

Active Friendly Support Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service:

Active Friendly Support Ltd is a domiciliary care agency. It provides personal care to people living in their own home. It provides a service to people who have learning disabilities. At the time of our inspection the service was providing support to four people. Not everyone who used the service received personal care. Two people were receiving support with their personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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 live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found:

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The registered manager had recently left the service and they had cancelled their registration with the CQC. The nominated individual was managing the service at the time of the inspection. They told us they would be applying to register with the CQC.

Staff records showed the previous manager had not always ensured all the appropriate pre-employment checks were completed for new staff.

There were systems in place to monitor the quality and the safety of the service provided. However, our findings during the inspection showed some of these checks required improvement. For example, the checks completed on staff files.

One person we spoke with did not express any concerns or worries about their safety. They told us the support staff treated them with respect. They made positive comments about all the staff and were very satisfied with the quality of care and support provided. Staff supported them to achieve their goals and aspirations.

Safeguarding procedures were robust and staff understood how to safeguard people.

Systems were in place to make sure managers and staff learnt from events such as incidents, concerns and

investigations.

People were provided with practical support to self-administer their medication. There were enough staff to ensure people's care and support needs were met.

We saw the system in place to ensure staff had undertaken training would benefit from being more robust. The nominated individual told us they would start using a training matrix to record staff training. They said all staff were attending refresher training in November 2019.

There was a strong, visible person-centred culture. It was clear from our discussions with staff that they enjoyed caring for people living at the service and they found it rewarding.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff understood the importance of respecting people's diverse needs and promoting independence.

People using the service was supported to maintain their independence and engage in activities of daily living such as cooking and food shopping, along with activities within the community.

We saw complaints were managed in line with the service's complaints procedure.

Rating at last inspection:

This service was registered with us on 22/10/2018 and this is the first inspection. At this inspection we found a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The nominated individual has taken action to mitigate the risks to people using the service by ensuring all appropriate pre-employment checks were completed. You can see what action we have asked the provider to take at the end of this full report.

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

Why we inspected:

This was a planned inspection based on the date of the registration of the service.

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.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well led.

Details are in our well led findings below.

Requires Improvement ●

Active Friendly Support Ltd

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Active Friendly Support Ltd is a domiciliary care agency. It provides personal care to people living in their own houses.

The nominated individual told us they would be applying to register with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was announced. We gave a short period notice of the inspection because the location provides a domiciliary care service and we needed to be sure that someone would be available to support us with our inspection.

What we did before this inspection:

We reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. Statutory notifications are information the registered provider is legally required to send us about significant events that happen within the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We contacted social care commissioners who help arrange and monitor the care of people using the Active Friendly Support Ltd. We also contacted Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During this inspection:

We spoke with one person who used the service. We spoke with the nominated individual, a team leader and a support worker.

We looked at two people's care records and three staff recruitment files. We looked at other records relating to the management of the service, such as staff meeting minutes and training, staff surveys and feedback from people using the service.

After the inspection

The nominated individual provided further information relating to the recruitment and training of staff.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staff records showed the previous manager had not always ensured appropriate pre-employment checks had been completed for new staff prior to them supporting people.
- There were documents missing from staff files. Following the inspection, the nominated individual was able to locate some, but not all of these documents.
- The nominated individual told us they would ensure all the relevant checks and information would be included in each staff member's file. They said staff would not support people until checks had been completed.
- The nominated individual showed us the staff recruitment files they were currently completing. We saw they were fully adhering to the service's recruitment procedure.

This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff employed at the service so people experienced continuity of care. They were supported by a core group of staff who knew them well.
- The nominated individual informed us they were intending to increase the number of senior posts within the service. They were actively increasing the number of support staff employed by the service.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse. The nominated individual told us people had attended workshops about cyber bullying and staying safe whilst using the internet.
- The person we spoke with did not express any worries or concerns about their safety. An easy read safeguarding document was available for people to look at.
- Staff spoken with were knowledgeable about their roles and responsibilities in keeping people safe from harm. Staff told us they would always report any concerns to the nominated individual.
- The nominated individual understood their responsibilities to report any safeguarding concerns to other agencies to ensure they were dealt with properly.
- We found there were satisfactory arrangements in place for people who had monies managed by the service.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Support plans showed people had been supported to be actively involved in all aspects of their care planning and their own risk management. This involvement enabled staff to anticipate people's needs and recognise distress and discomfort at the earliest stage.
- We saw people's risk assessments would benefit from being more structured, we shared this feedback with the nominated individual.
- An environmental risk assessment was undertaken of people's homes before staff started supporting the person.
- The service had a process in place for staff to record accidents and untoward occurrences. The nominated individual understood the importance of investigating accidents and incidents, reporting to the relevant agencies and acting to reduce the risk of recurrence.

Using medicines safely; Preventing and controlling infection

- Staff had received medication training.
- People using the service were supported to self-administer their medicines. Staff provided practical support such as ordering medication.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons. Staff told us they had an adequate supply of gloves and aprons and completed infection control training.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The nominated individual told us people's needs were assessed before the service started supporting them. The assessment considered all aspects of people's needs and the information was used to develop written support plans and risk assessments. Protected characteristics under the Equality Act were considered.
- The person we spoke with was very satisfied with the quality of care they had received. Comments included, "It is really good, it is much better than my last support." They described how they were being supported to achieve their goals and aspirations.

Staff support: induction, training, skills and experience

- Staff were supported to undertake the Care Certificate. The nominated individual told us they had booked all staff to complete Care Certificate refresher training in November 2019. The Care Certificate is an identified set of standards that health and care professionals adhere to in their working life.
- Staff told us they had completed training in a range of different subjects to ensure they had the right skills, knowledge and experience to deliver effective care. However, some staff files did not include copies of all the training the staff member had completed. The nominated individual provided further evidence of staff training after the inspection.
- We noted staff had not received mandatory training in oral care. We shared this feedback with the nominated individual, they told us this would arrange for this training to be completed.
- Staff told us they felt supported and received supervision and appraisals. However, we saw the records for some staff supervisions and appraisals had not been fully completed by the previous manager. We shared this feedback with the nominated individual. They assured us action would be taken to ensure all staff records were completed appropriately.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People were supported with their health and dietary needs, where this was part of their plan of care.
- People were supported to plan a weekly menu and to go food shopping. The person we spoke with told us they choose when they wanted to participate in cooking meals.

Supporting people to live healthier lives, access healthcare services and support

- We found evidence staff sought advice from healthcare professionals such as the person's GP, dentist, specialist nurses and consultants. This process supported staff to achieve good outcomes for person using

the service and help them maintain their health. For example, one person was being supported to improve their oral care.

- We saw there was a system in place to ensure people were supported to attend their regular healthcare appointments. For example, dental and GP appointments.
- People had been supported to access information about their health and sexual wellbeing.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The service was working within good practice guidelines.
- The person we spoke with told us support workers consulted them and respected their decisions.
- People's record showed people were provided with information, so they could make informed choices for themselves.
- Support staff told us they had received training in the MCA. Staff described how they promoted people to be as independent as possible and to make decisions for themselves.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The person we spoke with made very positive comments about the support staff. They told us they liked all the staff and got on well with all of them. They described everything as "Good".
- There was a strong, visible person-centred culture. It was clear from our discussions with staff they enjoyed caring for people and they found it rewarding.
- People's care records had information about their preferences which included their preferred name, race, religion and sexual orientation.
- The nominated individual and staff were very knowledgeable about the people, their preferences and their communication needs.
- The nominated individual promoted equality and diversity. The service ensured people were not treated unfairly because of any characteristics that were protected under the legislation, such as gender and disability.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The person we spoke with told us they had been involved in making decisions about their support needs. They told us they were treated with respect and were supported to be as independent as possible.
- Support plans contained information for staff on how people expressed their views and how to support them to be involved in making decisions about their care.
- Staff understood the importance of respecting people's privacy and supporting them to be as independent as possible.
- We found the nominated individual welcomed the involvement of advocates for people. Advocacy is a process of supporting and enabling people to express their views and concerns, access information and services, defend and promote their rights and responsibilities and explore choices and options.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant 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

- Each person had a person-centred support plan which contained information about their goals and aspirations. People had been fully consulted in their support planning.
- There was a record of the relatives and representatives who had been involved in the planning of people's care. People's support plans were regularly reviewed and in response to any change in needs
- People's support plans showed how some people may behave when they were becoming agitated or displayed behaviour that may challenge. Support plans gave detailed guidance to staff on how to respond to these challenges.
- Staff told us they could ring or text the nominated individual if they needed assistance and advice and they always responded. Support staff described how they had responded when a person had become unwell whilst they were supporting them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People using the service were supported to attend activities within community. For example, going to play football and going to a local club.
- People were supported to maintain relationships with their family. One person was visiting a relative on the day of the inspection.

Improving care quality in response to complaints or concerns

- The nominated individual told us each person using the service had been given details on how to complain.
- The service had received one complaint. The complaint had been fully investigated and action taken to address any concerns.

The provision of accessible information

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. For example, there was clear guidance in place for staff to follow for supporting a person who had a sensory impairment.
- The registered manager told us the service could provide information in different formats to meet people's

or staff needs.

End of life care and support

- There was no one receiving end of life care at the time of our inspection. People had attended a presentation by a local funeral company at a day centre. This had helped them explore their wishes and preferences.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The nominated individual was managing the service at the time of the inspection. The nominated individual told us the registered manager had not worked their notice so they had not provided a handover.
- Staff records showed the previous manager had not always adhered to the service's recruitment process to ensure checks were fully completed for new staff. The nominated individual took immediate action to mitigate the risks to people.
- We found some staff files were incomplete and/or were missing key documentation about recruitment, training and appraisals. Some of the missing records were found by the nominated individual stored in a different office. However, it is important a complete record for each staff member is maintained.
- The nominated individual and staff were clear about their roles and responsibilities. The nominated individual was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008.

Continuous learning and improving care

- We found some of the quality assurance systems to monitor the quality and the safety of the service required improvement. For example, checks completed on the recruitment and training records. We also saw some of the checks completed by the service to identify any areas for improvements needed to be more structured. We shared this feedback with the nominated individual.
- Staff meetings took place to review the quality of the service provided and to identify where improvements could be made.
- The service had an open culture. Staff were committed to providing person-centred care and learning from any incidents.

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

- We saw the service had actively sought people's views by asking them for feedback about the quality of the service provided. However, we saw the system in place to gather feedback from people and other relevant persons needed to be more systematic.
- The service worked with other agencies such as the local authority and clinical commissioning groups who

commissioned care for some people.

- The service had strong community links.

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

- There was a positive and welcoming atmosphere at the main office.
- The nominated individual was available to people and staff to speak with. We received positive feedback from the person and staff about the nominated individual. Staff comments included, "They [nominated individual] are really supportive and friendly." and "[Nominated individual] really listens and I feel valued."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not ensured recruitment procedures were operated effectively to meet the requirement of the regulation.