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# N-Able Support Services

## 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?

Requires Improvement ●

# Summary of findings

## Overall summary

This was an announced inspection, carried out on 09 & 15 November 2016. We gave 48 hours' notice of the inspection because we needed to be sure that the registered manager or someone who could act on their behalf would be available to support our inspection.

N-able Support Services is a domiciliary care agency, providing personal care and support to people living in their own homes. The service operates from an office based in the City of Liverpool. At the time of the inspection two people were using the service.

The service is managed by the registered provider who has registered with the Care Quality Commission to manage the service. 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 last inspection of N-able Support Services was carried out in July 2014 and we found that the service was not meeting all the regulations that were assessed. We asked the registered provider to take action to make improvements, which included safeguarding people, safe recruitment and records. The registered provider sent us an action plan following the inspection in July 2014 detailing how and when they intended to make the improvements. During this inspection we found that the required improvements had been made.

We have made a recommendation about records. Although we found improvements had been made with some records, we found further improvements were required. Care plans and medication administration records (MARs) for one person lacked information about their care and support needs. This meant people were at risk of not receiving the right care and support. In addition records had not been maintained following some checks carried out on the service people received. Following our inspection we were provided with confirmation that the required records had been put in place.

Since the last inspection improvements had been made in relation to safeguarding people from abuse. Staff had completed safeguarding training and they had access to all the relevant information to help protect people and keep people safe. People indicated that they felt safe using the service and that staff treated them well. Staff were confident about recognising abuse and reporting any concerns they had about people's safety.

Since the last inspection improvements had been made in relation to the recruitment of staff. Although no new staff had been recruited since our last inspection records including photographic evidence of staff's identity had been obtained and placed in their recruitment files along with references. There was a recruitment and selection policy and procedure in place which outlined a safe process for recruiting new staff.

Staff said they felt well supported by the registered provider and that they were given sufficient

opportunities to discuss their work and training and development needs. For example, they attended weekly meetings and met regularly with the registered provider on a one to one basis to discuss their work and the people supported.

People received support by the right amount of suitably, skilled and experienced staff. Staff arrived at people's homes on time and stayed for the full duration of the contracted call. People received care and support from the same staff who had worked at the service for a number of years. Staff knew people well and had formed positive relationships with them.

People indicated that the staff were kind, caring and that they enjoyed their company. Staff took time to get to know people and they engaged people in their chosen hobbies and interests. One member of staff developed skills to enable them to communicate with a person using a second language.

People's healthcare needs were understood and met by staff. People were supported as required to attend health care appointments. Staff liaised with other health professionals for advice and support regarding people's health and they responded appropriately to any concerns they had about people's health.

People and family members understood the management arrangements and they had confidence in the way the service was managed. The registered provider was described as being approachable and supportive and caring towards those who used the service. People had access to information about how to complain and they were confident about complaining if they needed to.

## 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 administered their medicines as prescribed, however medication administration records (MARs) did not fully reflect this.

People were protected from the risk of abuse identify the possibility of abuse and to prevent abuse from occurring.

Staff were confident about dealing with an emergency situation should one arise.

### Is the service effective?

Good ●

The service was effective.

People made choices and decisions about their care and support.

People's needs were assessed, identified and planned for with their involvement.

People were supported to maintain a healthy diet.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and their privacy and independence was respected.

Staff knew people well and engaged with them in their hobbies and interests.

People were recognised as individuals and treated as such.

### Is the service responsive?

Good ●

The service was responsive.

People received all the right care and support to meet their

needs.

The lines of communication amongst the staff team ensured people received consistent care and support.

People had information about how to complain and they were confident about complaining.

**Is the service well-led?**

The service was not always well led.

Some records lacked detail about the care and support provided to people.

Checks on the quality of the service took place, however they were not always recorded.

People had confidence in the way the service was managed.

**Requires Improvement** 

# N-Able Support Services

## **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 was carried out by one adult social care inspector. The inspection took place over two days and was announced. The registered provider was given 48 hours' notice because we needed to be sure that someone would be at the office to assist with the inspection.

On the first day of our inspection we visited the office and met with the registered provider who also manages the service. We checked a selection of records held at the office, including care records for both people who used the service, recruitment and training records for three staff, policies and procedures and other records relating to the management of the service. With their prior consent we met one person at their home and the member of staff supporting them. We looked at the person's care plan and associated records and spent time chatting with them. On the second day of our inspection we spoke over the telephone with the other person who used the service, two family members and one staff member.

Before our inspection we reviewed the information we held about the service including any notification the registered provider had sent to us.

# Is the service safe?

## Our findings

People indicated that they felt safe and that they would tell someone if they had any concerns about their safety or the way they were treated. Family members told us they had no concerns about their relative's safety when being supported by staff. One family member said "If I thought [relative] wasn't safe they wouldn't be using the agency".

At the last inspection we found that the recruitment of staff was not robust. This was because there were gaps in pre-employment checks which indicated that appropriate checks were not undertaken before staff commenced work. This included a lack of references and photographic proof of the identity of staff. No new staff had been employed since the last inspection therefore we were unable to assess whether the process for recruiting new staff had improved. However, since the last inspection the registered provider had obtained the necessary references and proof of identity for existing staff and updated their recruitment records accordingly. A Disclosure and Barring Service (DBS) check was obtained in respect of staff before their employment was confirmed. The registered provider was in the process of renewing these for the three staff employed and a member of staff confirmed this.

At the last inspection we found that not all reasonable steps had been taken by the registered provider to ensure staff were supported to identify the possibility of abuse and to prevent abuse from occurring. This was because the registered providers safeguarding policy and procedure lacked guidance for staff about how to deal with an allegation of abuse and staff had not undertaken safeguarding training. At this inspection discussions with staff and records showed that staff had since undertaken safeguarding training. In addition staff were provided with more detailed guidance about the actions they needed to take if they became aware of an allegation of abuse. Staff had access to the registered providers safeguarding policy and procedure and those set out by the relevant local authorities. The documents provided staff with detailed guidance on the different types of abuse and how to recognise and report potential abuse. Staff described the different types of abuse and signs which may indicate a person had suffered abuse. One member of staff told us that they would be concerned if a person had unexplained marks on their body or if a person's mood or behaviour suddenly changed. Staff said they would not hesitate to report abuse or potential abuse and they described how they would do this, which was in line with safeguarding procedures set out.

There was a whistle blowing policy in place and staff were aware of it and confident about using it should they need to. Whistle blowing is where a member of staff can report concerns of poor practice to a senior manager in the organisation, or directly to external organisations without the fear of reprisals.

There was a policy and procedure in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. Staff who administered medication had completed the required training and had had their competency checked regularly. Medication and medication administration records (MARs) were kept safe in people's homes. People indicated to us that they received their medication on time and that staff were careful when administering them. We did however see that items of medication for one person had been handwritten onto the persons MAR but had not been signed by

two members of staff to ensure the accuracy of the information. In addition an item of medication which was prescribed for the person to be taken 'when required' had not been entered onto their MAR sheet. Staff were aware of the circumstances of when this medication was to be administered and they had recorded in the person's daily notes and a staff communication book when it had been given. However all prescribed medicines and a record of when it is given should be recorded on the persons MAR sheet. The registered provider took immediate action at the time to rectify this and during a telephone interview following the visit a member of staff confirmed it had been actioned.

Each member of staff was issued with a handbook which provided information and guidance in relation to various aspects of health and safety and employment law relevant to their work. The handbook was to help staff understand the basic health and safety requirements, how they affect their job and how they can contribute to ensuring they maintain people's safety and their own. The registered provider also provided staff with details of the arrangements in place should staff need to contact someone in an emergency outside of office hours. Staff confirmed that they had been provided with this information.

The right amount of suitably skilled and experienced staff visited people in their homes. People's level of dependency was continually assessed to help determine the amount of staff they needed to provide their care and support at any one time. Family members told us that they had no concerns about staffing levels and the suitability of staff who visited their relative.

Risks relating to tasks and activities associated with people's care and support and the safety of the environment had been identified and staff had guidance on how to avoid hazards. For example, potential hazards with equipment or any health related issues that people had. Staff were aware to report any hazards or equipment that was unsafe.

Staff had been trained in infection prevention and control. Staff told us they would report any infection control risks to the registered provider. Personal protective equipment (PPE) was available for staff to wear such as gloves and aprons to help minimise the spread of infection.



# Is the service effective?

## Our findings

People indicated that the staff were good at their job and family members told us they thought the staff were appropriately trained for their job. Their comments included "They seem to know what they are doing" and "[relative] has always said they [staff] do a good job".

No new staff had commenced work at the service since the last inspection in July 2014. However staff told us and records confirmed that they were inducted into their roles when they first started work at the service. Staff explained that they were introduced to the registered provider's policies and procedures and given time to become familiar with them. Staff said they were introduced to the person they were to be supporting and worked alongside the registered provider at the persons home for a period of time before working alone.

Staff were suitably trained to meet people's needs. Training was provided to staff on an ongoing basis and delivered by external accredited trainers which were sourced by the registered provider. Staff had undertaken a knowledge test to assess their competency in relation to the training they had completed. Training included mandatory topics such as fire prevention, safeguarding, first aid and infection prevention and control and specialist training linked to people's needs. Staff had completed a nationally recognised qualification in health and social care such as NVQ level 2 and 3 in care.

Staff received the support they needed to carry out their roles effectively. The registered provider was responsible for ensuring that staff received appropriate support and supervision. Staff confirmed that they had received all the support they needed to carry out their roles and that they felt confident within their roles. Staff confirmed that they had contact with the registered provider on a daily basis and that they attended weekly meetings to discuss their work and any training and development needs.

The support people needed to eat and drink was recorded in their care plan. Staff showed good knowledge and understanding of people's dietary needs and their food likes and dislikes. Staff were very conscious of ensuring that people had a balanced diet which was varied and healthy and appropriate to their dietary needs. Where appropriate staff assisted people to plan their meals and shop for food and they supported people as they wished to eat out at local café's, pubs and restaurants. One person indicated to us that they sufficient food and drink which they enjoyed.

People's healthcare needs were recorded in their care plan along with the details of their GP and any other healthcare professionals involved in their care. When required staff had supported people to attend healthcare appointments and they had liaised appropriately with relevant health and social care professionals. For example we saw that staff had contacted a person's GP and liaised with other healthcare professionals following concerns they had about a person's health and wellbeing. Staff said they would not hesitate to contact emergency services if they had immediate concerns about a person's health and we saw examples of when staff had done this.

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. In community services, where people do not have the mental capacity to make decisions on their own behalf, an authorisation must be sought from the Court of Protection (CoP) to ensure that decisions made in their best interests are legally authorised. The registered provider told us that there was currently no one who used the service subject to an authorisation made by the CoP. Records showed that staff had undertaken training in the MCA, and they were aware of their roles and responsibilities in relation to the act. They knew the main principles of the act and the need to respect people's decisions.

## Is the service caring?

### Our findings

People indicated that staff were polite, kind and caring. Family members told us that they thought the staff treated their relative with dignity and respect. One family member said "They are very patient with [relative] and seem to care a lot".

Staff spoke about people with warmth and consideration and they valued people as individuals. For example, a member of staff told how they enjoyed the company of the people they supported and how they considered them as their equal. The member of staff said they treated people in a way that they would expect to be treated or their loved ones.

People indicated that staff were reliable and trustworthy and that they arrived at their homes at the agreed time and remained there for the full duration of their contracted call. People received care and support from the same group of staff who had worked at the service for a number of years. People's interests were matched with those of the staff who supported them. For example, one member of staff explained how they shared many of the same hobbies and interests as one person and how this had contributed to building a meaningful and positive relationship. Staff had taken time to get to know people well and from this they were able to engage people in things of interest. For example a member of staff discovered that a person was able to speak a second language and on becoming aware of this the member of staff learnt a selection of words so that they could communicate with the person using their second language. The member of staff said they were keen to develop their learning further with a view of being able to speak the language fluently.

When we visited one person in their home they looked relaxed with the staff member who was supporting them. The person indicated to us that they enjoyed the time they spend with staff and that staff were caring, kind and patient. Staff knew what the persons favourite pastimes were both at home and in the local community and discussions with the person indicated that they were supported fully to participate in the things they liked to do.

People indicated to us that staff were respectful of their independence and privacy. Staff explained how they promoted people's independence which included encouraging people to do as much as they could for themselves. In addition staff explained that they encouraged people to make everyday choices such as how they spent their time and what clothes they wore. When supporting people with personal care, staff explained that they maintained people's privacy by ensuring curtains and doors were closed and by giving people time alone when using the bathroom or when in the company of friends and family.

People were given information about the service which they kept at their home. This included such things as how to complain and who to contact both during and outside of office hours. The registered provider was aware of the circumstances of when a person may need the help of an advocate and they held details of services which they would share with people who may require assistance from an independent advocate. An advocate acts as an independent person to help people express their needs and wishes, as well as assisting people to make decisions which are in their best interests.

Care files and other documents were stored securely to help keep all information confidential. Staff were trained to keep documents confidential and how to safely share information. This helped to ensure people's right to confidentiality.

## Is the service responsive?

### Our findings

People indicated that they received all the care and support they needed from staff. Family members were confident that their relative was receiving the right care and support. Their comments included, "They seem to know [relative] very well indeed I have no doubt [relative] is well cared for" and "The staff have a very good understanding of [relative] and [relative] has never complained and I know they would if they were not happy".

People's needs were assessed prior to them using the service to make sure the service was right for them. Care plans were developed based on the outcomes of assessments and other assessments were obtained from other health and social care professionals. People who used the service or where appropriate those acting on their behalf were involved in the assessment process. Care plans covered needs such as mobility, healthcare, medication and communication. Whilst care plans covered a range of needs some parts lacked specific instructions for staff with regards to how the support people needed. For example, tick boxes were used to indicate a particular area of need, however there was little information describing how the need was to be met. Whilst there was no evidence that this impacted on the care and support people received, there was a risk that people may not receive the right care and support. This was discussed with the registered provider who assured us that they would rectify this immediately. During a telephone interview following the visit a member of staff confirmed this had been actioned.

A record of the contact staff had with people was maintained. The records were used by staff to summarise the tasks and activities which they carried out during the visit as well as any significant observations, which needed to be communicated onto other staff and relevant others such as family members. Details of any contact staff had with the person's GP or other health and social care professionals involved in their care was also entered onto the contact records. The records helped to ensure that relevant information was shared about people and to check that people had received the right care and support.

The staff team consisted of established members of staff who had worked with the same people for a number of years. This meant that people were supported by staff who knew their needs well and with whom they had had the opportunity to build relationships. Staff had a good awareness of the individual needs of the people they supported and of the importance of how people liked to be supported.

People who used the service indicated to us that they were happy with the service they received. Family members confirmed that the registered provider obtained their feedback through regular discussions about the service their relative received. In addition the registered provider visited people in their homes and checked that they were happy with the service and the staff supporting them. However there was no formal process in place to capture people's feedback. The registered provider said they were in the process of developing a questionnaire to enable them to formally seek the views of people who used the service and relevant others about the service.

People who used the service and where appropriate those acting on their behalf were provided with information about how to make a complaint about the service should they wish to. People had this

information at their home and they indicated that they would complain if they needed to. Staff were familiar with the registered provider's complaints procedure and they told us that they were confident about how to assist a person to make a complaint if they raised one.

## Is the service well-led?

### Our findings

People indicated that the service was well managed. Family members told us that they had no concerns about the way the service was managed they commented that the registered provider was always available if needed and easy to talk to.

The registered provider who was also the manager had overall responsibility for the running of the service and there was a small team of staff who were directly managed by her. Staff described the registered provider as very easy to get along with, supportive, approachable and always available if needed. They told us they could telephone the registered provider at any time of the day or night for advice, support or guidance. Staff said they thought the registered provider managed the service well and cared a lot for the people who used the service.

The registered provider carried out checks to monitor the quality of the service however a record detailing what checks had been carried out and the outcome of them was not always maintained. For example, the views of people who used the service and relevant others about the quality of the service were obtained verbally but not recorded. In addition some checks failed to identify a lack of appropriate record keeping. This included medication administration records (MARs) which did not include items of 'as required medication' and when it had been administered and care plans which lacked detail about how people's needs were to be met. This meant that people were at risk of not receiving safe and effective care and support. By the second day of the inspection we were provided with confirmation that the required records had been developed and were in place.

We recommend that the service maintain records required to evidence the care and support provided.

Staff said they attended staff meetings and held regular informal discussions with the registered provider about their work and the people they supported. They said they received regular updates about the service including any changes to policies and procedures and safe working practices. Staff told us that they were encouraged to put forward suggestions and ideas about improving the service and that the registered provider had always listened to their point of view.

The registered provider had a complaints policy and procedure in place. People told us they knew how to make a complaint and that they were confident that they would be listened to. Staff talked us through how they would support someone to make a complaint and the registered manager was aware of local advocacy services available to support people with this.

There were processes in place for monitoring and learning from incidents and accidents, which staff were familiar with. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to staff, resulting in improvements to people's health, safety and welfare.

Policies and procedures were held at the office and easily accessible to staff and staff were issued with a

staff handbook, which included copies of them. Policies and procedures were in the process of being reviewed and updated so that they were in line with current legislation or best practice. The documents support effective decision making and delegation because they provide guidelines on what people can and cannot do what decisions they can make and what activities are appropriate.