

ALS Support Ltd

ALS Support Limited t/a ALS Support

Inspection report

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Date of inspection visit:
16 April 2019
23 April 2019
24 April 2019

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20 May 2019

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:

ALS Support Limited t/a ALS Support is a domiciliary care agency. It provides personal care to people with learning disabilities living in their own homes. Not everyone using ALS Support Limited t/a ALS Support receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the service was providing personal care to four people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to lead meaningful lives that include choice, control and independence. People receiving the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

None of the four people using the service were able to tell us their views about their care due to their complex needs. However, relatives were very satisfied with the service provided.

People received consistently high standards of person-centred care from regular support staff who knew them well and understood their communication needs. Staff understood how to manage any risks to people and knew the processes to follow to manage any allegations of abuse.

Care records provided detailed information about people's needs and preferences. People's health care and nutritional needs were well managed and they received their medicines when they needed them.

Staff were kind, compassionate and caring. They treated people with respect and maintained their privacy and dignity.

Staff were trained and competent in meeting the specialist needs of the people they supported. Recruitment processes ensured staff were suitable to work in the care service.

The service was well organised. Relatives told us staff arrived on time and had enough time to provide support without rushing. Staff told us they loved their jobs and were well supported.

Relatives and staff praised the management of the service. The registered manager was actively involved in delivering the service and worked alongside the staff supporting them and making sure the quality of care was maintained. Effective audits and checks helped them in this process.

Rating at last inspection: At the last inspection the service was rated Good (report published 25 October

2016)

Why we inspected: This was a planned inspection based on the rating awarded at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 ●

ALS Support Limited t/a ALS 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. 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 was carried out by two inspectors.

Service and service type:

ALS Support Limited t/a ALS Support is a domiciliary care agency providing to support to people in their own homes.

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:

The inspection was announced. We gave the service short notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 16 April 2019 and ended on 24 April 2019. We visited the office location on 24 April 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

We reviewed information we had received about the service since the last inspection in October 2016. This included details about incidents the provider must notify us about. We asked the provider to complete a Provider Information Return (PIR) prior to this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also sought feedback from the local authority safeguarding and contracting teams.

None of the four people receiving personal care were able to communicate verbally with us. We therefore spoke with two people's relatives on the telephone to gain their views on the care provided. We spoke with the registered manager and four support staff.

We reviewed a range of records. These included two people's care records and three people's medication records. We looked at two staff files, meeting minutes, documents relating to the management of medicines and quality monitoring records.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- There were sufficient staff to meet people's needs.
- The deployment of staff was well organised ensuring staff had sufficient time to meet people's needs safely and without rushing.
- Relatives told us rotas were planned to ensure visits were carried out by a consistent staff team. They said staff were very reliable and always turned up on time. One relative said, "It's very important for [my relative] to get continuity and with this agency we've got it."
- Staff were recruited safely with all required checks completed before they started in post.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse.
- Staff had received safeguarding training and understood how to recognise abuse and protect people from the risk of abuse.
- Relatives were confident their family members were safe with the staff who supported them. One relative said, "I put my trust in them and I know, without a doubt, my [relative] is very safe with them all."

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed and recorded with clear guidance for staff on how to manage and minimise the risks.
- Staff understood and followed risk management plans.
- Systems were in place to make sure equipment used in the person's home was safe and well maintained.

Using medicines safely

- Medicine systems were well organised and people were receiving the medicines when they should.
- Staff had received medicines training and had their competency assessed to ensure they gave medicines safely.
- Medicine records provided clear guidance for staff and were well completed.

Preventing and controlling infection

- Infection control was well managed.
- Staff had received infection control training and had access to a supply of personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- Staff were vigilant in reporting and recording any accidents and incidents.
- Accident and incidents reports were reviewed by the registered manager who took appropriate action to

ensure any risks were reduced and lessons learned were shared with staff to keep people safe.

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

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 by the registered manager before the service commenced.
- Relatives told us the assessment process was very thorough.
- People's needs were continually reviewed to ensure the care they received met their choices and preferences.

Staff support: induction, training, skills and experience

- People using the service had complex health care needs and were supported by staff who were well trained and had the necessary skills and competencies.
- Staff told us the training they received was good quality, extensive and kept up to date. One staff member described the specialist training they had received from a health care professional to manage one person's medical condition. They said, "The training was really good and after I'd had it they made sure I was confident and competent before I was allowed to do it on my own."
- Relatives praised the abilities of the staff. One relative said, "The staff are very well trained. My [relative] is unable to do anything for [themselves] and staff know exactly what to do. They're very good."
- New staff completed a comprehensive induction which included a period of shadowing more experienced staff. One relative told us, "Any new staff are introduced and work alongside the experienced ones until they are confident and know what they're doing."
- Staff told us they felt very well supported by the registered manager and received regular supervision and an annual appraisal.

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

- Staff knew how to meet people's nutritional needs.
- People's care records provided detailed information about people's dietary requirements including any likes or dislikes and support they required with eating and drinking.

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

- Staff ensured people received consistent care by maintaining good communication with a wide range of health and social care professionals involved in people's care.
- Care records showed any advice given was acted upon and staff were prompt in raising any concerns or issues.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- The registered manager and staff had completed training in the MCA and had a good understanding of the principles of the legislation.
- People and their relatives were involved in decisions about their care and detailed capacity assessments and best interest decisions were recorded.

Is the service caring?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received person-centred care. People's support plans provided comprehensive information about their needs and preferences, including individual communication needs.
- Support plans gave step-by-step instructions about how the person liked their support to be provided. This included photographs of specialist equipment with detailed descriptions for use.
- One relative said, "[My relative] needs structure and staff to repeat instructions. The staff we've got are very good, they know [relative] well and how to care for [them]."
- The service encouraged inclusion and independence. Staff met with people and their relatives and organised activities based on people's preferences.
- One staff member described the research they did to find different events which they knew the person they supported would enjoy so they could offer them a choice. They told us about a recent sporting event the person had attended and how delighted the person had been to be photographed with celebrities and receive a memento. This person's relative said, "They take [person] out all over the place. In fact, I'm thinking of cancelling some of [person's other social care arrangements] so [person] can go out more with the carers as [person] seems to enjoy it so much and they do more with [person]."
- The service had a range of wheelchair adapted vehicles which staff could use to transport people.

Improving care quality in response to complaints or concerns

- Relatives told us they knew how to make a complaint and felt confident any issues raised would be dealt with appropriately.
- No formal complaints had been received since the last inspection. Records showed minor concerns had been addressed and resolved.
- People received the complaints procedure in a pictorial format to help them access the information more easily.

End of life care and support

- At the time of our inspection there were no people using the service who were at the end of their life.
- The registered manager discussed how they would support people at the end of their life to have a comfortable, dignified and pain-free death. Following the inspection they showed us how they had adapted their care documentation to reflect more clearly any preferences people had in relation to end of life care.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received person-centred care. People's support plans provided comprehensive information about their needs and preferences, including individual communication needs.
- Support plans gave step-by-step instructions about how the person liked their support to be provided. This included photographs of specialist equipment with detailed descriptions for use.
- Particular care was taken by the service in matching staff to meet people's needs and preferences. The people the service supported had profound and complex needs and very limited verbal communication. The registered manager spent considerable time getting to know the person and their family and staff were carefully selected to meet their requirements.
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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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- ALS Support is a family run business and the registered manager is also the nominated individual. Relatives praised the way the service was managed and spoke highly of the registered manager who they described as approachable and open.
- Relatives said communication was good and they were kept well informed.
- The registered manager promoted a culture of person-centred care which was embraced by all the staff. Their enthusiasm and drive for wanting the best for people was evident in how they worked.
- The registered manager devoted considerable time to the assessment process and carried out the first support visit themselves. This helped them to ensure people were matched with staff who not only had the competencies and skills to meet their needs, but would also be compatible socially. The registered manager said, "I won't take on a call just to make money, we have to be able to deliver and I won't hesitate to refuse if I don't think we can do that."
- Relatives and staff said they would have no hesitation in recommending the service as a place to work and also for receiving care. One staff member said, "I'm proud to say I work here."

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

- There were effective systems in place to monitor and assess the quality of the service including monthly audits. The registered manager was actively involved in people's care, carrying out calls and working alongside staff to provide support and ensure standards were maintained.
- Lines of accountability were clear. Staff understood their roles and responsibilities and said they felt well supported. One staff member said, "We get absolutely fantastic support. When [Registered manager] gives you any feedback it's always done in a positive way, makes you feel valued."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager operated an open door policy and people, relatives and staff were actively encouraged to give feedback. One staff member said, "This is a good family led company. They've got a lot of time for staff, both formally and informally and anything you tell them is kept confidential. They always have time to listen to you and act on what you say."
- Annual satisfaction surveys provided unanimously positive feedback. Comments included: "No improvements needed, 100% happy"; "All the staff are doing great, [name of person] never been happier", "Brilliant, top form!" and "Can't meet a better bunch! [of staff]."

- The service worked closely with other health and social care professionals to ensure people received consistent and timely care.

Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change and keen to listen to other professionals and seek advice when necessary.
- Throughout the inspection the registered manager demonstrated he was reflecting on what worked well and what improvements could be made.