

Approved Care and Support Limited

Oswestry

Inspection report

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30 May 2018

31 May 2018

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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 announced inspection took place on 29 May 2018. This was the provider's first inspection since registration.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. At this inspection they were providing personal care for 56 people.

Approved Care and Support had two registered managers in post and both were present throughout this inspection. One of the registered managers was also the registered provider. 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 were safe as staff knew how to recognise and respond to concerns of ill-treatment and abuse. Staff members arrived to provide care for people on time and stayed for the agreed period. Staff members followed safe infection prevention and control practices when supporting people. The provider followed safe recruitment procedures when employing new staff members.

People were safely supported with their medicines by competent staff members. People received care and support from staff members who had received training and support to effectively assist them. New staff had received an introduction to their role and were equipped with the skills they needed to work with people.

People received care that was effective and personalised to their individual needs and preferences. 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 members understood and promoted people's rights.

People received support that was kind, caring and respectful. People were supported by a staff team that was compassionate, thoughtful and appropriately "humorous". People's privacy and dignity was respected by those providing assistance.

People were involved in developing their own care and support plans. When changes occurred in people's personal and medical circumstances, these plans were reviewed to reflect these changes. People's individual preferences were known by staff members who supported them as they wished. People were encouraged to raise any concerns or complaints. The provider had systems in place to address any issues raised with them.

Approved Care and Support was well-led by a management team that people and staff found approachable

and supportive. People's feedback was encouraged and their suggestions were valued by the provider. Staff members believed their opinions and ideas were listened to by the provider and, if appropriate, implemented. The provider had systems in place to monitor the quality of service they provided and where necessary made changes to drive improvements.

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 were supported by staff who knew how to keep them safe. Staff knew what abuse was and how to respond if they suspected wrongdoing.

People's risks were assessed and action taken to minimise the potential for harm.

Staff arrived when expected and stayed for the agreed amount of time.

People received assistance with their medicines in a safe and timely manner.

Is the service effective?

Good ●

The service was effective.

People received care from staff who had training and who felt supported to meet people's needs effectively.

Staff understood the principles of the mental capacity act and the importance of ensuring people were able to make choices and consent to their care.

People had the support they needed with eating and drinking.

People had support and access to health professionals when needed.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind, caring and compassionate. Staff actively involved people in decisions about their care.

People's privacy and dignity was respected by those supporting them.

Staff treated people with respect and promoted their independence.

Is the service responsive?

Good ●

The service was responsive.

People received support that was individual to their needs and preferences. Staff knew people and were able to respond to any changes in their needs.

People had information presented to them in a way they could understand.

People were confident that any concerns or compliments would be acted on and valued by the management team.

Is the service well-led?

Good ●

The service was well-led.

There was an open and inclusive culture where people were actively involved and informed about the service they received. People were encouraged to provide feedback which was valued by the management team.

The management team and staff had shared values about the care and support they provided.

The provider had systems in place to assess and monitor the quality of care staff provided at the service.

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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 checked 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 was an announced comprehensive inspection completed on 30 May and 1 June 2018. In addition, we spoke with people receiving services on 29 and 31 May 2018.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who had personal experience of using or caring for someone who uses this type of care service.

Before our inspection visit, the provider completed a Provider Information Return (PIR). This 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 reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

We spoke with 12 people, two registered managers (one of who was the provider) and five care staff members. In addition, we spoke with one advocate and received feedback from one involved medical

professional. We looked at the care and support plans for five people including assessments of risk and guidance for the use of medicines. We looked at records of quality checks and incident and accident reports. We further confirmed the recruitment details of two staff members.

Is the service safe?

Our findings

People were protected from the risk of harm and abuse as staff knew how to recognise signs of abuse and how to report any concerns. One person said, "I feel comfortable in my home with them (staff) because they do a lot of talking which is nice. I can talk to them about anything. I would ring the office if something was wrong but I have never needed to." Staff members we spoke with told us about the signs of abuse they would be attentive too including withdrawn behaviour and unexplained bruising. One staff member said, "We can report anything to (registered manager's name)." Staff members went on to say that they had received training on how to recognise and report abuse as part of their ongoing training programme. The provider had systems in place to record and report any concerns of abuse they had or which were reported to them. This included passing information to the local authority or the police in order to keep people safe. We saw information was on display at the office informing staff and visitors how to report suspected abuse.

We looked at how people were kept safe when being assisted by staff members from Approved Care and Support. One person told us, "There is always a chance I could fall. Just knowing they are there helps me to feel safe." Another person said, "I wouldn't let anyone into the house if I didn't think they were safe." People told us, and we saw, that when Approved Care and Support first started to provide assistance a risk assessment of their property was completed. This included a check of any trips and hazards, appropriate lighting and any fire safety equipment. If issues or recommendations were found these were followed up with the person's permission. For example; we saw referrals to the local fire service when someone needed replacement smoke detectors.

People had individual risk assessments including, diet and nutrition, mobility and skin integrity. Staff members we spoke with knew how to keep those they supported safe. One staff member said, "[Person's name] is at risk of tripping. We make sure there are no obstructions when we leave and that they have everything they need within their reach." We saw people had been informed of potential risks to their property and access points in order for them to make decisions. One person told us about the decision they had made following their awareness being drawn to a potential issue. They said, "This was very helpful and just how a family member would think."

We saw that any incident, accidents or near misses were reported and if needed action taken. The provider had systems in place to address any incidents reported to them. None of those we spoke with told us that they had experienced any accidents that required reporting. One person did tell us about one staff member's potential unsafe practice. Once this was brought to the provider's attention we saw that action had been taken immediately to remove the risk and to raise the awareness of all those providing support. This was so that the risk of reoccurrence was reduced.

All those we spoke with told us that there were enough staff to support people safely and to assist them to do what they wanted. People told us staff members arrived when they were expected. People understood they lived in a rural area and that travel between calls could sometimes be unpredictable. However, should a staff member be delayed people told us they would receive a call telling them the carer was on their way and not to worry. People we spoke with told us staff members stayed for the expected length of the call. One

person said, "If they (staff) finish early they will sit and chat with me. I like that." People told us they usually had regular staff members supporting them which was beneficial to them as the staff understood their needs and they were able to build working relationships with them.

Staff members followed effective infection prevention and control practice when supporting people in their own homes. One person told us, "When they (provider) first agreed to provide care they delivered a supply of aprons and gloves which all the staff use when supporting me." Staff members we spoke with told us they had received training in infection prevention and control and had appropriate personal protection equipment available to them at all times. One staff member said, "If we feel that supplies in someone's home are running low we just let the next staff member know and they will re-stock from the office."

The provider followed safe recruitment procedures when employing new staff members. These checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with others. The provider had systems in place to address any unsafe staff behaviour. This included retraining and disciplinary procedures if required.

People received assistance with their medicines when they needed them and were supported by staff who were competent to do so. One person said, "They (staff) help me to sort out the tablets. They make sure I've been taking them. I'm always getting mixed up with them all. I am so pleased for this support." Another person said, "I was using tablets in bottles. I take lots of tablets so there was a lot to organise. So they (provider) suggested a blister pack and helped me to get this set up. I didn't know about this system for medicines. I'm so grateful for that suggestion and the support."

We saw the provider had systems in place for monitoring the administration and recording of people's medicines. This included checks of the medicines administrations records (MAR'S). When gaps appeared in the MAR'S records the provider undertook action to ensure that the medicine had been taken and that this was a recording error and not an administration error. We saw action that the provider had taken following the identification of such recording errors which including raising staff awareness through individual conversations and staff meetings.

Is the service effective?

Our findings

People told us they received care and support from a trained and competent staff team. One person said, "I think the carers know what they are doing because they are so helpful." Another person said, "I am sure they are all trained. They are so competent at what they do." Staff members we spoke with told us they undertook an initial induction into their role when first starting with Approved Care and Support. One staff member said, "When I first started I did my induction training which included safeguarding, health and safety and moving and handling training. I also went out with another staff member so that I could get to know people and to introduce myself."

New staff who had not had experience of working in care were supported to complete the Care Certificate. The Care Certificate is a nationally recognised training programme aimed at training staff to recognise the standards of care required of them.

Staff members told us they were supported in their role by an approachable management team. One staff member said, "We have regular supervisions (one-on-one discussions with senior staff). It is during these meetings we talk about how things are going and if we need any additional help. We talk about those we support and how we can do things differently if we need. It is very supportive." Staff members had access to additional training to support them assist people in accordance with best practice. For example, the provider has established a series of training sessions aimed at increasing staff member's awareness of Lesbian, Gay Bisexual and Transgender issues. The provider told us, "We support people in our local area in all aspects of their lives. This is an essential element of who people are and so we should encourage conversations around this subject as it helps us understand the person." They went on to say that raising this awareness in staff members will assist them to help identify and challenge any discriminatory practice or prejudices.

People were supported to have choice and to retain control over their lives by those supporting them. One person said, "Someone came out and asked me everything about what I needed and wanted. That made me feel involved. They made suggestions which were useful and it was all a two-way process." Another person said, "When they (provider) first became involved we met with [relative's name]. We went through everything I needed and why I needed it. Between us all we came up with a plan." Another person told us, "They (staff) don't attempt to take over. The choices and decisions were all mine." The provider had systems in place to involve people in decisions effecting their care and support. At this inspection they were not supporting anyone who did not have the cognitive ability to make such decisions. However, they did have systems and processes in place to support people should this be identified as need requiring assistance.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in community locations are called the Deprivation of Liberty Safeguards (DoLS). Any such applications must be made to the Court of Protection. At this inspection the provider had not needed to make any such application. However, the provider had properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general. The provider's policies and

procedures supported people to have maximum control over their lives.

People told us they were supported to have enough to eat and drink to maintain their well-being. One person said, "We look into the cupboards and see what I would like together. I tell them what I fancy and they help me." When it was required staff members helped people with monitoring of food and fluids. For example; following a period of ill health an attending medical professional requested that fluids for one person were recorded. We saw staff working alongside the person concerned to accurately record their fluid intake and to pass this to the medical professional. This was to assist with decisions regarding their continued care and support.

We saw the provider produced regular newsletters which contained tips on how to stay healthy. This included how to maintain healthy fluid levels as the summer temperatures increased. One person told us, "The weather was hot recently. One carer came in with a big bottle of water for me and gave it to me to drink straight away. I hadn't drunk enough that day and they were concerned for me." One staff member said, "We always prompt people to drink and leave enough fresh drinks for them when we go. This is to encourage them to drink more."

We saw people were supported to make healthy-eating decisions and to remain safe. When there was a difference of opinion regarding safe food preparation and meals the provider addressed this sensitively with people. Ultimately the provider followed safe food preparation techniques and provided reasons and explanations for doing so if this differed from the person's perception. One person said, "This morning I was asked what I would like for breakfast. I chose cereal but there were some strawberries in the fridge as well. [Staff member's name] cut them into pieces for me. It looked lovely and I thoroughly enjoyed it." A professional we spoke with told us they were impressed with the "Lovingly prepared and carefully presented meals made for one person to tempt them to eat when they were unwell and had poor appetite following discharge from hospital."

People had access to healthcare services when they needed it. These included GP and district nurses. The provider had systems in place to refer people for healthcare assessment promptly if required. One person said, "I needed to be referred to a specialist. They (provider) did this for me. I was very impressed." People were confident that the provider would respond to any changes in medical need in a timely fashion. We saw communications between the provider and one medical professional and appropriately share information with the person's permission. This was to support them maintain their well-being.

As part of the provider's initial assessment of people's needs the physical environment was considered. People were then, if needed, given advice on how to safely access areas of their home. This included moving their bedrooms to a downstairs location to aid their safe access to bed. We saw the provider had also made referrals for people to be assessed for mobility equipment to help with moving around their own homes.

Is the service caring?

Our findings

People described those supporting them as, "Kind," "Lovely," and "Caring." One person said, "They (staff) are so easy to be with. They can't do enough. They always ask if there is anything else they can do for me before they leave. They are all so very kind." Another person said, "The carers are very caring and kind. For example, they comb the back of my hair which I know gets to be a bit of a mess. It's so kind." One person went on to say, "They (staff) always tell me how lovely and fun I am. We have such a laugh and share jokes."

People told us that they were treated as if they mattered to those supporting them. One person said, "They (staff) feel like old friends." Someone else said, "I know it's a job for them but they never make you feel that way."

People were encouraged by the provider to identify and talk about any religious, faith or spiritual aspects of their lives that they would like staff to support them with. One person said, "I don't currently need any help with this, it's not something I need to think about." Another person said, "[Staff member's name] saw a religious symbol in my house. They asked me about this. I told them that I no longer practiced but it was lovely that they noticed and chatted to me about it."

People told us that they were supported by staff members at times they felt anxious, upset or low in mood. One person told us about when they went through a bad time. They went on to say that those assisting them had been very supportive and understanding. They said, "I wouldn't have got through it if it hadn't have been for them (staff)."

We saw people were involved in decisions they were able to make. For example, People told us they were supported to make choices about what to wear, what to eat and if they required any different support. We saw that information was presented to people in a way they understood and which encouraged their decision making. For example, one person had difficulty making their needs known, as they had limited speech. As a result, the provider developed a series of picture prompts for this person to use. This assisted them to make their needs known to those supporting them.

People told us their privacy and dignity was respected by those supporting them. One person told us about when they first realised they needed care and how this felt. They said that they felt embarrassed and uncomfortable at needing support from anyone. However, they then went on to say how staff had helped them to feel relaxed and reassured. They also went on to say, "I felt so much better after this, they (staff) are all so reassuring." Other people we spoke with told us the staff members always used techniques that maintained their privacy such as supporting them in a room of their choice and by making sure curtains were closed and only supporting the person how they wish to be supported. One person said, "We have a good routine. We always have plenty of towels to hand and I keep covered." People also told us that staff members always introduced themselves when first arriving at their homes and spent time chatting and putting them at ease before they commenced any personal care.

People told us they were encouraged to do what they could with the assistance of staff members which

assisted in promoting their independence. One person said, "I know I am not as supple as I used to be. I can't reach certain parts like I did before. However, they (staff) support me to do what I can and they help me where I need. This keeps me independent." Another person added, "Any little thing I can do, I do and they (staff) wait patiently." One involved professional told us, "I have seen the clients thrive in their own home where they want to be and should be. The management team are very open with communication with others like myself who are involved with the clients, they have always been very helpful in working collaboratively with me to help the clients maintain their independence."

Information which was confidential to the individual was kept securely and only accessed by those with authority to do so. We saw staff members confirming people's authority to access confidential information.

Is the service responsive?

Our findings

People received personalised care that was individual and responsive to their needs. One person said, "I told them (provider) what I needed and they put it all together for me in a plan which (staff) follow. I am very happy with it."

We saw these plans were regularly updated and reviewed to account for people's changing needs and wishes. One person told us, "As time goes on I am getting stronger and stronger and I am able to do more and more things. When this happens, we change things in my care plan accordingly." Another person told us, "If there are any changes I let them (staff) know and we change things around." Staff members we spoke with could tell us about those they supported. This included what their personal needs were, their likes and dislikes, work and family histories and topics of interest. People were supported by a staff team that knew them well as individuals.

We saw staff members reviewed what was going well for people and what they could do differently to make the experience more positive for those they supported. For example, one person required additional assistance to maintain their social circle and access their local community. Approved Care and Support provided extra support for this person and with the assistance of identified staff members this person was then able to meet friends in a social setting.

People had individual assessments regarding their communication and information needs. These assessments followed the Accessible Information Standard. The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. We saw information had been presented to people in pictures for them to understand and to indicate their preference. One person told us that staff members will also use objects of reference for them to consider and then communicate what they wanted.

People we spoke with told us they had the information they needed should they need to express a concern or make a complaint. This information was provided to people in the service user guide which was given to them at the start of them receiving support. One person told us that at the beginning of receiving support they did need to contact the office and raise a concern. They received a prompt response and they went on to tell us this has not been an issue since. We saw that the provider had systems in place to respond to and investigate concerns or complaints raised with them. Following this they communicated any outcomes to those raising the initial concern.

At this inspection the provider was not supporting anyone at the end of life or who was receiving palliative care and support. However, they had systems and processes in place through their care and support planning to meet these needs. The provider told us, "We have links with local Hospices and specialised support providers to help us plan and meet the needs of those at the end of life."

Is the service well-led?

Our findings

At this inspection there were two registered managers. One was also the registered provider and the other was newly registered with the Care Quality Commission. Both understood the requirements of registration. The registered managers had appropriately submitted notifications to us. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

People we spoke with told us they knew who the registered managers were and that they felt able to contact the office at any time and talk with them. One person said, "My carer wasn't well and had to go into hospital. [Manager's name] rang me to tell me that they were okay. They knew I would be anxious." Another person told us, "A few days ago, the manager came and did an ordinary call." One involved professional said, "I have contacted [provider's name] on more than one occasion to pass on my observations to the carers to let them know that their kindness and thoroughness does not go unnoticed."

We saw the provider created and circulated regular newsletters for people and their families to read. These newsletters contained information about the service, any training staff members were doing and information people may find interesting. For example; interviews with staff members who spoke about their lives outside of work.

People told us they were asked for their opinions about the service they received. One person said, "I was asked to complete a questionnaire about a month ago." Another said, "We get questionnaires through every so often." The latest results of the service user questionnaire were in the process of being collated at this inspection. However, we saw details of the last service user survey. We saw the provider had acted on the feedback received. For example, one point from the survey was that people found the complaints process unclear. The provider acted on this and re-published their complaints process with greater clarity for people to follow should they wish to do so. People we spoke with were clear about how to raise a complaint or issue with the provider. One person said, "The literature is good and I feel informed. I am very pleased."

Staff members we spoke with told us they found the management team approachable and supportive. One staff member said, "I know I can go to them at any time and it is never an issue." Another told us they received regular constructive feedback on the work they do including areas for improvement. For example, following one spot check it was identified that they had forgot something regarding infection prevention and control. This was highlighted to them and they told us they have never forgotten since.

We asked staff about the values displayed by Approved Care and Support. One staff member said, "We are about putting people at the heart of what we do. Listen and act on what they want and need. Everything should be centred around them and not us." People we spoke with told us they received a personalised serviced which focused on their needs. Everyone we spoke with told us they would recommend Approved Care and Support to others.

Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need

to raise such a concern.

The management team and the provider undertook regular checks to drive quality. These included regular spot checks with staff. These involved working alongside staff members and identifying any areas for improvement or reassuring them that they were doing well. We saw details of regular spot checks completed for staff which included punctuality and any feedback from the person receiving the service.

The management team kept themselves up to date with changes in adult social care by subscribing to national organisations for information sharing and by attendance at a provider representation forum.

The provider had established working links with the local community, other healthcare professionals, and community services providing support for people. These included, GPs, district nurses and specialist health professionals. In addition, the provider had completed a number of training sessions with the Fire and Rescue Service to raise the awareness of dementia. They told us this was to dispel some of the myths and fears of dementia, also to increase confidence and awareness in those who may meet people living with dementia as part of their day to day interactions.