

Able Support Ltd

# Able Support

## Inspection report

1 Micklehead Business Village  
St Michaels Road  
St Helens  
Merseyside  
WA9 4YU

Tel: 01744853190

Website: [www.ablesupport.org](http://www.ablesupport.org)

Date of inspection visit:  
10 November 2021  
22 November 2021

Date of publication:  
18 February 2022

## 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

### About the service

Able Support is a community based domiciliary service providing personal care and support to people living in their own homes. At the time of this inspection the service was supporting 38 people living in the St Helens area.

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's visits were planned to take place at specific times. Robust procedures were in place for the recruitment of staff. People had a care plan that detailed their needs and wishes around their support. Identified risks to people were considered and minimised wherever possible.

People felt safe using the service and procedures were in place to protect people from the risk of abuse. Procedures were in place for the management of medicines.

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.

The service was caring with good outcomes from the delivery of care and support people received.

People were supported by a staff team who received on-going training and support for their role. People told us that staff were caring and respected their privacy and dignity.

Infection control procedures were in place to minimise the risk of the spread of infection.

People's needs and choices were assessed prior to receiving support from the service. People were supported with their health and dietary needs when required as part of their care plan.

People were supported by staff who knew them well and were aware of who to speak with if they were not happy about the service they had received.

Systems were in place to review and monitoring the service people received.

People spoke positively about the service. Their comments included, "General care is very good" and "Carers are absolutely brilliant. They couldn't give a better service."

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

The last rating for this service was Good (published 28 September 2018).

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

### Is the service well-led?

Good ●

The service was well-led

Details are in our well-led section below.

# Able Support

## 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

This inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

#### What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection-

We spoke with three people who used the service and five family members by telephone about their experience of the care provided. We spoke with nine members of staff including the provider and registered manager.

We reviewed a range of records. This included four people's care records and multiple medication 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected by the services procedures and guidance from the risk of abuse.
- People received care and support from staff who had received training in safeguarding people from harm.
- Staff knew how to report any concerns they had about people's safety.
- People and family members told us they felt safe using the service. Comments included "Feel very, very safe in their hands"; feels "100% confident with the carers" and "Very safe, very impressed with the way they operate."

Assessing risk, safety monitoring and management

- Known risks to people were assessed and where possible mitigated.
- Staff had access to policies and procedures in relation to health and safety. Training related to health and safety, for example, moving and handling; infection control; food hygiene and First Aid formed part of staff on-going training processes.
- Identified risks to people were assessed and wherever possible plans were put in place to reduce the risk. This included obtaining appropriate assessments from local health care professionals to safely move and reposition people.
- A system was in place to continually review identified risks to people and where necessary, make changes to people's planned care.

Staffing and recruitment

- Sufficient, appropriately recruited staff were available to meet the needs of people using the service.
- Robust systems were in place for the effective recruitment of staff. Appropriate checks were carried out on applicant's suitability for the role before they were offered employment.
- People spoke positively about the staff who supported them. Comments included, "Carers won't leave until sure that everything needed has been done"; "They never leave until I say yes everything's done" and, "Don't need to ask them to do anything, they know what I need."
- People's visits were scheduled on an electronic rota system that gave the provider the opportunity to continually monitor the times that people received their care and also identify if staff were running late and needed further support.
- People told us, "Carers are on time 'near enough. They try to keep to the same time"; "Carers are 'always on time, if not get a call from the office. They stay the right amount of time" and "Carers usually on time unless previous client had medical emergency. Carers would phone to say they are delayed."

Using medicines safely

- Procedures were in place for the safe management of people's medicines.
- People received support with their medicines when needed. The level of support people required was assessed and formed part of their care plan.
- People were supported by staff who had received training in the safe management of medicines.

#### Preventing and controlling infection

- Systems were in place to prevent the spread of infection.
- Staff had access to current procedures and guidance, PPE and a COVID-19 testing station based at the office. This promoted the prevention of infection being spread.
- Specific guidance had been made available to all in relation to minimising cross infection risks during the COVID-19 pandemic.
- People's comments included, "Staff wear PPE" and, "Staff wear masks properly, apron and gloves."

#### Learning lessons when things go wrong

- Systems were in place to record and monitor accidents and incidents that occurred within the service.
- Comprehensive records of all incidents and accidents were maintained. Following an incident, the provider reviewed all information available and took action to minimise the risk of reoccurrence.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Systems were in place to assess and review people's needs and wishes in line with legislation and best practice.
- Assessments of people's needs were completed prior to a person commencing the service. This information informed the development of people's personal care plans.
- Where required, information from social workers and health care professionals provided information and support during the assessment process.
- Regular reviews of people's care and support were planned to ensure the service was aware of any changes to their needs. We saw that people's plans of care had been updated when their needs had changed. A family member told us "The care plan was set up when [name] was about to leave hospital. The number of visits per day has had to be increased as the SU has become more frail".

Staff support: induction, training, skills and experience

- People were supported by staff who received training and support for their role.
- Records showed staff had completed an induction into their role when they commenced employment. A staff member told us this was a positive experience and involved 'shadowing' other staff to get to know their role. They told us this also gave them the opportunity to meet and get to know the people they would be supporting.
- Further on-going training was in place to ensure that staff maintained appropriate knowledge for their role. Due to the Impact of the COVID-19 pandemic training was taking place remotely.
- Staff received supervision, support and guidance from the management team which enabled them to discuss their role on a one to one basis. Staff told us they felt very well supported by the management team who were always contactable and available. Staff comments included "The best company I've ever worked for. The support is there. The service are extremely understanding and really really helpful."
- People's comments included, "General care is very good"; "Very well trained" and "Carers work in pairs, so well organised like a team."

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

- People were supported by staff with food and drink preparation when required as part of their planned care.
- When required, people's food and fluid intake was recorded and monitored.

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

- People were supported to access healthcare services and support when required.
- Advice from healthcare professionals in relation to specific health conditions were obtained when required and recorded in people's care plans.
- Where required, staff monitored people's specific health needs and worked with healthcare professionals when needed. For example, when supporting people with pressure relief and pressure area care.

#### 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 and found that they were.

- Policies and procedures were in place to offer guidance and information to staff in relation to the MCA.
- People's care planning documents enabled information relating to best interest decisions being considered to be recorded.
- People's care planning documents included information about their consent to receiving care and support.
- Staff request the consent of people prior to delivering care and support. One family told us "Carers ask before they do things for [name]."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were well treated and staff respected their equality and diversity needs.
- People and their family members spoke positively about the support they received. Comments included, "Everything is good, the way they talk to [name]"; "Bedside manner is always good"; "They're really friendly. One of the carer's Mum's 'cooked me a roast dinner. They all look after me"; "Often 'have a little chat. Very helpful"; "We'd be stuck without them" and, "Carers are very considerate, they work in two's."
- People had a choice of gender of the staff who delivered personal care.
- People's needs and wishes were known and documented in care plans, including any characteristics identifiable under the Equality Act 2010.
- The provider was in the process of developing an awareness session for staff to discuss and explore unconscious bias.

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

- People and their representatives were supported to express their views and were involved in making decision about their care and support.
- People had the opportunity to take part in reviewing their planned care and support and make changes where needed. People's comments included, "Carers always ask before they do anything"; "The carers tell [name] before they carry out care. For example, [name] do you want to wash your face? They try and help the [name] keep some independence."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who were respectful and promoted privacy, dignity and independence.
- The management team had a clear ethos of supporting people to maintain their independence. They explained that they worked with people in a manner that prevented dependency when not needed.
- People told us staff treated them with dignity and respect. Their comments included, "Respect and privacy, very much so. They are very thorough"; "Everything is good, the way they talk to [name]" and, "Couldn't wish for nicer people. Happy with the way they treat me." One family member told us "Privacy and dignity, that was what [name] was most worried about, carers reassured him. Helped him not be embarrassed."
- People's personal records maintained at the office were stored securely.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 received support from regular staff who knew them well.
- People's identified needs had been planned for and were recorded in their care plans which they had access to.
- People's care plans contained clear information and guidance for staff to be able to deliver the care and support they needed. Records showed that care plans were reviewed on a regular basis.
- People told us how having care and support regularly reviewed had made changes to their plan of care. For example, one family member explained that their relative's calls had increased from four times a day to six. This had been identified working with the registered manager, who was aware of the person's frailty, to make them more comfortable. The family told us "[registered manager] is very proactive."

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.

- People's sensory needs were recorded in their care plans.
- People were supported by staff who understood their communication needs. Comments included "[name] struggles with speech and they cope amazingly with her. Keep on trying until they understand what she has said."
- The service had access to facilities to provide written documentation in different formats to meet people's needs and wishes.

Improving care quality in response to complaints or concerns

- People had access to the provider's complaints procedures
- People knew who to speak with if they were unhappy about the service they received. Comments included, "Haven't needed to complain but would ring office if necessary"; "If I had any problems I would ring them up" and, "Never needed to complain, I am very happy with them". One family member told us they had previously raised a "Slight concern" and that was dealt with appropriately.
- A system was in place to record in detail any concerns or complaints regarding the service.

End of life care and support

- People's end of life care would be planned for when required.

- People had the opportunity to have any specific wishes in relation to end of life care recorded in their care plan.
- Staff had received specific training in relation to supporting people at the end of their life.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now the same. 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; 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

- Systems were in place to achieve good outcomes for people.
- Effective systems were in place for monitoring the quality and safety of the service delivered to people. Regular audits took place of people's planned care and records maintained within the service. This included comprehensive records of all contact between the service and people they supported. Where any improvements had been identified, actions taken were clearly recorded.
- The registered manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service.
- The registered manager understood their responsibilities in responding to people under the duty of candour following incidents and when things had gone wrong.

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

- There was a clear line of accountability within the service. Members of the management team ensured that advice and support was available at all time to people who used the service and staff team.
- Staff had access to guidance to enable them to carry out their role safely. This included policies and procedures that were fully accessible at the office.
- Staff told us the management team were supportive both within the workplace and personally. Comments included "They are a caring and listening bunch. Any issues regarding service users and support needed when an OT or equipment is needed".
- People commented positively about the service delivered by the provider. Comments included "Best care company we've had – we've had a few"; "They are an absolute blessing" and, "They're very good at managing people [staff]."

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

- Arrangements were in place to engage and involve people using the service. For example, regular reviews of people's care took place. When required more regular monitoring of a person's care needs took place to ensure they were in receipt of the support they required. People's comments included, "Manager rings up now and again to check if everything ok" and, "During COVID, got regular phone calls to check if all ok. Recently there was a review, someone came out to discuss and check all working ok."

- Staff followed advice and worked in partnership with others such as health care professionals to ensure the best possible outcomes for people.
- The registered manager and staff knew people well. Staff spoke respectfully about the people they supported and understood and respected individual's lifestyle choices.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with other agencies to deliver safe care to people. For example, the service worked with the local authority to provide urgent care and support to people who had been left without a service. The local authority told us in relation to the transfer of people's care packages, "Transfer happened in less than 24 hours, efficiently and professionally managed."
- During the pandemic, the service supported a number of local care homes to assist them in maintaining an operational and safe environment for people to live.
- The service works in partnership with the local authorities and agencies to maintain up to date knowledge within the care sector. The director of the service had been invited to become a representative on to the Integrated Care Partnership of the local authority and Clinical Commissioning Group to further develop services within the area.