibilities to keep people safe from abuse or harm. Staff were recruited safely with appropriate pre-employment checks carried out. Risk assessments were in place which ensured that staff knew what to do to mitigate the risks identified. People received their medicines safely and there were effective practices in place to protect people from infection.

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. Staff received the support they required and had access to training.

Staff were kind and caring and committed to providing good quality care. People told us how well looked after they were, and staff were respectful. People's dignity and privacy was maintained, and people felt in control of their lives.

People had individualised care plans which ensured they received person-centred care. Plans considered people's preferences, likes and dislikes.. People knew who to speak to raise concerns and were confident they would be listened to. One person described staff as, "The best carers I have ever had."

The provider was open and honest and strived to look at ways to improve the service. Staff felt well supported and people were confident in the service. Staff liaised with other health professionals to support people to maintain good health.

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

Rating at last inspection

This service was registered with us on 21 September 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on CQC's inspection schedule.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 was safe.

Details are in our effective findings below.

**Good** ●

### **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 effective findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our effective findings below.

**Good** ●

# Active Care & Training Solutions

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### 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 flat.

The service was registered to one person who is the provider and therefore the service does not require a registered manager. The provider was the registered person. 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. The registered provider had overall responsibility for the service.

#### 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 would be in the office to support the inspection.

Inspection activity started on 24 July 2019 and ended on 29 July 2019. We visited the office location on 24 July 2019.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided on the telephone. We spoke with two members of care staff and the provider.

We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and understood how to keep people safe from abuse, discrimination and avoidable harm. They knew what should be reported and how to report any concerns. They felt they would be listened to, taken seriously and that the right action would be taken to keep people safe.
- The provider had effective safeguarding systems which included how and when to report incidents to the local authority. The provider had contacted the local authority safeguarding team for advice when needed.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed so they were supported to remain safe while their freedom was respected.
- When risks to a person's health and safety were identified steps were taken to reduce them.
- When people needed special equipment to support them to move, such as a hoist, there was guidance for staff about which slings to use and how to attach them safely. The provider showed us how they were introducing photographs of equipment into the risk assessment to guide staff further.
- Risks to the environment were assessed to make sure people and staff were kept safe.

Staffing and recruitment

- People and relatives told us staff arrived on time and stayed the required amount of time. There had not been any missed care calls.
- There were enough staff to meet people's needs. There was an established staff team.
- Staff, including the provider worked together to cover care calls to make sure people received care and support from staff they knew.
- Staff were recruited safely. The provider completed Disclosure and Barring Service criminal record checks before new staff began working at the service. References were obtained. This helped the provider make safer recruitment decisions.
- The provider was available outside office hours to provide staff with advice and guidance.

Using medicines safely

- People were supported to have their medicines safely and on time. One person had to take their medicine within a specific time frame. They confirmed that the service supported them with this.
- Staff were trained and had their competency assessed to make sure they were able to support people with their medicines.

- Staff were knowledgeable about people's medicines, what they needed them for and how they preferred them given. Care plans contained background information on the medicines people were taking, such as side effects.
- Medicines administration records were accurately completed, and these were audited by the provider on a regular basis to check medicines had been given appropriately.

#### Preventing and controlling infection

- Staff told us they wore gloves and aprons to prevent the risk of infections.
- Personal protective equipment was readily available, and could be collected from the office.

#### Learning lessons when things go wrong

- The provider had a process to monitor any accidents or incidents for trends. For example if a person had repeated falls. This meant they could take prompt action if a trend was identified.



# 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 for this newly registered service. This key question has been rated Good. This meant 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

- Before people started using the service the provider met with them and their relatives to assess the persons needs and make sure these could be met. This included information about people's medical conditions, eating and drinking requirements and other aspects of their daily lives.
- Assessments reflected people's lifestyle choices and preferences to ensure people were treated equally and protected from the risk of discrimination.

Staff support: induction, training, skills and experience

- Staff had the training and skills they needed to meet people's needs. People and their relatives told us staff knew what they were doing and were obviously well trained. One person told us, "They are the best carers I have ever had."
- Staff completed an induction into the service before providing care and support. This included shadowing senior staff members.
- Most training was completed online. However, moving and handling and medicines administration training were practical courses, completed face to face.
- Staff told us they felt supported by the provider. One member of care staff said, "You get 100 per cent support."

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

- Not everybody receiving support needed help with their meals or planning a nutritious diet as family members made their meals, or sometimes other agencies delivered meals to their home.
- People who did need staff assistance chose what food they wanted from their own store of food.
- Where people were supported with their meals their care plans contained clear guidance to staff as to the person's likes and dislikes and exactly what support they needed.

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

- Most people either arranged their own healthcare or their family members did this.
- Where people did sometimes need assistance, staff contacted the office staff to alert a health care professional or family member if they had concerns.
- Staff told us office staff were very responsive and acted quickly to make sure people got the help and advice they needed. The provider gave us an example where staff had recognised a person's declining abilities and alerted other healthcare professionals.

- Some people had more than one agency visiting them in their home to provide their care. The provider explained how they kept in touch with the other agencies to ensure people received the care they needed.

#### 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.

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.

- People had consented to their care where needed, such as staff assisting with personal care or administering their medicines
- Staff told us how they made sure people had as much choice as possible.
- Some people were supported by their relatives to make decisions about their care. When people had a lasting power of attorney to make decisions on their behalf this was recorded in their care plan.
- At the time of the inspection no-one was subject to an order from the Court of Protection.

# 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 for this newly registered service. This key question has been rated 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

- People and relatives of people spoken with all said staff treated the person in a caring and respectful manner. One person told us, "They [carers] are very very kind and caring. Nothing is too much trouble for them."
- All the staff spoken with, spoke about the people they were supporting with kindness and respect and knew the needs and preferences of the people they supported.
- People were supported by a regular team of staff which ensured consistent care. One person told us how important this was to them and how it supported them with managing their condition.

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

- People and relatives were involved in the planning of their care. People consistently told us their care was directed by them. A relative told us, "There is a folder that we can look at anytime."
- Another person told us how the service had worked with them to find wheelchair accessible transport so that they could go out shopping.
- Staff told us that they had sufficient time to provide care in a way which people requested. A member of care staff said, "We are able to spend quality time with people."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and dignity. One person told us how the staff respectful approach to providing their personal care had enabled them to be more accepting of the fact that they needed support.
- Care plans recorded if people preferred a carer of a particular gender.
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

# 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 for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives were involved in the planning of their care. People consistently told us their care was directed by them. One person said, "They share the care plan and I say what I think."
- One care plan did not have information as to how a particular medical condition was managed. We discussed this with the provider who immediately put this in place.
- The provider visited people before they started providing care and support carried out an assessment of the person's care needs. This ensured that the service was able to meet that person's needs before undertaking care.
- Care plans were personalised and contained information about people's likes, dislikes, and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was not aware of the AIS. However, people's communication needs were assessed as part of their initial assessment and care plans contained information on how people communicated.
- The provider adapted their communications to meet people's needs. For example, one person using the service had poor eye sight. They had informed the service that they found it easier to read letters which were in large print on yellow paper. We saw examples of how the service had written to the person using this format.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. Where complaints had been made the provider had investigated the complaint and provided people with an outcome.
- People and their relatives understood how to make a complaint and were happy to do so if required. One relative who had made a complaint told us they were satisfied with the way it had been dealt with.

End of life care and support

- The service was not providing end of life care at the time of our inspection.
- Where people had made a Do Not Attempt Cardio Pulmonary Resuscitation (DNAR) decision a copy was available in their care plan.

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

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

- The management and the staff put people at the centre of the service and provided good quality care that focussed on people's needs. The provider was open and transparent during the inspection and demonstrated their commitment to providing good quality person centred care.
- People told us they thought the service was well managed and they could contact someone when they needed to. One person said, "I can ring the office and they will sort out my problem." Another person told us that the service was, "Very, very open."

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 was clear about their responsibilities under the duty of candour.

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

- Staff felt supported in their role and understood their responsibilities with regard to managing risks and reporting incidents. One member of care staff told us, "This is the best company I have worked for."
- The service notified the Care Quality Commission of significant events appropriately.
- Policies and procedures were in place. The provider told us that they were currently reviewing these to ensure information was current and supported best practice.
- Staff received regular supervision, appraisal and spot checks. These were used to offer guidance and support as well as monitor quality.
- The provider told us that they regularly worked in the service providing care which helped them monitor the quality of the service being provided.

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

- People and relatives told us they felt engaged with and able to feedback on the quality of the service. We received positive feedback about people's contact with the service.
- Questionnaires were sent out to gather people's feedback. We saw one written compliment which said, "Very attentive to date and often go above and beyond to make sure [person] is okay and keep me updated which gives me peace of mind knowing that he is in good hands and being looked after and that if there are any problems they will be noticed early so we can sort them out."

- Feedback from questionnaires had been used to drive improvement in the service. For example, feedback from the most recent service user questionnaire had identified that staff were not always wearing their ID badges. The provider had brought this to the attention of staff and was investigating the provision of a different badge to encourage staff to wear it.
- The staff team met regularly to discuss any concerns and ideas for improvement.

#### Continuous learning and improving care

- Comprehensive checks and audits were in place and covered all aspects of the service. The audits we checked were accurately completed and reflected the quality of the service. When required, actions were set for improvements.

#### Working in partnership with others

- Records showed that staff communicated effectively with a range of health care professionals to ensure that people's needs were considered and understood so that they could access the support they needed