

Active Care Professionals UK Limited

Active Care Professionals (UK) Ltd

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

This inspection took place on 21 April 2016 and was announced.

Active Care Professionals care agency provides care services to people in their own homes mainly in the Medway area. The care they provided was tailored to people's needs so that people could maintain or regain their independence. This included older people who had been discharged from hospital who needed help with day to day tasks like cooking, shopping, washing and dressing and help to maintain their health and wellbeing. At the time of our inspection, there were two people using the service assessed as low risk in terms of the care they needed.

There was a registered manager employed at the service. 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.

The care was predominantly delivered by one member of staff who was also the owner and registered manager of the service. They had the support of one part time member of staff. People spoke about the staff in a positive light regarding their feelings of being safe and well cared for. They thought that staff were caring and compassionate. Staff were trusted and well thought of by the people they cared for.

The registered manager assessed people's needs and planned people's care to maintain their safety, health and wellbeing. Risks were assessed by staff to protect people. There were systems in place to monitor incidents and accidents.

Staff had received training about protecting people from abuse. Procedures for reporting any concerns were in place. The registered manager knew how and when they should escalate concerns following the local authorities safeguarding protocols.

Staff had received training about the Mental Capacity Act 2005 and understood when and how to support people's best interest if they lacked capacity to make certain decisions about their care.

Working in community settings staff often had to work on their own, but they were provided with good support and an 'Outside Office Hours' number to call during evenings and at weekends if they had concerns about people. The service could continue to run in the event of emergencies arising so that people's care would continue. For example, when there was heavy snow or if there was a power failure at the main office.

Staff were recruited safely and had been through a selection process that ensured they were fit to work with people who needed safeguarding. Recruitment policies were in place that had been followed. Safe recruitment practices included background and criminal records checks prior to staff starting work.

There was an up to date policy about the safe administration of medicines. Staff had been trained to administer medicines safely. Staff followed guidance about supporting people to eat and drink enough. Care plans were kept reviewed and updated.

The registered manager had daily contact with people when delivering care. They had a clear quality based vision of the service they wanted to provide and understood how to achieve this. There were policies in place, which ensured people would be listened to and treated fairly if they complained. Audits were effective and risks were monitored by the registered manager to keep people safe. The registered manager ensured that people's care met their most up to date needs and any issues raised were dealt with to people's satisfaction.

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.

People told us they experienced safe care. The systems in place to manage risk had ensured that people were kept safe. People's risks assessments were relevant to their current needs.

The registered manager and staff were committed to preventing abuse. Medicines were administered by competent staff.

Recruitment processes for new staff were robust and staff arrived to deliver care with the right skills and in the numbers needed to keep people safe.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who knew their needs well. Staff met with their managers to discuss their work performance and staff had attained the skills they required to carry out their role.

New staff received an induction. Training for all staff was kept up to date. The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

Staff understood their responsibility to help people maintain their health and wellbeing. This included looking out for signs of people becoming unwell and ensuring that they encouraged people to eat and drink enough.

Is the service caring?

Good ●

The service was caring.

People could forge good relationships with staff so that they were comfortable and felt well treated. People were treated as individuals, able to make choices about their care.

People had been involved in planning their care and their views were taken into account. If people wanted to, they could involve others in their care planning such as their relatives.

People experienced care from staff who respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were provided with care when they needed it based on assessments and the development of a care plan about them. The care plan informed staff of the care people needed.

Information about people was updated often and with their involvement so that staff only provided care that was up to date. Any changes in care were agreed with people and put into their updated care plan. Staff spoke to other health and social care professionals if they had concerns about people's health and wellbeing.

People were consistently asked what they thought of the care provided and had been encouraged to raise any issues they were unhappy about. It was clear that the registered manager wanted to resolve any issues people may have quickly and to their satisfaction.

Is the service well-led?

Good ●

The service was well led.

The service had benefited from consistent and stable management so that systems and policies were effective and focused on service delivery.

The registered manager was keen to hear people's views about the quality of all aspects of the service. Staff were informed and enthusiastic about delivering high quality care. They were supported to do this on a day to day basis.

There were clear structures in place to monitor and review the risks that may present themselves as the service was delivered and actions were taken to keep people safe from harm.

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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 on 21 April 2016 and was announced. 48 hours' notice of the inspection was given because the service was small and the registered manager was often out of the office supporting staff. We needed them to be available during the inspection. The inspection was carried out by one inspector.

Before the inspection, we looked at reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke to one person about their experience of the service. We spoke with the registered manager to gain their views about the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at two people's care files, one staff file, the staff training programme and medicine records.

At the previous inspection on 20 September 2013, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service safe?

Our findings

People told us they felt safe with staff. One person said, "I trust both the staff."

People were protected from the risk of receiving care from unsuitable staff. People had consistent care from the same two staff. The registered manager provided staff based on individual needs with the right skills and experience to keep people safe. Staff had been through an interview and selection process. The registered manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. The recruitment policy was followed when staff had been recruited and the staff records confirmed this. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

People were independent with their medicines, but staff assisted them by checking people had taken the right medicines at the right time through verbal prompting. People were protected by the service's medicines administration procedures and the training provided for staff. People were protected by staff who understood their responsibility to record the administration of medicines. The medicine administration record (MAR) sheets showed that people received their medicines at the right times. The system of MAR records allowed for the checking and recording of medicines, which showed that the medicine had been administered and signed for by the staff visiting the person's home. This protected people from potential medicine errors.

The registered manager protected people's health and safety. Safe working practices and the risks of delivering the care were assessed and recorded to keep people safe. Environmental risks and potential hazards were assessed and equipment was checked by staff before they used it. For example, lighting and working space availability. There was guidance and procedures for staff about what actions to take in relation to health and safety matters.

Staff received training about the risks relating to their work. The registered manager had ensured that risks relating to people's individual needs had been assessed and that safe working practices were recorded and followed by staff. For example, people had been assessed to see if they were at any risk from falls or not eating and drinking enough. If they were at risk, the steps staff needed to follow to keep people safe were well documented in people's care plan files. We found as soon as people started to receive the service, risks assessment were completed by staff as a priority.

The registered manager had comprehensive policies about dealing with incidents and accidents. This ensured that should any incidents occur they would be fully investigated by the registered manager and steps would be taken to prevent them from happening again.

The registered manager understood how to protect people by reporting concerns they had to the local

authority and protecting people from harm. Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff were trained and had access to information so they understood how abuse could occur. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example, bruising. The registered manager had an up to date whistleblowing policy in place. Staff could use this to raise issues outside of the organisation if they needed to.

People's care could continue if there was disruption to the service, for example in periods of extreme weather conditions. The registered manager was on call to people and emergency call alarms had been provided for people at home that were connected to a 24 hour call centre. This protected people's safety and continuity of care.

Is the service effective?

Our findings

Staff understood people's needs, followed people's care plan and were trained for their roles. People told us that staff met their needs and delivered the care they wanted.

People's care was delivered in line with their needs and choices. Staff understood the care they should be providing to individual people as they followed detailed care plans. Care plans were left with people at home for staff to follow and staff and people's relatives confirmed to us that these were in place and kept up to date. People's care was checked by the registered manager every day. The care people received was fully recorded by staff. We could see that their notes reflected the care required in people's assessment of need.

People's health and wellbeing was protected by staff. This service was not providing food and drink to most people. This was because there were others at home with them that took care of their needs around food and drink. However, staff were helping people to maintain their health and wellbeing through an awareness of making sure people had access to drinks and food when they provided respite care. The registered manager told us how they did this in line with people's assessed needs. Food hygiene training was provided to staff.

People had recorded their consent to receive the care in their care plan and staff gained verbal consent at each visit. Gaining consent from people before care was delivered happened routinely. People were free to do as they wished in their own homes. The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005. There was an up to date policy in place covering mental capacity. Staff had received training in relation to protecting people's rights. This prepared them for any situation where they may think the MCA needed to be considered as part of someone's care. For example, if people developed dementia and were no longer able to understand why the care was provided or their safety at home could not be protected.

When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised.

Staff records demonstrated that new staff were provided with training as soon as they started working at the service. They were able to become familiar with the needs of the people they would be providing care for. New staff were mentored into their roles by the registered manager to ensure they had reached an appropriate standard.

The registered manager used a range of methods to ensure that staff could develop the right skills for their role. Staff completed an induction course that was in line with the nationally recognised 'Skills for Care' care certificate standards. These standards are achieved through assessment and training so that staff can gain the skills, they need to work safely with people.

Staff were observed by a registered manager at work and were provided with guidance about their practice

if needed. The registered manager met with staff to discuss their training needs and kept a training plan for staff to follow so that they could keep up to date with developments in social care. When the registered manager met with staff they asked them questions about their performance. Staff had been asked how they deal with health and safety concerns. Staff supervisions were recorded and the registered manager gave guidance to improve staff knowledge.

The registered manager had a plan in place to ensure that all staff received an annual appraisal. This gave staff the opportunity to discuss what had gone well for them over the previous year, where they had weaknesses in their skills and enabled them to plan their training and development for the coming year.

Is the service caring?

Our findings

People described the care that they received very positively. People said, "The two staff are very nice and caring, I would recommend them to anyone."

We spoke with the registered manager at length. They displayed the right attitude and caring nature which underpinned people's experiences. The registered manager spoke about assisting people to be as independent as possible. People told us that staff were good at respecting their privacy and dignity. People confirmed they were offered choices about how they wanted their care delivered.

Information was given to people about how their care would be provided. People signed their care plan at the start of the care and when it had been reviewed. Each person had received a statement setting out what care the service would provide for them, what times staff would arrive and information about staff skills and experience. The care plans enabled them to check they were receiving the agreed care.

The registered manager asked people about their care every day. People's care was incorporated into their care plans which were individualised and well written. They clearly set out what care the staff would provide. People could vary the care they received from the service and used a mix of care that suited their needs.

People and their relatives had been asked about their views and experiences of using the service. We found that the registered manager used a range of methods to collect feedback from people. These included asking people at face-to-face meetings, calling people by telephone to ask their views and sending people questionnaires monthly. These records confirmed that people and their relatives were happy with the care provided.

People's personal details were secure and their right to privacy was respected. Information about people was kept securely in the office and the access was restricted to senior staff. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office.

Is the service responsive?

Our findings

People felt their needs were reviewed and kept up to date. Records showed that as people's independence increased or decreased their care was adjusted so that their needs were met. For example, the registered manager had liaised with people's care managers to adjust people's care so that their needs were met. This was reflected in people's care plans.

People's needs were assessed using a range of information which was used to develop a care plan for staff to follow. Care plans were individualised and focused on areas of care people needed. People who were receiving care to regain their independence after an injury or hospitalisation had specific care input targeted to their recovery needs.

Records showed that people had been asked their views about their care. People told us they had been fully involved in the care planning process and in the reviews of those plans. Reviews of the care plan could be completed at any time if the person's needs changed. We could see that care plan reviews had taken place as planned and that these had been recorded. Staff read people's daily reports for any changes that had been recorded and the registered manager reviewed people's care notes to ensure that people's needs were being met.

Staff protected people's health and welfare by calling health and social care professionals if people were unwell. A good example of this was by staff working closely with the GP to identify a previously unknown food allergy that was making a person ill. Staff were able to test different foods with the person's consent which resulted in a dietary change and an improvement in the person's health.

There was a policy about dealing with complaints that the staff and registered manager followed. This ensured that complaints were responded to. There were no complaints about this service. There was regular contact between people using the service and the management team. The registered manager always tried to improve people's experiences of the service by asking for and responding to feedback.

Is the service well-led?

Our findings

The registered manager had set-up the service. They had worked in social care roles in other similar services so that they had the skills and experience to manage this service well. People told us that the service was well run. They had no complaints about the way the service was managed. One person said, "The staff are easy to contact".

The registered manager ensured audits of the service quality had been carried out. These audits assisted the registered manager to maintain a good standard of service for people. Care plans, risk assessments and staff files were kept up to date and reviewed with regularity. The registered manager used external organisations for their policies and procedure, the management of health and safety, information technology and employment law issues. This enabled them to concentrate on service delivery and the quality of care.

People were provided with enough information to enable them to understand what they could expect from the service and the levels of quality they should expect. The registered manager set out their aims and objectives for the service in their statement of purpose. These were shared with the people who used the service. The registered manager had a clear understanding of what the service could provide to people in the way of care.

The registered manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. They also updated their own skills and learning. This was confirmed in their training logs.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.