

Active Care & Support Ltd

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Inspection report

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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

Active Care & Support Ltd is a domiciliary care service which provides personal care and support to people in their own homes. At the time of the inspection there were 90 people using the service. Everyone using the service lived within the London Borough of Brent and had their service commissioned by the local authority.

People's experience of using this service

People said they felt safe using the service. There were effective systems to minimise risks and there was information to guide care workers when delivering support to people, including how to reduce identified risks.

There were systems in place to ensure proper and safe use of medicines. People received their medication safely. People were also protected from the risks associated with poor infection control.

Care workers had been recruited safely. There were sufficient care workers deployed to keep people safe. An electronic scheduling, monitoring system was in place to manage staff shifts and absences.

People's needs were assessed, before support plans and risk assessments were drawn up. Agreed goals of care were delivered in line with standards, guidance and the law. People received support that met their individual needs. Care workers were knowledgeable about people's needs. They could describe to us how people liked to be supported.

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 privacy and dignity was respected. People told us that care workers treated them with respect and kindness. People felt that care workers treated them fairly, regardless of age, gender or disability. Practical provisions had been made to support people's diversity, including gender preferences.

People were supported, if needed, to express their views and preferences in relation to their care and support. The service identified and recorded how people wished to communicate and their communication needs.

There was a complaints procedure, which people and their relatives were aware of.

There were methods of monitoring the quality of the service in place. Regular checks and audits had been carried out.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 03 May 2017).

Why we inspected

This was a routine comprehensive inspection and in line with our timescales to inspecting Requires Improvement rated services.

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 safe 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 caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Active Care & Support Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and two Experts 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

Active Care & Support Ltd is a 'domiciliary care service' where people receive care and support in their own homes. Therefore, the CQC only regulates the care provided to people and not the premises they live in. 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 23 August 2019 and ended on 28 August 2019. We visited the office location on 23 August 2019.

What we did

Prior to the inspection we reviewed information and evidence we already held about this service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also viewed the provider information return (PIR). 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 spoke with eleven relatives and four people who used the service. We spoke with the registered manager and four care workers. We reviewed four care records of people using the service, seven personnel files of care workers, audits and other records about the management of the service. We requested additional evidence to be sent to us after our inspection. This was received, and the information was used as part of our inspection.

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 told us they felt safe being supported by the service. One person told us, "I feel very safe." We received similar comments from relatives, including, "Our relative is safe. The main care worker is like part of the family" and "Our relative feels safe. The main care worker has been with us for many years. At weekends we get different staff. They are all amazing."
- There was a safeguarding system to support care workers to understand their responsibilities to protect people from avoidable harm. This included, relevant policies covering safeguarding, whistleblowing and harassment. Care workers had received training in how to raise concerns. They were also aware they could report allegations of abuse to the local authority safeguarding team and the Care Quality Commission if management had taken no action.

Assessing risk, safety monitoring and management

- There were effective systems to minimise risks to people. Risk assessments covered a range of areas, including those from their environment and the medical conditions they were being supported with. In each example, there was information to guide care workers when delivering support to people, including how to reduce identified risks.

Staffing and recruitment

- Care workers had been recruited safely. They underwent appropriate recruitment checks before they started to work at the service. Pre-employment checks, including at least two references, proof of identity and Disclosure and Barring checks (DBS), had been carried out. The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people.
- There were sufficient care workers deployed to keep people safe. An electronic scheduling, monitoring system was in place to manage staff shifts and absences. People told us care workers were always on time and stayed for the allotted time. Their feedback included, "Care workers are on time. They do let me know if they are going to be late" and "My care worker stays for the allotted time. Sometimes she stays for extra time."

Using medicines safely

- People received their medication safely. There were systems in place to ensure proper and safe use of medicines. Their medication administration records (MARs) were completed accurately by staff. Care workers had received training in medicines administration and had their competency assessed. Where people received medicines, this was done safely. One person told us, "Staff support me with my medicines. There are no issues."

Preventing and controlling infection

- People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.
- Care workers had completed training in infection control prevention. An infection control policy was in place. Care workers were supplied with appropriate personal protective equipment (PPE). People confirmed care workers wore aprons and gloves where necessary.

Learning lessons when things go wrong

- There was a process in place to monitor any accidents and incidents. We saw evidence all accidents were logged and monitored to identify any trends and to ensure appropriate action had been taken to prevent them from occurring again.

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

- People's needs were assessed, before support plans and risk assessments were drawn up. Agreed goals of care were delivered in line with standards, guidance and the law. Relevant guidelines were in place, including those drawing from the National Institute of Health and Clinical Excellence (NICE).

Staff support: induction, training, skills and experience

- Care workers were knowledgeable about people's needs. They could describe to us how people liked to be supported. A relative told us, "Care workers know my relative pretty well now. They know when she is not feeling well, or something is not right. Another relative told us, "The care workers know my relative well. They will let me know if they think something is not right."
- Care workers told us training was comprehensive and up to date, which we saw from their records. This included, moving and handling, medicines management, safeguarding and Mental Capacity Act 2005 (MCA). New care workers had completed an induction programme based on the Care Certificate framework. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. New care workers shadowed experienced members of staff until they felt confident to provide care on their own.

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

- People's relatives prepared people's meals. However, where required, care workers supported people to prepare and eat their meals. People's relatives told us care workers were available to make sure people had enough to eat and drink. Their comments included, "My relative is supported with meals. The care worker also gives us tips on how to feed him" and "Care workers leave food and drink within reach when they leave."

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

- The service worked with a range of health and social care professionals to refer people to healthcare specialists. We saw an example where an urgent referral was made for a person who required occupational therapy input.
- There were also good examples, when people were assisted by care workers in healthcare emergencies. One relative told us, "Once my relative had a medical emergency and care worker stayed until the ambulance came. The care worker was very good with her."

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's rights were protected because staff sought their consent before providing care and support. Care workers understood the importance of obtaining consent from people before providing day-to-day support.
- People and their relatives told us their consent was always sought. Their comments included, "Care workers always seek my relative's consent. He knows what is going on and is always given reassurance" and "Care workers explain things to my relative, so she knows what is happening."
- Care records documented whether people had capacity to make decisions about their care. Care records showed that people, or their legal representative, signed to give their consent to the care and support provided. This confirmed that decisions had been made in their best interests and by whom.

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.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People told us that care workers treated them with respect and kindness. Comments included, "Care workers are kind and caring. They reassure my relative when she is not feeling well" and "Care workers are so lovely. They will spend time talking to my relative and she loves it."
- People were supported to be as independent as possible, and where possible, staff assisted people to increase their independence skills. People were supported to manage as many aspects of their care that they could. A relative told us, "Our relative is not mobile and is unable to transfer from the bed to the chair. She is helped to be as independent as possible. The care worker has been amazing."
- Privacy and confidentiality were also maintained in the way information was handled. People's information was always kept confidential. Confidentiality policies had been updated to comply with the new General Data Protection Regulation (GDPR) law. People's care records were stored securely in locked cabinets in the office and, electronically, which meant people could be assured that their personal information remained confidential.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt that care workers treated them fairly, regardless of age, gender or disability. Their feedback included, "My cultural and spiritual needs are respected. The care worker is of the same culture as us" and "My cultural and spiritual needs are respected. It is like second nature to them."
- Practical provisions had been made to support people's diversity, including gender preferences. Five relatives told us that people were supported with their gender preference for personal care.

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

- There were systems and processes to support people to make decisions. As stated, the home complied with the provisions of the MCA 2005, which meant people were involved in making decisions about their care.
- People told us they had been fully consulted about their care. Their care records contained information about their choices and independence.
- Care plans instructed staff to offer people choices and care workers understood the importance of this. They were knowledgeable about people's preferences.
- People's care records showed they were involved in planning their care and support. We also noted from their records that their care plans were reviewed with them regularly and when their needs changed.

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 that met their individual needs. Care workers were knowledgeable about people's needs. They could describe to us how people liked to be supported. People's relatives confirmed their relatives had a regular team of care workers, which helped to ensure care workers were more familiarised with people's individual needs.
- We asked if they received visits from the same care workers. Feedback from relatives included, "My relative has a team of three care workers. They are so lovely and will spend time talking with her and she loves it", "We have the same care worker all week and a different one at the weekend" and "We have two regular care workers. No one else compares to the main care worker. She is head and shoulders above the rest."
- People received care and support that was responsive to their individual needs. Care plans were tailored to meet people's individual needs. They were regularly reviewed to ensure they reflected people's changing needs and wishes.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure which people and their relatives were aware of. People felt they would be listened to if they needed to complain or raise concerns. A relative of one person told us, "My previous care worker used to come to the house and would stay on the phone for a long time, at times leaving early. When we complained, the care worker was stopped straight away."
- Two complaints had been raised in the last 12 months, which had been investigated and concluded in line with the providers complaints policy.

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 communication needs were documented in their care plan. People were supported, if needed, to express their views and preferences in relation to their care and support. The service identified and recorded how people wished to communicate and their communication needs. Care plans included information about people's preferred language. For example, most people using the service spoke Gujarati, and this was highlighted.
- People's relatives confirmed their relatives' communication needs were being met by having Gujarati

speaking care workers. They told us, "My relative absolutely adores the care workers. They all speak Gujarat which helps" and "My relative's communication needs are met. She lost her speech and does not speak English. However, the care workers speak Gujarat and she feels safe automatically."

End of life care and support

- The service did not provide end of life care. The registered manager explained that she would ensure that all care workers received the training and support that they needed to provide people with personalised care if the need arose, prior to moving to a hospice.

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 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.

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

- People and their relatives confirmed that care was planned to meet people's needs, preferences and interests. They told us that they had choice and control over their care and were encouraged to raise any issues of concern. In addition, regular meetings and care reviews took place and people were free to express their views. People received regular unannounced spot checks and telephone calls. This ensured they were consulted and given opportunities to comment about their 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

- The leadership complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been notified of notifiable events and other issues.
- The registered manager had kept care records related to the management of the service well maintained and up to date.

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

- There were clear management structures in place. The registered manager was supported by two service directors, deputy manager, administrator and three senior care workers. Care workers were aware of their responsibilities and the reporting structures in place.
- The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as safeguarding, equality and diversity, sexuality, communication, person centred care, and end of life.
- The registered manager was knowledgeable about issues and priorities relating to the quality and future of the service. People's relatives commended the registered manager and the service for good quality care. They told us, "I would recommend the service" and "This is a good service. I think it is very well led."
- The registered manager was knowledgeable about people's needs. She could tell us about the support each person was receiving and other important operational aspects of the service.

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

- The registered manager was knowledgeable about the characteristics that are protected by the Equality

Act 2010, which we saw had been fully considered in relevant examples. We saw evidence the service had made practical provisions to support people in relevant examples

- Spot checks, surveys and the complaints system ensured that people were involved in their care.

Continuous learning and improving care

- Accidents and incidents were monitored for trends and learning points. Regular checks and audits had also been carried out in areas related to maintenance of the premises, health and safety, medicines management, infection control and management of accidents and incidents. We found improvements were always made where shortfalls were identified.

Working in partnership with others

- The service worked together and with other health and social care professionals to meet people's needs and to assess and plan ongoing care and support. Meetings were held to review people's care.