

## Active Care & Support Ltd

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### Inspection report

Active Care & Support Ltd  
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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 

### Overall summary

Active Care & Support Limited 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 57 people were supported by the agency.

The inspection was announced. We gave the provider 48 hours' notice of our inspection. We did this to ensure we would be able to meet with people and staff at the service.

There was a registered manager in post at the service. A registered manager is a person who has registered with

the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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.

# Summary of findings

Our last inspection at Active Care & Support Ltd took place on 17 May 2013. The service was found to be meeting the requirements of the regulations we inspected at that time.

There were systems and processes in place to protect people who used the service from the risk of harm. Staff were aware of different types of abuse, what constituted poor practice and action to take if abuse was suspected.

Risk assessments were in place for people using the service and care workers. The provider had a lone worker policy and care workers told us of the systems they followed in case of emergency as they were lone workers.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. People were supported with their medicines by suitably trained and experienced staff. Medicines were managed safely and securely.

People received care and support from staff who had the appropriate skills and knowledge to care for them. All

staff received induction, training and support from experienced members of staff. Records of supervision were detailed and showed the registered manager worked with staff to identify their personal and professional development.

People were supported to maintain good health and have access to healthcare professionals and services.

People who could not make specific decisions for themselves had their legal rights protected. Their care plans showed that when decisions had been made about their care, where they lacked capacity, these had been made in people's best interests.

The provider carried out assessments to identify health and support needs of people. Each person had a person centred plan which showed how they wished to be supported.

The provider had a system in place for responding to any concerns and complaints. People told us the provider responded immediately if they raised any concerns

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

# Summary of findings

## 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.

People were protected by the service's approach to safeguarding, whistle blowing, and arrangements for staff recruitment and staffing.

There were safe systems in place for managing medicines.

People had person centred risk assessments relating to their care.

Staff were aware of the lone working policy and procedures.

Good



### Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service.

Staff were able to update their skills through regular training. We also saw they had received regular supervision.

Staff had a clear understanding of the Mental Capacity Act 2005.

People were supported to maintain good health and had access to healthcare professionals and services.

Good



### Is the service caring?

The service was caring.

Staff told us how they upheld the privacy and dignity of people using the service.

People told us care workers were kind and caring. People felt they were supported to be as independent as possible.

People were involved and their views were respected and acted on. Staff were able to form positive relationships with people.

Good



### Is the service responsive?

The service was responsive.

People's needs had been assessed and care and support plans were produced identifying how to support them with their individual needs.

Care plans were personalised to meet the needs of individuals. People told us staff provided care and support that met their needs.

People and their relatives knew how to make a complaint and complaints were responded to and resolved appropriately.

Good



### Is the service well-led?

The service was well led.

Good



## Summary of findings

Staff were supported by their registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

The service had a registered manager and supportive management structure.

The relatives of people told us they were confident in the service's management.

There were effective systems in place to monitor and improve the quality of the service provided.

# 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 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.

Prior to the inspection the provider completed and returned to us 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. 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.

The inspection team consisted of one inspector. During the course of the inspection we spoke with six relatives of people who used the service by telephone, along with seven people using the service. We also spoke with staff. We examined various records, including records of eight people who used the service, such as risk assessments, and care plans. We looked at staff files and checked training and recruitment checks. 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. One person told us, “I am very happy with the service. I feel the care provided is safe”  
Relatives said they felt people were safe. One relative told us, “My[relative] is on regular medication, which the carers give and I supervise, but I have no need to supervise really because they have never made any mistake.”

We looked at files of people receiving care and each contained an individualised risk and management plans, completed with them and where appropriate their relatives. Care plans identified the risk and the actions required of staff to minimise the risk. The risk assessments seen covered areas such as finance, medication, environment, moving and handling, infection control and skin integrity. We saw that risk assessments had been updated as needed to ensure they were relevant to the individual.

There were safeguarding procedures for staff to follow with contact information for the local authority safeguarding teams. Staff understood the procedures they needed to follow to ensure people were safe. They described the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place. They told us they could report allegations of abuse to the local authority safeguarding team and the Care Quality Commission if management staff had taken no action in response to relevant information. We saw the registered manager had reported safeguarding concerns to the relevant local authority team and taken appropriate action to keep people safe.

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. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work with people. We spoke with eight new care workers who were receiving induction during this inspection and they confirmed they were required to meet the recruitment conditions before they could commence work.

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 they had enough staff support. 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. Each person’s care records identified the amount of staff support they needed. For example, we saw that people who required hoisting were allocated two staff, with appropriate training on moving and handling.

There was a medicines policy in place for the safe handling and administration of medicines. Records showed staff completed the required documentation when supporting people with their medicines. We saw from the training records that staff administering medicines had been trained to do so. Staff were knowledgeable on the correct procedures on managing and administering medicines. One person receiving care told us, “I take medication three times a day. On all occasions staff administers the medication and I have never had any difficulties.” We saw that audits of the medication systems were carried out on a regular basis to ensure errors were minimised and potential problems quickly addressed.

# Is the service effective?

## Our findings

People who used the service and their relatives were happy with the care provided by the service. People told us staff knew their needs and how to provide support to them. One relative told us, “Active Care is good. My [relative] is well looked after. Staff are always on time. I feel that the agency employs the best staff and take time to train them.” A person receiving care told us, “Overall I like the care from Active Care and I will not want to change.”

People’s care records documented how their needs were met. Some people using the service had complex needs and required individual care and support to meet these needs. For example, some people needed care and support with mobility issues, continence care and medicine administration. We saw from people’s care records that individual plans were in place for these areas and specialist input from other professionals had been obtained. People’s care records contained information on hospital appointments and consultations with relevant healthcare professionals.

People were supported by staff who had the right skills and knowledge and were supported in their role. Staff members were knowledgeable about people’s individual needs and preferences and how to meet these. Staff had been trained to meet people’s care and support needs. Records showed all 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 work unsupervised in a role. Newly appointed staff received induction linked to the Care Certificate award. The Care Certificate provides an

identified set of standards that health and social care workers must adhere to in their daily work. The standards include, person centred care, communication, privacy and dignity, health and safety and nutrition. They are designed to enable care workers to demonstrate their understanding of how to provide high quality care and support. As part of the induction new care workers were required to shadow more experienced staff before they could work independently. One care staff told us, “I shadowed a few [people] at the beginning, and requested to shadow more, before I was comfortable to work on my own. The [registered manager] supported me throughout.”

We checked the supervision and appraisal records of staff. All had been provided with regular supervisions. Records of supervisions showed that all aspects of a worker’s role were discussed and actions identified to support staff learning and development. Staff spoken with said supervisions were provided regularly and they could talk to their managers at any time. Staff told us they felt supported by the management, whom they described in complimentary terms, such as ‘helpful’, ‘good’ and ‘supportive’.

The service had policies on consent, and the Mental Capacity Act 2005 (MCA) to ensure staff 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. These meetings involved relevant health and social care professionals and where appropriate, family members. Records were maintained of these discussions detailing who was involved and the outcome. Staff had a good understanding of their responsibilities in making sure people were supported in accordance with their preferences and wishes.

# Is the service caring?

## Our findings

People who used the service and their relatives told us they were happy with the service and that staff were caring and supportive. One person receiving care told us that, “Staff know their job. At times they go out of their way to stay longer on their visits and chat with me.”

Staff told us how they respected people’s privacy. Staff told us they ensured doors and curtains were closed when providing personal care and knocked on their doors before they could enter their homes. Staff told us, where possible they encouraged people to be independent and make choices. One staff member described how they promoted people’s independence and maintained their dignity when providing them with personal care support. They told us, “I would never go ahead and do anything without asking the [person] what they would like.”

Care plans contained information about people’s preferences and identified how they would like their care and support to be delivered. The plans were devised through discussion with family members and people using the service. They focussed on promoting independence and encouraging involvement safely. The records included information about individuals’ specific needs and we saw records had been reviewed and updated to reflect people’s wishes.

People received care and support based on their individual needs. People’s needs were assessed in relation to what was important to the person and what was important for

the person. One care worker told us, “I will find out what the [person] would like and how they would like me to do it before I carry on with any task.” This meant the service was planned and delivered taking into account what people needed and what they wanted.

The provider had an up to date policy on equality and diversity. Staff had received training on equality and diversity, as part of their induction. People’s care records included an assessment of their needs in relation to equality and diversity. The provider sought to meet people’s needs with regard to equality and diversity. For example, the assessment form covered people’s preferences in terms of language, culture, religion and lifestyle. A section on dietary requirements also indicated a variety of food types, including vegetarian, kosher and halal. The registered manager told us when required staff supported people to attend places of worship.

The registered manager said they tried to provide people with the same regular carers so they could get to know their needs and build up trusting relationships. The registered manager told us every person receiving care had a main care worker, and two shadow care workers that are known to the person. When the main care worker was unable to work the service arranged to send a replacement (shadow care worker) who had worked with the person before. The registered manager told us this was important to ensure continuity of care. Care staff told us if there was a change of care worker for any reason people were notified in advance about that.



# Is the service responsive?

## Our findings

People told us they were happy with the care and support provided. A person receiving care told us, “I like the staff. They help me with my shower, shopping and medicines. I never feel rushed”. A relative told us, “Managers from Active Care are always on the phone asking for feedback and at one time I had a complaint that was dealt with immediately.”

The service organised people’s care and support using a range of person centred planning tools. Person centred planning tools are designed to encourage staff and other people involved in planning care and support to think in a way that places the person at the centre of care. We saw these included information on people’s life histories, their likes and dislikes and detailed information on how they should be cared for and supported.

Care plans were developed from the initial assessment. The registered manager told us that care plans were reviewed after the first six months or more frequently if required. This was to check if a person’s needs had changed in order to enable the service to respond to those changes. We found care plans 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.

Staff understood the needs of people they supported. They told us their understanding of people’s needs was

enhanced by working with them regularly, which meant they were able to build good relationships with them and got to know their support needs. Staff told us they were expected to read people’s care plans before they proceeded with care. Copies of care plans were kept at people’s homes so staff were able to refer to them as necessary.

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 had concerns. Relatives also told us they could raise any concerns and felt confident these would be addressed. One person receiving care told us, “I feel very safe. When staff visit me I have never had any concerns. I can complain about the service and the manager responds immediately.” Where complaints had been made we found they were investigated and dealt with appropriately and within the timescales stated in the complaints procedure.

We also saw where compliments had been received regarding care workers this had been shared. One compliment read, “The carer who visits my relative from your company is very efficient and my relative is very happy with her.”

People and their relatives told us that the service was responsive to people’s changing needs. For example, we saw a few examples of when the service changed the time for visits in order to accommodate people’s specific schedules, including hospital appointments or visits to a place of worship.

# Is the service well-led?

## Our findings

There was a clear management structure including a registered manager. Staff spoken with were fully aware of the roles and responsibilities of managers and the lines of accountability. There was evidence of an open and inclusive culture that reflected the values of the service. Every care staff felt supported in their role and did not have any concerns. They said the senior staff were accessible and approachable. The service had a 24 hour on-call system which meant there was always a senior member of staff available to talk to if required. Care staff confirmed the on-call system was reliable. One staff told us, “The manager is very supportive. She understands us very well.”

The provider had a culture that was open and transparent, and which encouraged good practice. We saw that the provider held regular staff meetings to enable staff to share ideas and discuss good practice when working with people. Staff told us the management routinely asked them for their views about the service and any concerns they may have.

There were systems in place to check on the standards within the service. The provider carried out bi-monthly 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.

Staff had received regular supervision from senior staff which included a ‘spot check’ where the registered

manager observed them providing care to people and assessed 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 procedure. One relative told us, “The managers visit me on a regular basis to ask if I have any problems and to give feedback on their work.”

The local authority also conducted audits and from those undertaken we saw that an action plan was produced, that identified gaps and improvements to be made to address these. For example, an audit undertaken by the local authority in January 2015, a number of issues were identified, including, staff training, infection control, and quality of records. At this inspection we saw that the provider had taken action to address these gaps.

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.

Staff told us morale was good and that they were kept informed about matters that affected the service. Staff meetings took place every two months and staff were encouraged to share their views. We saw records to confirm that this was the case. Staff said that they felt able to contribute to staff meetings and felt listened to.