

N-Able Services Ltd

# N-Able Services Limited

## Inspection report

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12 June 2019

13 June 2019

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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

### About the service

N-Able Services Ltd provides specialist case management, support and rehabilitation services to children and adults with acquired brain injuries and other complex disabilities. N-Able services are commissioned through personal and medical injury firms and they manage the day to day care packages on behalf of clients. N-Able Services Ltd employs professional case managers and therapists and is also responsible for the recruitment and line management of support staff, utilising the services of other care providers where appropriate. At the time of inspection, the service was supporting 19 people who received care and support.

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 received consistent person centred support from staff who were kind and caring. People's needs had been fully assessed and support plans were detailed and reflected people's individual needs and preferences. Support needs were reviewed regularly. Staff understood the needs of the people they supported and had developed positive relationships.

Risks to people had been identified and staff had clear guidance to manage and reduce risk. People were protected from the risk of harm and abuse and everybody we spoke to felt confident to raise any concerns.

Safe recruitment practices were in place and people were supported by staff who had undertaken a thorough induction process and training relevant to their roles. Enough staff were employed to meet the needs of the people using the service. Staff were supported through regular supervision and team meetings, and felt well supported by the registered manager.

Medicines were administered by trained and competent staff and staff had access to personal protective equipment (PPE) to prevent and control the spread of 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.

People's independence was promoted and their right to privacy and dignity respected. People and their relatives spoke positively about the staff and management team and told us their views and feedback were regularly sought.

People knew how to make a complaint and they were confident about raising concerns should they need to.

The registered manager was described as supportive and approachable. They worked in partnership with other agencies to ensure people received care and support that was consistent with their assessed needs.

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 29 December 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 remains safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service remains effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service remains caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service remains responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service remains well-led.

Details are in our well-Led findings below.

# N-Able Services Limited

## 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 an assistant inspector.

#### Service and service type

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

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

This inspection was unannounced.

Inspection activity started on 11 June 2019 and ended on 13 June 2019. We visited the office location on 11 June 2019.

#### What we did before the inspection

Prior to the inspection we looked at the statutory notifications and other intelligence we had received about the service and used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

One person who received support spoke to us about their experience of the care provided and we spoke to

five relatives. In addition, we spoke with six members of staff including the nominated individual, registered manager, two case managers, and two support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records. We looked at five staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including audits, accidents and incidents and complaints were also reviewed.

# 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 from the risk of abuse. People receiving care and relatives confirmed they knew who to speak to if they had any concerns.
- There was a policy in place to ensure that people were protected from the risk of harm and abuse. This policy addressed safeguarding of adults and children.
- Staff completed training in safeguarding, demonstrated a good awareness and understood the actions they must take if they felt someone was being harmed or abused.
- Staff were also aware of the whistleblowing process and stated that they would feel confident to raise concerns.

Assessing risk, safety monitoring and management

- The service managed risks safely. Risk assessments viewed were written specifically with the needs of each person at the forefront. For example, risk assessments included health and care needs as well as environmental risks, as the service provides care to people in their own homes.
- Care plans clearly directed staff in the use of the equipment needed when supporting people and records showed all equipment was appropriately maintained.
- Risk assessments and care plans were reviewed regularly and held up-to-date information for staff to follow. Staff were aware of the risks and how to manage these safely.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were carried out on all staff before they were offered a job.
- Staffing levels were specific to individuals. Staff worked in small teams which were overseen by a dedicated case manager.
- Where agency staff were used, people confirmed these were familiar people who knew their care needs.

Using medicines safely

- Medication was managed safely and support plans contained clear and detailed information about people's support needs.
- Medications were stored securely in people's homes and medication was only administered by staff who had the correct training to do so. Where people required specialist medication, additional training was provided. One relative told us; "Staff support [name] with medication and they are all qualified, no errors are

ever made".

#### Preventing and controlling infection

- People were protected from the risk of infections. Staff confirmed they use personal protective equipment (PPE) such as gloves and aprons.
- Staff had access to infection control training and a policy to support them in their role.

#### Learning lessons when things go wrong

- Staff demonstrated that they understood how to record, manage and report incidents and accidents safely.
- There was a robust system in place to monitor and review accidents and incidents. Accidents and incidents were reviewed on a regular basis and staff were supported through de-brief sessions to learn from incidents. This also helped to identify if people's care needs were changing.



# 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.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- Support plans clearly stated that staff should assume people have capacity to consent to care and identified where people have been assessed to lack capacity.
- We identified a gap in records for one person. We discussed this with the registered manager who immediately looked into this and provided assurance that a capacity assessment had been completed for a particular support need and that copies of the relevant documentation had been requested from the local authority.
- We asked one person if staff always sought their consent before providing care. They replied; "Of course they do".
- Staff received training in the MCA and were knowledgeable in how this applied to their roles.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they received a service. This information was used to develop the support plans and risk assessments. Support plans also identified specific outcomes for people.
- People, relatives and healthcare professionals were involved in the assessment and planning of people's care.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The registered manager worked consistently with other agencies to ensure effective and timely care was received. N-Able Services Ltd employed a team of case managers. Their role was to liaise with other professionals to develop detailed support plans including physiotherapists and occupational health therapists. Case workers also worked with a range of health care services including Alder Hey Children's Hospital to access advice and training.
- Staff arranged specialist health referrals when required and any advice was clearly reflected in care plans.
- Relatives confirmed they were kept informed if a person was ill or needed to seek medical advice.

Staff support: induction, training, skills and experience

- Training records evidenced that the staff received the necessary training and staff told us they had the correct training they needed to do their job well.
- New staff were supported to complete an induction process which was aligned to the principles of the care certificate, which is a nationally recognised health and social care induction.
- Staff received an appropriate level of support for their role through regular supervision and appraisal.

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

- Staff were aware of people's nutritional needs and information was clear within care plans. People told us they felt confident that staff were knowledgeable about their relatives eating and drinking needs.

# 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

- Staff knew people well and people confirmed they were treated with dignity and respect. One relative told us; "Staff treat [name] with dignity and respect, they talk to [name] throughout".
- Support plans were respectfully written. We saw a positive example of how staff were particularly sensitive to the needs of one person who had a protected characteristic, to ensure this was respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination.
- An equality and diversity policy was in place which had been reviewed to reflect current legislation and staff had received training.

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

- Care plans demonstrated that people were involved in making decisions about their care and the review of any personal outcomes. We also saw that families had been involved when appropriate. One relative told us; "[Name] is invited to all meetings and is involved in reviews".
- People could choose the staff they wanted to support them. One person told us; "The staff have an interview by N-ABLE and they come to visit and I choose if I think they will work well".
- People had access to advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity.
- Staff told us how they respected people's privacy and dignity by asking permission before providing care and closing doors. Staff were knowledgeable around confidentiality and ensured that personal information was securely stored in people's homes.
- People were supported to maintain their independence. One person confirmed this and said; "Staff don't take over and let me do as much for myself". Support plans provided details of how people wanted their independence to be promoted and when to provide encouragement.

# 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

- Care plans were person centred and detailed, accurately capturing personal preferences and histories as well as the choices and decisions that people could make for themselves. One relative told us; "The care plan is organised around [name] and the family rather than what everyone else wants".
- Care plans were consistently reviewed and amended where needed.

Meeting people's communication needs

Since 2016 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 communication needs had been assessed and information was available in a range of formats where required.
- Support plans detailed individual communication needs including the use of pictorial prompts to encourage a person to make their own decisions.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to maintain personal relationships that were important to them.
- People had activities that they took part in on a regular basis. We also saw photographs of people showing their sporting achievements and enjoying holidays.

Improving care quality in response to complaints or concerns

- People receiving care and relatives confirmed they were aware of the complaints process and were confident that any concerns would be listened to. One relative told us; "Any problems, they sort it". One person receiving support also told us; "[N-Able] definitely listens and will get things sorted".
- There was a complaints policy available and information about how to raise a complaint was provided to people.
- There was a log of complaints which had been investigated and responded to appropriately.

End of life care and support

- The service was not currently supporting anyone with end of life care however they were able to provide

end of life care training for staff.

# 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 remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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

- All of the staff we spoke to were very clear about their roles and responsibilities.
- The nominated individual is a member of BABICM (British Association of Brain Injury Case Managers) and was working with similar associations to look at a national registration system for case managers across the country to raise standards and accountability across the sector. The registered manager told us; "We only employ case managers with a professional background".
- The registered manager had systems in place to assess and monitor the quality and safety of the service. These included audits and regular visits by case managers to people in their homes.
- The registered manager had introduced 'subject champions'. These 'champions' supported individual teams and shared good practice and learning through team meetings. From a recent focus on dignity in care, the registered manager had developed surveys for people, to check they were treated with dignity.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of events that occurred within the service. This included their responsibilities under duty of candour.

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

- There was a positive culture. The registered manager was clear about the vision and direction for the service and was committed to improving the quality of care for people. Staff also understood the vision. One staff described it as; "It is about the clients being at the centre of everything... [clients] having a say and they are being valued".
- Everybody we spoke to told us the management team was approachable and listened if there were any concerns. One staff told us; "I have worked for 30 years in care and this is one of the best I have known, they are very in tune with people's needs and are very good".

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

- Staff said they felt supported by the registered manager and that their views were encouraged and welcomed. One staff said; "It's great to work for a company that supports you...The support is fantastic".

- Regular meetings and staff supervisions took place.
- People and their relatives felt engaged with the service and their views and feedback was regularly sought through meetings and surveys.

#### Working in partnership with others

- The registered manager led a team of case managers who worked in partnership with a range of different health services and other health and social care professionals to help make sure people received the right support.