

Active Care & Support Ltd

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Inspection report

10 Osram Road
East Lane Business Park
Wembley
HA9 7NG

Tel: 02089043134
Website: www.activecaresupport.com

Date of inspection visit:
29 January 2017

Date of publication:
03 May 2017

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 & Support Ltd is a domiciliary care agency that is registered to provide personal care to adults living in their own homes. At the time of this inspection 60 older people were supported by the agency.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People told us they felt safe with the support they received from staff. There were arrangements in place to help safeguard people from the risk of abuse.

The provider ensured there were safe recruitment procedures in place to help protect people from the risks of being cared for by staff assessed to be unfit or unsuitable.

Staff told us and we saw from their records that they had received training in relevant areas of their work. This training enabled staff to support people effectively.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005. People told us and we saw from their records they were involved in making decisions about their care and support and their consent was sought and documented.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

People were supported to eat and drink in a safe manner. Their support plans included an assessment of their nutrition and hydration needs.

People told us they were treated with dignity and respect. Staff understood the need to protect people's privacy and dignity. People told us staff knocked on their doors before they could enter their homes.

The service encouraged people to raise any concerns they had and responded to them in a timely manner.

The provider had systems in place to continually monitor the quality of the service and people were asked for their opinions and action plans were developed where required to address areas for improvements.

Further information is in the detailed findings below.

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 remains Safe.

Is the service effective?

Good ●

The service remains Effective.

Is the service caring?

Good ●

The service remains Caring.

Is the service responsive?

Good ●

The service remains Responsive.

Is the service well-led?

Good ●

The service remains Well-led.

Active Care & 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 checked 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 was a comprehensive inspection.

This announced inspection took place on 29 January 2017. The provider was given 48 hours' notice because the location provides care to people in their own homes and we needed to be sure that a senior member of staff would be at the registered office. The inspection was carried out by a single inspector.

Prior to the inspection the provider completed and returned to us 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. We reviewed previous inspection reports and other information we held about the service including notifications. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

During the course of the inspection we spoke with four relatives of people who used the service by telephone, along with six people using the service. We also spoke with, the registered manager, deputy manager, field coordinator and six care workers. We examined various records, including records of eight people who used the service, such as risk assessments, and care plans. We looked at seven staff files and checked training and recruitment records. We looked at various policies and procedures including safeguarding, whistleblowing and complaints procedure.

Is the service safe?

Our findings

People told us they felt safe using the service and with the care staff providing their care. One person told us, "I am well looked after and I feel safe". Another said, "I am happy with the staff looking after me, I feel safe."

Care workers had received training in safeguarding adults from abuse. They understood the policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. We saw evidence the service had effectively dealt with safeguarding concerns about people's safety. Referrals were made immediately to the relevant local authority safeguarding team and the Care Quality Commission.

The service had a 'zero tolerance of bullying and harassment policy' in place for both staff and residents. The policy was communicated to all staff and people using the service in a variety of formats.

People's individual risk assessments had been completed and updated. The risk assessments covered areas such as finance, medication, environment, moving and handling and infection control. We saw that risk assessments had been updated as needed to ensure they were relevant to the individual.

There was evidence in staff files that new employees were checked before being allowed to commence work to ensure they did not pose a risk to people who used the service. The recruitment checks included proof of identity, two references, and employment history. The files also contained a Disclosure and Barring Service (DBS) check.

People were supported by sufficient staff with the appropriate skills, experience and knowledge to meet their needs. Each person's care records identified the amount of staff support they needed. People told us, there were enough staff to support them to attend appointments and shopping trips. They told us that staff turned up for work on time. One person said, "My carer is always here on time. If there is a delay, she phones."

The registered manager told us staffing levels were assessed according to the individual needs and dependency levels of people who used the service to ensure there were sufficient numbers of staff available.

People received their medicines safely because staff followed the service's policies and procedures for ordering, storing, administering and recording medicines. We saw from the training records that staff administering medicines had been trained to do so. Medicines records were fully completed which confirmed that people received their medicines at the right time, in the correct dosage. This was confirmed by people we spoke with. One person told us, "I take my own tablets but at times staff can assist me."

People were protected from the risk and spread of infection because staff followed the service's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people's homes. Staff had received training in infection control and spoke knowledgeably about how to minimise the risk of infection. Staff told us they had sufficient supply of personal protective

equipment.

Is the service effective?

Our findings

People told us that they received effective care and support. One person told us, "Staff know their job well." Another person said, "I am confident with the care received; staff are well trained."

People were supported by staff who had the right skills and knowledge and were supported in their role. Care workers were knowledgeable about people's individual needs and preferences and how to meet these. We confirmed from staff and records that staff had received training in core areas such as moving and handling, health and safety, food hygiene, fire safety, dementia and infection control. Refresher training had been booked to help staff to keep their skills up to date.

There were systems in place to assess the competence of employees before they worked unsupervised in a role. Newly appointed staff received induction linked to the Care Certificate award. New care workers were required to shadow more experienced staff before they could work independently. One care worker told us, "I have been provided with the opportunity to observe more experienced staff."

Staff had been provided with regular supervisions. Staff confirmed supervisions were provided regularly and they could talk to their managers at any time. Records of supervisions showed they discussed issues affecting their role and actions identified to support staff learning and development. Individual staff performance was reviewed during an annual appraisal.

The service had policies on consent, and the Mental Capacity Act 2005 (MCA) to ensure care workers were provided with relevant information to uphold people's rights. Where people lacked capacity, or had been assessed as not having the capacity to make a specific decision, the provider had involved a best interest assessor to help in decision making. Care workers gave examples of how a people's best interests were taken into account if they lacked capacity to make a decision.

People received the support they needed in relation to nutrition and hydration. We saw from records that information regarding people's nutritional needs had been supplied by the referring local authority. However, the registered manager told us this was continually reviewed to make sure it remained current.

People had access to health care services and received on-going health care support to maintain good health. The service worked with the responsible local authorities to ensure people were supported to see a range of health and social care professionals when they needed to. The registered manager told us the service had supported people to access more specialist services, such as speech and language therapy and dieticians when requested to do so by responsible local authorities. One person receiving support told us, "I have had support to attend my hospital appointments"

Is the service caring?

Our findings

People we spoke with were complimentary about the care workers who were providing care. One person told us, "Staff are all very caring and are helpful." Another said, "I am very happy. All staff always show concern for me."

The service tried to provide people with regular carers so care workers could get to know their needs and develop positive caring relationships. The registered manager told us every person had a main care worker, and two shadow care workers that were known to the person. When the main care worker was unable to work the service arranged to send a shadow care worker, who had worked with the person before. Care workers confirmed if there was a change of care worker for any reason people were notified in advance about that. One person told us, "The office will phone me if my regular carer is away."

People were involved in decision making about their care and treatment. We saw from speaking with staff and viewing people's records that people received care and support based on their individual needs. The care plans were developed through discussion with people and where necessary, their family members. Care plans contained information about people's preferences and identified how they would like their care and support to be delivered. Information about advocacy was available to enable people to have a stronger voice and support them to have as much control as possible over their lives.

People's privacy and dignity was promoted and respected. Care records made reference to the importance of ensuring people's privacy and dignity were respected. People told us care workers respected their privacy. Staff described the circumstances they needed to be attentive to ensure they protected people's dignity. This included, making sure people were covered as much as possible when attending to their personal care, and knocking on people's doors before they could enter their homes.

The service also viewed privacy and dignity as rights issues. The provider's 'zero tolerance of bullying and harassment policy' stated that people had 'a right' to be treated with consideration of dignity and respect at all times.

Is the service responsive?

Our findings

People told us they were happy with the care and support provided. One person told us, "Staff respond to me promptly when I need support." Another person said, "I am supported to carry out my personal care and I am happy with the staff who attend to me."

People's support needs were assessed prior to receiving support from the service. Care plans were then developed from the initial assessment. The care plans covered all aspects of the person's needs, their support network, likes, dislikes, and usual routines. Care plans had instructions for staff on how each person wanted their care to be delivered. For example, care plans detailed very clearly people's routine for the day, including what time they liked to get up, the days they would like a lie in, how long it takes them to get ready, and how they accessed the community. They held evidence that reviews had taken place to make sure they remained up to date and reflect changes. All care plans were signed by the person receiving care or their representatives, indicating their involvement. A relative told us, "I have been invited to attend review meetings."

Staff understood the needs of people they supported. Staff were expected to read people's care plans before they proceeded with care. They had access to an up to date copy of care plans in people's homes so they could refer to them as necessary. A member of staff told us, "We are kept up to date if the care needs of people are changed." Another said, "We always check the care plans to ensure we are following the current plans."

The provider had taken steps to meet people's cultural needs by ensuring there were staff available that were able to speak their first language and by supporting people to access local amenities that supported particular ethnic and cultural groups.

The service had a complaints procedure in place which included timescales for responding to complaints. A pictorial version was also in place to aid people's understanding. The procedure was given to people when they first began to use the service. People using the service and their relatives told us they were aware of the complaints procedure or who to contact in the office if they wanted to complain. One person told us, "I have never needed to complain but I would speak to the manager if I had concerns." Where complaints had been made we found they were investigated and dealt with appropriately and within the timescales stated in the complaints procedure.

Is the service well-led?

Our findings

People who used the service and their relatives considered the service to be well-led. One person told us, "The managers are approachable and always helpful." A relative of another person told us, "Managers are helpful and they are always around if we need them."

People knew who the registered manager was and found her to be helpful. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

We found the registered manager to be knowledgeable about people's needs. She could tell us in detail about the support each person was receiving. She knew about important operational aspects of the service, including which members of staff were due to be on duty. This showed the registered manager could effectively manage the service so that people reliably received the support they needed.

There was an open and inclusive approach to running the service. Staff said that they were well supported by the registered manager. The service held regular staff meetings to enable staff to share ideas and discuss good practice when working with people. Staff were routinely asked for their views about the service and any concerns they may have.

There were suitable arrangements to enable the service to monitor and evaluate the quality of the service. The service carried out quarterly telephone calls to people to check their satisfaction with the service. We saw examples when feedback had been sought in this manner from all people receiving care, or their relatives. In all instances, the feedback was positive about the service received.

Care workers had received regular supervision from senior staff, which included a 'spot check' where they were observed providing care to people and assessed in areas such as their punctuality, the quality of logs, medicines and how they worked with the person. Where there were concerns about the performance of care workers, this had been addressed using the provider's policies, which included supervision and the disciplinary process.

The provider carried out annual quality surveys with people using the service and also quarterly schedules of quality audits. Records of these checks included details of action to be taken and action that had been taken to improve.

We saw that where the need for improvement had been highlighted that action had been taken to improve systems. For example, the local authority had carried out a monitoring visit in November 2016. During this visit they identified areas for improvement. When we carried out our inspection we saw that improvements had been made. This demonstrated the provider had processes in place to monitor and promote continuous improvement in the quality of care provided.