

ABC Support Services Limited

ABC Support Services

Inspection report

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Tel: 01516257443

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

An announced inspection took place on the 8 and 10 November 2016.

This was the first inspection since the service provider was registered.

ABC Support Services Limited is a domiciliary care agency that is registered to provide personal care to people in their own homes.

There was a registered manager who had been in post since the service was registered. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the time of the inspection the service delivered approximately 27 hours of personal care to two people and domestic assistance to others.

People felt safe with the support they received from staff. There were safeguarding policies and procedures in place. Staff were knowledgeable about what actions they would take if abuse was suspected.

People said that the support from staff was prompt, caring and reliable. They commented that they were treated with dignity, respect and compassion. Support was provided from consistent staff who knew people well and met their physical and emotional needs.

Records kept reflected people's preferences, wishes, routines and likes/ dislikes. This demonstrated that the manager had taken the time to get to know people well and provided support that was personalised and tailored to individual needs.

Safe recruitment procedures were followed and staff had the relevant checks from the Disclosure and Barring Service. This meant that people were supported by people of suitable character and skill.

Staff were given regular supervision and support. Their developmental needs had been identified and they had undertaken training in order to improve their skills and competence.

The registered manager had active involvement in the service. People and staff were complimentary about her leadership. There were systems in place to seek people's views of the service, which were all positive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were safe systems in place for the management of medicines, which minimised the risk of harm.

People said they felt safe and staff knew how to recognise and report any safeguarding concerns.

People were supported by staff that had been deemed of suitable character to work within the social care sector.

Is the service effective?

Good ●

The service was effective.

Staff received regular supervision, appraisal and training to ensure that they were competent in their roles.

Staff were aware of the Mental Capacity Act 2005 and the implications of this upon their day to day work. People were offered choices and consented to their support.

Staff ensured that they supported people to meet their health needs and accessed additional support where appropriate.

Is the service caring?

Good ●

The service was caring.

People were complimentary about the caring and supportive nature of staff. They told us that staff promoted their privacy, dignity and always respected them.

Staff protected people's confidentiality.

People told us that they had the same staff team, who were reliable, and that they valued the continuity of care.

Is the service responsive?

Good ●

The service was responsive.

Staff knew people's needs and provided flexible, consistent, person-centred care.

People said they knew how to raise a concern and would feel comfortable doing so.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager who was also a director of the registered provider. Staff and people who used the service said she was approachable and very supportive.

There were systems in place to actively seek the views of people who used the service, their relatives and staff.

Policies and procedures were in place to support staff in their day to day work.

ABC Support Services

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.

The inspection team consisted of an adult social care inspector. The inspection took place over two days on the 8 and 10 November 2016.

The provider was given 2 working days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. We also asked the registered provider to seek the consent of people at the service to be contacted by the inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we looked at a variety of records which related to the management of the service such as policies, recruitment, staff supervision and training. We also spoke with the registered manager and two of the staff team. We viewed two people's records relating to their care and medication and spoke with one of them and a relative of the other person.

Is the service safe?

Our findings

When asked whether they felt safe when staff visited, the person receiving care said "Yes, very much so". The relative we spoke with said "Yes, my parents love the staff and their timekeeping is very good".

Staff visited at the agreed times and there were enough staff to provide the required care. Staff told us that they had enough time allocated to be able to meet a person's needs effectively.

Staff at the service had a good understanding of safeguarding and what constituted abuse or neglect. The registered provider had a satisfactory safeguarding policy that was readily available and accessible to staff.

Safe systems were in place for managing a person's finances for circumstances in which staff supported people with shopping. Records were kept of the amount spent and receipts were provided.

Staff provided varying degrees of support to people in regards to medication. Staff had received training and undertaken a competency assessment to ensure that they had the skills to support a person with their medication. We looked at the care plans for both people receiving personal care. These documented the level of intervention needed for each of the medications prescribed. However, for one person who only required a member of staff to open the packaging of their medication, the medication records read as though the staff member had administered the medication. The registered provider said they would address this with the staff member.

The registered provider had a system in place for the recording of accidents and incidents which staff were aware of, but there had not been any since registration of the service.

Risk assessments were in place for the hazards that staff faced in their day to day work. A risk assessment was carried out to ensure that staff were working in a safe environment. Staff were provided with personal protective equipment to ensure that they minimised the risk of cross infection whilst carrying out care and support. People confirmed that the staff wore this when carrying out care. One person said "They wear gloves for everything!"

A standard risk assessment covering areas such as mobility, falls, safer handling and infection control was also in place to support staff in addressing people's needs.

We checked the recruitment procedures in place for staff starting at the service. We looked at two staff files. The registered provider had policies in place to support safe recruitment for staff. We saw that the registered provider had completed a Disclosure and Barring Scheme check before staff started work to make sure they did not have a criminal record and had not been barred from working with vulnerable people. She also required applicants to complete a personal profile to assess their suitability for care work. All other required checks were completed prior to them commencing employment: fully completed application form, interview, written references, evidence of identity and previous training. This meant that people received support from staff deemed of suitable character and skill.

Is the service effective?

Our findings

People commented that "The carers are very professional" and "They're very good".

Some people were supported to ensure that they received adequate diet and fluid intake. If unable to make a meal for themselves, staff helped with preparation and kept a record to assist families and other professionals in monitoring what a person had been offered and consumed whilst supported by staff.

People's health care needs were addressed. A staff member gave an example of when they'd contacted a district nurse when they'd had concerns about one of the people they were visiting.

The registered provider had a supervision and appraisal policy and staff received supervision monthly at first and then two monthly. Staff confirmed that they had regular one to one meetings with the registered manager. In addition, direct observations of practice were also carried out. The registered manager said the plan was that each staff member would have an annual appraisal which gave them an opportunity to review their own developmental needs, however none of the staff had worked there for over a year.

The registered provider had a training programme for staff that covered all of the key aspects of the role. Staff had the opportunity for face to face training alongside e-learning modules. The manager determined what training staff were required to complete based on their previous knowledge and skills. Staff new to a paid caring role were required to complete the Care Certificate, which is a set of standards that social care and health workers are expected to stick to in their daily working life. New staff also shadowed the manager for the first two weeks. Staff said that the training supported them in providing a good service. Staff had undertaken training that the registered manager had deemed essential to their roles: such as equality and diversity, medication administration, moving and handling, safeguarding and mental capacity. However, they also had opportunity to undertake additional training for areas of specific interest such as dementia awareness, anxiety and stress management. Staff were also provided with a staff handbook that included; the aims, values and purpose of the service, policies and procedures, Care Certificate standards and the UK Home Care Association code of practice. The registered manager maintained a record of staff training that had been completed as well as that pending. We saw that staff were up to date with essential training.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. We found that staff had undertaken training around the principles of the Mental Capacity Act. Staff were able to tell us what capacity and consent meant for them and how this was applied to their day to day work. People told us that staff always asked their permission and consent in decisions around their care and support. This was also

evidenced in our discussions with staff.

Is the service caring?

Our findings

The people we spoke with were very complimentary about the service provided. Comments included "The carers are very kind, I can talk to them about anything" and "They're very good and do more than expected".

People felt reassured as they received support from people that they knew well. People said that this was very important to them. We were also told that staff were prompt and reliable. One person said "They are very punctual but on the odd occasion they have been late they have rung me and let me know so that I know that they are on their way. In fact, once my carer was stuck in traffic and the manager came round".

People told us that it was important for them to maintain their independence as long as possible. Staff took time to assist people to do things for themselves. One person said "The staff are so kind and patient. They never rush me and help me to do things for myself".

People told us that they were treated with "the utmost care, dignity and respect". Staff spoke about people in a respectful manner and protected their confidentiality at all times. Staff recognised the difference between support and taking over and one commented "Sometimes we need to be careful that we don't put our own standards on people. We're there to assist people to do what they want". Another said "It's not for us to take over, we involve people in discussion about the care they would like us to provide".

Records were kept securely within locked cupboard and were available only to those people that required them. People had a copy of their care plan in their homes for their own information.

Is the service responsive?

Our findings

People who used the service were confident that it met their needs. One person commented "The service I get keeps me as independent as possible. The help I get is just the right level to be able to cope for myself throughout the rest of the day".

Staff were able to describe how they assisted people to maintain their independence by encouraging them to maintain their mobility and wash and dress themselves as much as they were able. One staff member said "It would be easier and quicker to do it myself, but that's not what I'm there for".

People said that the service was flexible and gave examples of instances where the times of visits had been changed to fit in with their social activities.

People confirmed that they read and signed their care plans to agree to the support provided. People had received an assessment prior to receiving a service to ascertain whether their needs could be met. We looked at the paperwork in the care plans and could see that an assessment of the person's needs had been carried out. We spoke to the registered manager and she confirmed that prior to providing a service people were asked to complete their own assessment of need. She would then go through this assessment with them to make sure she could provide the service and determine whether there were any additional needs. She then allocated and trained the staff who would be providing the service to that individual. This ensured that each person had a staff member who took responsibility to ensure care delivery was reflective of the individual's needs. When a person's needs changed, there was a review of their care to ensure that appropriate changes could be made. Care plans were person centred and clearly took into account a person's needs, preferences, routines, choices and wishes. However, we did note that one person had developed an additional need since the care plan was written. The person had been reassessed by the manager, who had instructed the staff and the additional care was being provided, but the care plan had not been updated to provide any new staff with clear instructions.

Staff were clear each day what roles and responsibilities they had and which people they were to support. There was a clear hand over of information between visits. Staff completed daily records which detailed key changes to a person's health, care plan, or routine. This ensured that staff were fully up to date with what a person required on that particular day. It also recorded the times of the visits so that people were only charged for care received.

There was a policy in place for the recording and investigation of complaints. Neither of the people we spoke with had had cause to raise a concern or complaint about the service. However they were aware of how to do this and told us that they would have no hesitation in raising a concern and were confident that it will be dealt with by the manager. They also had information on who else to contact if their concern was about the manager, or they felt the manager hadn't addressed their concern.

Is the service well-led?

Our findings

People were complimentary about the management of the service that they received. Everybody we spoke with knew who the registered manager was and told us that they were "hands on", approachable and always had time for them. The relative we spoke with said "we like the manager, she's very good. She inducts staff herself and supports and supervises them well". One staff member said they spoke to the manager every week; "She's always contactable, asks my opinion about things and is very helpful during supervision". Another said "The training is excellent, I've never had so much training and supervision".

The registered manager was also director of the registered provider and had set up the service in 2013. She had previously worked as a senior manager in social services.

Staff told us that they were happy working at the service and that they had respect for their manager. They said that she was willing to help out and always listened to them. One staff member said "She's the best manager I've ever worked for; I really love my job".

Staff were clear about their roles, responsibilities and policies and procedures that they had to follow. The registered provider had policies in place to guide and advise the staff in their day to day jobs. Staff had read these and the manager had gone through them with the staff to make sure they understood them. They had also been provided with electronic copies of them.

People who used the service were provided with a customer guide that included; the aims, values and purpose of the service, information about the directors, how to raise concerns, information about the assessment process, care planning and review process, fees and details of other organisations people could approach for help and advice.

As the service was small the registered manager completed most of the documentation for the service, including writing the care plans. Therefore she did not carry out any audits of the records. She did, however, seek people's views of the service on a regular basis. The registered manager provided care herself when staff were on leave and sought people's views then. Service users were also requested to complete a feedback form after the first four to six weeks and then annually thereafter. We looked at these and saw that there were no negative comments. One person had written "I'm completely satisfied with the service and would recommend it to anyone".

Supervision records showed that the manager regularly asked staff if they had any concerns or training needs, and also sought their views on the way the service was operating. Staff confirmed the records were an accurate reflection of the discussions that took place during supervision and said that the manager also carried out spot checks to observe their practice.