N-Able Services Ltd

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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 10 November 2016 and was unannounced.

N-Able Services Ltd provides specialist case management, support and rehabilitation services to people with brain injuries and other complex disability across the North West of England, Cheshire and North Wales. The organisation line manages care staff and employs professional case managers and therapists. They also contract staff through care agencies. The main office base and headquarters is situated in Bromborough, Wirral. The services N-Able offer are privately commissioned via solicitors. N-Able mostly work with people and families of people with complex brain injuries to case manage their individual packages of support. This includes using external recruitment agencies as well as staff directly recruited by people, and working holistically with other medical professionals to offer support for as long as the person needs. N-Able refers to people who use their service as 'clients'. Also, the professionals who take responsibility for peoples care packages were referred to as 'Case Managers.'

There was a registered manager 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.

People and family members of people who use the service told us they felt safe and reassured.

The staff we spoke with were able to explain what action to take if they felt someone was being abused or neglected in anyway. There were policies in place for staff to refer to and staff were able to describe them.

Risk assessments were well written and gave a thorough and detailed explanation of how to support people, including what action the staff must take to help minimise the risk in the least restrictive way possible. Staff understood the concept of what was acceptable risk taking in order to promote positive experiences for people.

There were procedures in place relating to the safe management, storage, and administration of medication. People told us they received their medications on time and there was training in place for staff with regards to safe medication administration and this was reviewed regularly.

Staff were recruited safely and checks were carried out on staff before they started work at the service to ensure they were suitable to work with vulnerable people. We saw that N-Able often recruited staff using external recruitment agencies and were able to see the checks carried out on these staff before they were introduced to people.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

Opportunities were in place to address lessons learnt from the outcome of incidents, complaints and other investigations.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected where they were unable to make decisions for themselves. Staff understood the importance of gaining consent from people and the principles of best interest decisions. Routine choices such as preferred daily routines and level of support from staff for personal care was acknowledged and respected.

Staff told us they were well supported through the induction process, regular supervision and appraisal. Staff said they were up-to-date with the training they were required by the organisation to undertake for the job and training records confirmed this.

People were supported to maintain their nutritional wellbeing by staff and some people were supported to cook for themselves to maintain their independence. Some people lived at home with family members so staff were not always required to cook meals with or for people. People told us staff helped them prepare meals and supported them to shop for ingredients to plan meals.

People and relatives told us they felt that the staff cared about them and respected their privacy and dignity. Staff were able to describe how they did this.

People's independence was encouraged. Assessments were undertaken to identify people's care, health and support needs. Care plans were developed with people who used the service and relatives to identify how they wanted to be supported.

The registered provider had a system in place for responding to people's concerns and complaints. People and relatives told us they knew how to complain and felt confident that staff would respond and take action to support them. People and relatives we spoke with did not raise any complaints or concerns about the service.

A wide-range of comprehensive audits or checks were in place to monitor the quality and safety of care provided. These were used to identify developments for the service

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.

Everyone we spoke with told us that they felt safe. Staff were able to describe the course of action they would take if they felt anyone was at risk of harm.

There was a procedure in place for the safe administration of medication, staff had received training in this area and regular auditing was carried out.

Staff were safely appointed after a thorough recruitment process and robust checks were completed.

Risks assessments were detailed individualised and took into account people's physical and cognitive abilities.

Is the service effective?

Good

The service was effective.

Staff sought the consent of people before providing care and support. The service followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People were supported to shop for individual items of food and were supported to prepare meals and snacks when required.

Staff told us they enjoyed their training. We saw from the training matrix and certificates staff had attended regular training.

Supervision records showed that staff underwent regular supervision with the case manager.

Is the service caring?

Good

The service was caring.

Relatives told us that they felt their family member was well taken care of and they felt supported as a family.

Care plans evidenced that relatives were involved in their family member's care and support. We saw they had been signed by the person themselves or their relative.

There was advocacy information made available for people if they chose to engage with these services.

Is the service responsive?

Good

The service was responsive.

People's care plans reflected their current needs. Relatives said the care was individualised and care requests were responded to in a timely way. We saw that care plans were written in a person centred way. We saw examples of a personalised approach within the organisation.

There were no complaints to view, however the organisation had their complaints procedure displayed in the office and relatives of people using the service told us they would know how to complain.

Is the service well-led?

Good

The service was well led.

Staff and relatives were complimentary about the registered manager and the organisation as a whole.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

Processes for routinely monitoring the quality of the service were established, and feedback was sought from people and their families.

N-Able Services Limited

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 10 November 2016 and was unannounced.

The inspection team consisted of an adult social care inspector.

We were unable to view the PIR for this service, as we could not access it at the time. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the statutory notifications and other intelligence which the Care Quality Commission had received about the service.

During the inspection, we spoke to four staff on the telephone and three family members of people using the service. We did try on four occasions to contact two people who were able to speak with us; however we could not make contact with them. We also spent time with senior managers, including the registered manager.

We looked at the care records for four people using the service, four staff personnel files and records relevant to the quality monitoring of the service.

Good

Is the service safe?

Our findings

We spoke to family members of people using the service and they all told that they felt safe and happy knowing that N-Able was there for support and reassurance. One family member told us, "They tick all of the boxes." Someone else said, "It's hard when you are going through problems and it's nice to know they will be a good source of support for us." Another person said, "They are there right from the beginning."

We saw that each person's risk assessments had been individually analysed in line with a plan of care. For example, certain parts of peoples care plans were highlighted and cross referenced to that person's risk assessment and where to find it in the care plan. All risk assessments were summarised in a table format, which included how the person would present themselves in terms of behaviour and how the staff should respond in terms of low arousal techniques and any training the staff would need to use. Risk assessments were split into areas such as the person, physical and cognitive, behavioural and social/emotional, mental health and home and community. Staff told us they felt risks were well explained, and it was a requirement for them to read people's risk assessments before they supported them. We saw that the organisation had developed a 'champions' programme, where there were champions for safeguarding medication and moving and handling.

We looked at records for staff employed at the service to check safe recruitment procedures had been followed. We found checks had been completed before staff began working for the service. These included the receipt of a full employment history, an identification check, written references from previous employers, a physical and mental health declaration and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

N-Able would often seek the services of external recruitment agencies who were asked about the process for ensuring those staff had been safely recruited and vetted. We were taken through the procedure stage by stage and saw it had been appropriately implemented and accessed.

We asked relatives if they felt there were enough staff to be able to cover all of the support hours. Everyone told us there was always enough staff. We looked at rotas and saw the same names, which showed people are receiving support from a consistent staff team. One family member told us they liked all of their relative's staff team and the same staff had been supporting them for a long time.

Staff were able to describe how they would raise concerns about people's wellbeing and who they would speak to. Staff had received training in the principles of safeguarding, but also the practicalities of how to raise an alert with local safeguarding teams. Their responses were in line with procedures set out in the service's safeguarding policies. We saw information regarding safeguarding for people who used the service and relatives was readily available on the noticeboards in the office and the in service user guide. People we spoke with confirmed they knew how to raise concerns should they have any. This demonstrated the registered manager had ensured safeguarding principles were understood by staff and people who used the service.

We looked at completed Medication Administration Records (MAR) for people who required support with their medicines. There was detailed information on what the medicines were and the frequency of when staff were to support a person and how this was to be provided. Staff explained the correct procedure for administering medication. People's care files contained thorough information with regards to their medication, what it was used for, and any side effects the staff needed to be aware of. We saw that were people who required specialist technique's for taking medication, for example, via their PEG, [Percutaneous endoscopic gastrostomy] appropriate training was sourced for staff. PEG is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of assistance with nourishment when oral intake is not adequate.

We saw that there was a process in place to monitor any incidents and accidents in the service. The procedure consisted of the Case Manager completing a form, including some professional analysis of the incident and any action that is immediately required. This was then shared with the Registered Manager, who then reviewed and considered the root cause analysis, searching for themes and regularly recurring incidents. This information was then reviewed by the Senior Management team on a monthly basis and feedback was provided to the Case Manager and the team as required.

As staff were expected to carry out their duties in peoples own homes we asked the registered manager how they ensured the staff had a safe environment to work in. We saw that an environmental risk assessment was completed for each of the homes the staff visited, including any parking restrictions, when staff would have to walk an excessive distance and any hazards in the home, such as damaged flooring or pets.

Good

Is the service effective?

Our findings

Staff told us they felt the training that they received from the provider was of good quality and helped give them a foundation to progress in their roles. For example, as well as training in mandatory subjects such as moving and handling, first aid and medication administration, staff also told us they had received training in supporting people with acquired brain injuries. This training was completed in house by the provider by staff who were accredited. This training was also delivered externally to other organisations. We asked the staff about this training and all of the staff we spoke with told us the training helped them to understand how to support people with acquired brain injuries and how it is was a different type of support that was required.

We asked about the induction of staff. Staff were inducted according to the 'Care Certificate'. The care certificate is an identified set of standards which health and social care workers adhere to in relation to their job role. We also saw that the provider completed their own induction, which covered health and safety, and policies and procedures.

Staff confirmed and records showed that staff underwent regular formal supervision and had an annual appraisal. Records showed that supervisions took place every six – eight weeks. Staff said they could request supervision sooner if needed.

People told us they were supported to attend appointments at the GP. We saw that other medical professionals were involved in people's well-being and their contact details were part of people's care plans if the staff ever needed to contact someone for assistance and support

We saw that people were supported to do their shopping if they received twenty four hour support and they had access to their kitchens at all times so could make drinks and snacks whenever they wanted. For two of the people we looked at, we saw that they independently made their own meals.

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 when this is in their best interests and legally authorised under the MCA. This is called the Deprivation of Liberty Safeguards. There was one person subject to a Deprivation of liberty at the time of this inspection.

The registered manager explained the process had followed to safeguard someone in accordance with the principles of the MCA. This included involvement of the local authority as the DoLS needed to be applied for from the Court of Protection (CPA). We saw that the provider had done this for some people using the service. The Court of Protection in English law is a superior court of record created under the Mental Capacity Act 2005. It has jurisdiction over the property, financial affairs and personal welfare of people who

it claims lack mental capacity to make decisions for themselves who live in their own homes. The registered manager and staff we spoke with were aware of their roles in relation to the Mental Capacity Act 2005 and associated legislation. We checked people's care plans and saw that capacity was assessed depending on the type of decision which was to be made. We also saw that the provider had followed the 'best interest' process when people required support with decision making and the least restrictive option was chosen. We were able to see the completed applications stored in people's care plans. We saw very specific decisions were weighed up and the rationale for the outcome was clearly documented. We saw that one person was supported to stay in their partner's home as result of best interest meeting. There was a procedure and risk assessment for the staff to follow if the person decided they wanted to end the overnight stay and return home. This shows that the provider was supporting people to take positive risks helping them to live an independent life.

Good

Is the service caring?

Our findings

Comments we received about the service included, "N-Able are just wonderful." Also, "I don't know what I would do without them." One family member told us, "The staff are just great with, [family member], the service is just quality." In addition, "I don't know what I would have done without them."

People were involved in their care planning. We saw people, where they had capacity to do so, had signed to confirm they had been involved in reviewing and agreeing their own care plans.

There was information for people promoting independent advocacy services; some people were making use of this. People were given other important information in a way that made sense to them. We saw that staff had made use of images to aid communication and used photographs of people and events to help communicate with people.

Staff were able to describe how they ensured people's dignity was respected and they gave us examples of how they did this. One member of staff said, "I always ask people if it's okay to come into their home." Another member of staff said, "I try to encourage the person I support to do as much as possible for themselves."

Care plans we saw incorporated dignity and respect throughout. For example, one person's care plan for personal care stated 'Please wake up quietly and do not burst into the room.' Other care plans we looked at emphasised the importance of asking permission and allowing people to make their own choices.

Staff we spoke with told is they liked their jobs. One staff member said, "I have been supporting [person's name] for a few years now and I love it." Other comments included, "I could not see myself doing anything else," and "I have such a good relationship not only with [person's name] but also with the family." Another staff member said, "I feel like I make a difference."

We saw that reviews on care plans were taking place every few months and family members were present at these reviews. One family member said, "Oh yes, the case manager is always checking the package of care is still meeting our needs, then I receive an updated care plan which I sign."

We saw an example of staff delivering diverse support to one person who was supported by staff to live the life they chose, both culturally and physically. This person's care plan was written with this taken into account.

Good

Is the service responsive?

Our findings

We saw examples throughout our inspection which showed that the organisation was operating in a way which was person centred. Person centred means support based on the individual needs and preferences of the person and not to suit the organisation.

For example, one person's care plan we saw had a very specific procedure in place with regards to eating and drinking as they were at risk of choking. To ensure new staff understood the risk involved the organisation had completed a plan of how to support this person with their meals using a visual support plan. This contained photographs of the person in various comfortable eating positions to enable the staff to familiarise themselves with this. There was a photograph of how the person's food should be served, along with guidance from the SALT (Speech and Language) team. We also saw the person's care plan stated, "Staff are to assist me to eat in a quiet area so they can listen for changes to breathing." This shows that this person is receiving care based on their own particular needs and what is right for them.

We saw another example of detailed care plan to help someone brush their own teeth independently; this involved ensuring the electric toothbrush was switched off at first, then the care plan stated 'turn toothbrush on, and guide hand.' Which shows that the person is being supported to retain their independence.

We saw that another person had 'MOST' assessments in place. This stands for 'maximising opportunities safely together' and focused on positive risk. We saw that this person had their own vehicle which was driven by staff. We saw that this person could become challenging when out in the car, however it was also stated that it would be detrimental to their mental health if they could not go out when they wanted. We saw that the case manager had put a full strategy in place around the person and their behaviours, including what the staff must do if the person became challenging in the car. We saw that the person had signed this in agreement.

We saw examples of when people had interviewed and selected their own staff. We saw this was the culture of N-Able and wherever possible this was encouraged. We spoke to two staff who confirmed they had been 'interviewed' by the person who they were supporting first, or their family members before being allowed to complete any physical support. This shows that the provider is involving people and their families in their care packages and encouraging them to make decisions about their care.

We were shown some training, which had taken place at the office which was largely centred around one person. When we enquired about the reason for this training, the registered manager told us it had been arranged to help support a staff team who were having problems supporting a person. We saw the information for the training had been gathered both from the person themselves and the staff team. The training looked at the person's cognitive condition and how they could be supported better by the staff to manage day-to-day things. We saw that all of the staff team had attended the training, which lasted one day. We looked at the incidents and accidents for this person and could see that they had decreased since the staff had attended this additional training. We spoke to a member of staff who confirmed this training has taken place and it was beneficial. This shows that the provider is using effective ways to make sure that staff

work as team to be able to deliver more consistent support which meets people's individual needs.

In addition, we saw that the organisation engaged with people's schools and day centres for staff to attend training with staff there. This was to provide a consistent approach and achieve a better outcome for the person.

We asked a family member if they felt their relative was supported to pursue their interests. They told us, "Oh yes, they support [person] do things they probably wouldn't even try." We saw that people were encouraged to attend college or access employment and this was written collaboratively into their care plan which included a 'partnership agreement' between the staff, and the person's employer. For example we saw a strategy of what must happen if the person becomes unwell, included what the employer must do and what the staff must do.

We saw that the complaints procedure was clearly displayed on the notice boards in the communal areas of the office. People that we spoke with told us they knew the procedure if they wanted to complain or raise an issue. We saw that regular reviews also gave people the opportunity to raise any concerns with the case manager.

Good

Is the service well-led?

Our findings

There was a registered manager in post who had worked at the organisation for a number of years.

Everyone we spoke with, staff and families were complimentary about the registered manager, case managers and the organisation as a whole. One staff member said, "[Registered manager's name] is wonderful, very supportive." A family member told us, "I can't fault the case manager; they are always at the end of the phone if we need anything."

We asked families if they felt the organisation was well run and if they would recommend them. One family member said, "Oh yes, I have." Someone else said, "Definitely yes to both questions."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. A range of audits were completed which looked at quality in areas of the service such as medicines, care records, and health and safety. We saw that on one audit, on someone's care records, it had been highlighted that the staff were not recording enough information. We saw a remedial action, which stated, 'discuss at supervision.' This shows that the provider is using these systems to continuously improve the standard of support people receive.

Records showed that the case manager visited the service every other month to talk to staff and people who used the service, to check on the quality of service provided.

We asked about feedback regarding the service. We saw that the registered manager had regular face-to-face conversations with the people who used the service. We also saw from looking at care plans that people were regularly asked to provide written feedback about the service, including their care plan content, staff treatment, and the case manager.

The organisation had policies and guidance for staff to follow. For example, safeguarding, whistle blowing, compassion, dignity, independence, respect, equality and safety. Staff were aware of these policies and their roles within them. Staff told us they would not hesitate to whistle blow if they needed to.

The registered manager understood their responsibility and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service.

Team meetings were regular and were well organised on rotas so staff would be available to attend. The last team meetings we looked at were October 2016, one was November 2016. We were able to view the minutes of these meetings. Meetings involving people who used the service and their families took place every month; we were able to see minutes of these.

Staff we spoke with were motivated and understood the culture and values of the organisation. One staff

member told us how they are regularly acknowledged and praised by the case managers for their commitment and dedication.