

Able Support Ltd

Able Support

Inspection report

1 Micklehead Business Village
St Michaels Road
St Helens
Merseyside
WA9 4YU

Tel: 01744853190

Website: www.ablesupport.org

Date of inspection visit:

27 July 2018

31 July 2018

Date of publication:

01 October 2018

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

This inspection took place on 27 and 31 July 2018. The inspection was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own homes within the community. It provides a service to people living within the St Helens area. At the time of this inspection 50 people were using the service.

Not everyone using the service receives a 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.

A registered manager was in post. 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.

This was the first inspection at this service under its current registration.

People and their family members felt that the service they received was safe. Policies and procedures were in place in relation to safeguarding people from abuse. People's care planning documents considered risks to people and plans were in place to minimise these risks.

Recruitment practices helped ensure that only people suitable to work with vulnerable people were employed by the service.

Systems were in place to support people with their medicines safely when required.

Procedures and practices were in place to support people to have choice in their lives. We saw that policies and guidance were available to staff in relation to the Mental Capacity Act.

People were supported with their eating and drinking needs when needed and staff were aware of people's personal likes and dislikes in relation to what they ate.

People told us that the staff were caring, supportive and respectful. Staff received regular support and training to keep up to date with best practice.

People had access to and were aware of the services complaints procedure. A system was in place to manage and monitor complaints about the service.

People told us their care and support was delivered by the same members of staff most of the time, which

enabled them to get to know them well. In addition, people were regularly asked if they were receiving the care and support they required.

People told us their privacy and dignity was protected and promoted. Confidential information was stored appropriately to maintain people's privacy.

Systems were in place for the recording and monitoring of accidents and incidents to identify any trends or patterns that may occur.

Policies and procedures were in place to offer guidance and direction in best practice to staff delivering the service.

Systems and audits were in place to regularly check that people were receiving the care and support they required.

The registered manager worked closely with other agencies to ensure that people in receipt of end of life care at home received the support they required.

A comprehensive electronic system was in place to plan and monitor staff rotas and the times in which people received the care and support the needed.

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 was safe.

Procedures were in place to protect people from harm.

Systems were in place to support people to take their medicines safely.

Recruitment procedures were in place to help ensure that only suitable people were employed to support people with their needs.

Risks to people were considered and where possible minimised.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received training for their role.

People's dietary needs were planned for.

People were asked for their consent to the care and support they received.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was respected.

Positive relationships had been formed between staff and the people they supported.

People received their care and support from a regular staff team.

Is the service responsive?

Good ●

The service was responsive.

People received the care and support they required and were

happy with the service.

People's care and support needs were planned for and reviewed on a regular basis.

People were regularly asked if the service they received met their needs.

People knew who to speak to if they were unhappy about the service they received.

Is the service well-led?

The service was well-led.

A registered manager was in post.

Policies and procedures were in place to promote safe care and support to people using the service.

The registered manager regularly liaised with other agencies to ensure that people received the care and support they required.

The registered manager undertook audits to identify areas for improvement and development.

Good ●

Able Support

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.

This inspection took place over a two day period. Visits took place on the 27 and 31 July 2018. The visits on all days were announced. We gave the service 24 hours' notice of the inspection visit because we needed to be sure that people would be available to speak to us.

This inspection was carried out by one adult social care inspector.

During the inspection we looked at a selection of records and documents relating to the service. We looked at records that included assessments of risk and care planning documents, medicines records, complaints management as well as policies and procedures. We looked at the recruitment records of five staff members and rotas. In addition, we spoke with seven people who used the services and 3 family members of people who used the service.

We spoke with and spent time with six staff members, the registered manager and the managing director of the service.

Prior to the inspection we assessed all of the information we held about the service. This information included information sent to us by the registered provider. We contacted the local authority commissioning team who told us they had no concerns about the service.

Before this inspection we received a completed Provider Information Return (PIR). This document gave the registered provider the opportunity to tell us about how the service delivers safe care and support to people and what plans they have in place to continue to make improvements to the service. As part of this process a number of survey forms were sent out. We received completed survey forms from 12 people using the service, two family members, eight staff and two community professionals. Information from these surveys has been considered in this report.

Is the service safe?

Our findings

People told us that they felt safe using the service. Their comments included "I feel very safe when the staff are here" and the staff are "Very respectful of my environment."

Policies and procedures were in place in relation to safeguarding people from abuse. This included a copy of the local authorities statutory safeguarding procedure. All of these procedures were accessible to staff. Further policies and procedures were in place to offer boundaries and direction to staff in relation to keeping people safe from exploitation. For example, a policy and procedures were in place in relation to staff receiving gifts and gratuities and a key holding policy. Staff demonstrated a good understanding of what action they needed to take in the event of a person being abused or if they suspected that abuse was taking place. At the time of this inspection no safeguarding concerns had been raised within the service or with the Care Quality Commission.

Identified risks to people were assessed and whenever possible care and support was planned to minimise people coming to harm. To identify, record and reduce the level of risk a risk assessment form was complete. This form gave the opportunity to record areas of risk that related to a person's physical, health, and environmental care needs and formed part of a person's care planning process. Risk were rated as low, medium or high and guidance was available to determine these levels of risk.

Where required, manual handling risk assessments were in place for people needing support with physically moving or changing position. These assessments had been completed on behalf of the local authority commissioning the service. Written instructions and the use of pictures with these assessments provided detailed information as to how to support a person safely and comfortably.

Sufficient staff were employed to meet people needs. Rotas were developed on an electronic system. This helped ensure that calls to people were well planned for. Wherever possible, people received care and support from a regular staff team with the continuity of staff only being changed due to holidays and sickness. People told us that staff generally arrived on time for their visits. In the event of staff being delayed, people told us that they received a phone call informing them of this. Each member of staff was issued with a mobile phone. This phone enabled staff to log the times that they had arrived and departed from people's addresses and gave staff the opportunity to report any concerns they may have immediately. This information helped the service monitor that people were receiving their calls when they should.

Recruitment procedures were in place to help ensure that only suitable applicants were employed by the service. All applicants were required to complete an application form and attend a face to face interview. A check was carried out with the Disclosure and Barring Service (DBS) to highlight any previous history that may prevent applicants from working with vulnerable people. As part of the recruitment procedure written references were obtained from previous employers in relation to the character of the person. We found that the registered manager had provided references for a number of staff. These staff had previously worked for the service under a previous registration where they were managed by the registered manager. Discussion took place regarding best practice in ensuring that references were sought, wherever possible from people

independent from the service. Following this discussion, the services recruitment policy and procedure was changed to reflect this.

People who were supported by staff to manage their medicines told us that staff helped them to have their medicines on time. When required, people care planning documents contained information as to what support people needed to help ensure that received their medicines safely. A policy and procedure was in place to offer guidance and support to staff in relation to the safe management of medicines.

People told us that staff do all they can to prevent the spread and control of infection. A policy and procedure was in place which offered guidance on how to minimise the spread of infection. Staff had access to personal protective equipment (PPE) which included disposable gloves and aprons.

Is the service effective?

Our findings

People spoke positively about the staff that supported them. Their comments included "They are in another league from other agencies", "They [Staff] are always clean and smart" and "They [Staff] are all very good."

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.

In community based services applications to deprive people of their liberty must be made to and granted by the Court of Protection. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). At the time of this inspection none of the people using the service had an order under the Court of Protection. The registered manager demonstrated an understanding of the Mental Capacity Act and a policy and procedure was in place for staff to access at all times for guidance. Community professionals told us that senior managers and staff understood their responsibilities under the Mental Capacity Act

People's care planning documents contained signatures of people stating their consent to receiving care and support. Where people had nominated others, for example a family member to speak on their behalf this was recorded in people's care plans. For example, one person's care plan in relation to how 'how best to support me' stated, "To give me time to process request. My wife understands my needs, please liaise with [Name]." People told us if they wanted them to, staff would involve the people they choose in important decisions.

Where required people's specific needs in relation to their eating and drinking requirements were recorded. For example, one person's care plan stated "Very small appetite at present and doesn't like to be over faced". This information was important for staff to be aware in ensuring that they provided the care and supported needed effectively.

People's health needs were detailed in their care plans and when required information was available as to who needed to be contacted if they had any concerns. For example, one person required pressure relief and the application of creams to their skin to prevent pressure ulcers forming. The person's care plan clearly stated who and where staff needed to contact in the event of staff noticing a change to the person's skin.

Newly recruited staff undertook a Care Certificate induction into their role. The Care Certificate is a nationally recognised set of standards for people working within health and social care. In addition, records demonstrated that staff received further training to carry out their role safely. This training included safeguarding, medicines, tissue viability, equality and diversity, enteral feeding systems and skin pressure area care. Staff spoke positively about the training they received. They told us that it was informative and gave them the knowledge to carry out their role safely. One member of staff told that the management

would always help you get training if you wanted to do a course in a particular subject. People told us that they thought that staff had the right skills and knowledge to deliver their care.

Each member of staff undertook a yearly observation by a senior member of staff whilst they were carrying out their role. These observations were in place to help ensure that staff were delivering people's care and support in a safe and effective manner. Community professionals told us that they felt staff were competent to provide the care and support required by people who used the service.

Group supervision took place with the registered manager. In addition, we saw that individual 1:1 supervision and support sessions had taken place with staff. For example, the registered manager had met with a member of staff to offer support when a person using the service who they had supported died.

Is the service caring?

Our findings

People told us that they were always introduced to staff before they provided care and that they were happy with the care and support they received. They told us that they received consistent care and support from staff that they were familiar with and the care they received helps them to be as independent as they could be.

Community professionals told us the service always made sure its staff knew about the needs, choices and preferences of the people they worked with; that people who use this service were always treated with respect and dignity by the agency's staff and the staff they met were kind and caring towards people.

People told us that staff were caring, respectful and kind towards them. Their comments included "Always polite and respectful", "[Staff] are very respectful of mum" and "As soon as they come in they have mum smiling and laughing." One person told us that the service was "Most caring" and in relation to the staff, "Some become almost like a member of the family" and another said, "Very pleasant and they [Staff] always make conversation with me."

Strong positive working relationships had been formed between people and the staff that supported them. One family member told us that initially they felt frightened at the prospect of having staff in their home but they were, "So, so pleased with the service" their relative receives. They described the staff as "Very respectful" and was "Very happy to have staff in the house". The family member told us that their relative enjoyed the company of the staff and that they are all often heard laughing and joking. They told us, "Before the staff leave they always make me a cup of tea and have a chat to make sure I am alright. They always check if I want them to get anything from the shop on their way. The staff are so caring."

People told us that they only needed to ask and staff would always assist them to do something. One person told us that staff always offered to take their bins out. Another person told us, "They are very caring, they always soak my feet when I ask."

People told us that staff got to know them as they visited on a regular basis. People told us, "They show an interest in me" and staff show a "Genuine interest and make sure I'm alright." Staff commented that they took time to get to know the people they supported and their family members. They felt this was important in ensuring that they could deliver personalised care and support. In addition, staff felt that people benefited from having the same staff visited them whenever possible helped deliver consistent care to people.

People told us that staff always ensured that they were given a choice when they were providing care. Comments included that staff always asked "Would you like? Always given a choice".

A service user guide was made accessible to people using the service. This document contained information as to what services could be offered to people and what level of service a person should expect. For example, information was available in relation to the services offered by Able Support, financial and fees

arrangements, assessing people's needs, quality assurance and the standards of service and call monitoring. In addition, the service user also contained information in relation to how to raise a compliment or complaint about the service they received.

People told us that the information they received from the service was clear and easy to understand. Information about the service was produced in written format. However, the registered manager stated if an alternative language or format was required for a person they would arrange for this to be available.

Is the service responsive?

Our findings

People told us positive things about the service they received. Comments included, "Highest of praise" for the staff. People told us that they had a care plan in their home that staff wrote in when they visited.

Prior to a person using the service an assessment of their needs took place by the local authority and utilised by the service. The purpose of the assessment was to ensure that the service was fully aware of the person's needs and wishes and that the service was able to meet these needs. Prior to a person starting to use the service they were visited by a senior member of staff. The purpose of this visit was to introduce staff and discuss people's care needs and wishes. In the event of a person's needs changing the service make referrals to community professionals, for example, district nurses and continence services. Community professionals told us the service co-operated with other services and shares relevant information when needed, for example, when a person's care needs had changed.

Each person had their own individual care plan detailing how their assessed needs should be met by the service. This included the support people needed in relation to their physical, psychological and environmental needs. Information important to a people was recorded on their care plans. For example, any known allergies they may have and their preferences for drinks. Further information was available to demonstrate what a good day and a bad day looked like for the person. For example, one person's care plan stated that on a good day they wanted to get up, washed and dressed. A bad day for them was not too see anybody. This information gave staff insight into what was important to people. Care plans were produced in a written format, however, the registered manager told us that in the event of a person needing an alternative language or format, this would be made available.

The service was commissioned on occasions to provide end of life care and support to people. In these situations, fast track assessments were carried out by the local authority to identify and meet people's specific needs. The registered manager was currently in the process of researching and developing a specific care plan format to record people's end of life needs and wishes. They explained that the document they wanted to develop was to be concise and contain detailed information relevant to that period of a person's life. In addition, the registered manager was exploring training opportunities for staff delivering end of life care in order to support their own wellbeing whilst supporting people and their families at these times.

People's care planning documents were reviewed and updated on a regular basis by senior staff to help ensure that they contained relevant, up to date information about people's needs and wishes so that these could be met appropriately. People told us that senior staff regularly got in contact with them to ask how the service was working for them, if there were any changes needed and if people were happy with the support they received. These regular checks gave the registered manager the opportunity to measure the quality of the service being delivered and to ensure people were in receipt of the service they needed.

People commented that wherever possible the service would change the times of their visits to meet needs. One person described the service as "Very flexible" and another told us that when needed staff would visit them earlier in the day so that the person could attend their hospital appointments.

The registered provider had a clear complaints' procedure that details how and to whom complaints about the service could be made. All of the people told us they knew who to speak to at the service if they needed to. The service had received no formal complaints from people using the service.

Is the service well-led?

Our findings

A registered manager was in post who registered with the Care Quality Commission at the time that the service was registered. People and staff spoke positively about the registered manager describing them and approachable. A clear line of accountability was in place to ensure that people using the service and staff were aware of who they needed to contact for specific queries. A quality assurance manager and co-ordinator were based at the office location to support the registered manager with the day to day running of the service. A senior member of staff was available to be contacted between 5pm and 9am and at weekends.

Staff told us that their managers were accessible and approachable and dealt effectively with any concerns they raised. Managers asked staff what they thought about the service and took their views into account. One member of staff told us they felt listened to by the registered manager. They told us that the service worked well as there was a small team of staff who communicated well.

Staff meetings took place within the service. We looked at the minutes of the most recent meeting that had taken place in July 2018. Issues discussed at the meeting included the need to continue to reduce the risks in relation to medicines errors, professional boundaries, the importance of cleansing files and replenishing paperwork and providing clear factual information of care provided in records. All staff had access to closed social media group to share information within the service.

Regular audits of records were carried out by senior staff to ensure that all information was up to date. Care plan and records audits included the monitoring of staff records in log books, and medicines management. In addition, senior staff carried out telephone reviews with people and family members using the service to establish that the service was still meeting their needs.

An electronic system was in place to record, manage and review records maintained for the running of the service. For example, the monitoring of care planning, reviews of people's care packages and staff activity. In addition, also recorded on the system was all contacts made by people to the service. For example, for the recording of concerns and requested changes people had requested. This system gave the opportunity to record the personal details of the contact, the nature of their call, any further investigations needed and from that, any outcome and lessons learned. The registered manager and managing director of the service had access to all of the monitoring systems and regularly reviewed the information to ensure that any improvements needed to the service were addressed.

Policies and procedures were in place and available to all staff within the service both electronically and in paper format at the office. These documents gave staff guidance and direction for their role and were updated on a regular basis to ensure that they contained up to date, relevant information.

The managing director of Able Support was in the process of liaising with the local authority and community health services to promote the availability of equipment for people in anticipation as they approached their end of life within their own home. Through their work in this area the service had identified that on occasions people had not always had access to particular products they many need. As a temporary

measure, the service had purchased supplies of certain products for people to utilise until their own supply had been arranged. This was to help ensure that people could be comfortably cared for on their return to their home.

People spoken with told us they would recommend the service to another person. In addition, community professionals who completed a survey form told us that they would recommend the service to members of their own family.

The registered manager had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations.