

ALS Support Ltd

ALS Support Limited t/a ALS Support

Inspection report

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29 September 2016
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03 October 2016

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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

We inspected ALS Support Limited on 28, 29, 30 September and 3 October 2016. We usually give the provider 48 hours' notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies to make sure the registered manager can be available. However, we gave the provider seven days' notice due to the inspector's planned leave.

The last inspection took place on 29 July 2013, when we found the service was meeting the legal requirements we inspected at that time.

ALS Support Limited provide outreach and domiciliary care services to people with learning and/or physical disabilities. The service has a range of vehicles available, including a minibus, which have been adapted for wheelchair users so care workers can support them to participate in their local community. At the time of our inspection the service was providing support to 30 people, however only six of these people were receiving personal care which is the part of the service the Care Quality Commission regulates.

There was a registered manager in post, who was also the nominated individual for the Company. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The people who were receiving personal care had complex needs and were unable to verbally communicate with us about the service. We spoke with the relatives of three of the six people to gain their views. They were unanimous in their praise of the staff and the service provided to their relatives.

Relatives said staff were kind, compassionate and attentive and treated people with dignity and respect. They told us staff were knowledgeable and had the skills and competencies to meet people's needs. This was confirmed in our discussions with staff and the training records we reviewed. We saw staff received mandatory and specialist training which was kept up to date. Staff told us they received regular supervisions and appraisals and felt well supported by the registered manager.

Relatives told us they had regular care staff who arrived on time and stayed the full length of the call. They said communication was good and they were informed if staff were going to be late or if there was a problem. Staff confirmed they had sufficient time to carry out the care people required and told us they had regular people they visited which allowed them to develop good relationships with people and their families. We concluded there were sufficient staff to ensure people received a safe service. Staff were subject to the required checks on their characters and backgrounds to help ensure they were suitable to work with vulnerable people.

Relatives told us they felt their relatives were safe with staff from the agency. Staff understood the

safeguarding procedures, knew how to identify abuse and were aware of the reporting systems.

Risks to people's health and safety were assessed and clear, up-to-date plans of care were in place for staff to follow. Detailed care records showed people's needs were assessed in a range of areas and provided comprehensive information showing the care and support people needed and how they wanted this to be delivered. Our discussions with relatives and staff showed this accurately reflected the care that was provided. Effective systems were in place to make sure people received their medicines safely and when they needed them.

Effective systems were in place which ensured people's nutritional and health care needs were being met.

The registered manager understood their responsibilities under the Mental Capacity Act 2005.

Relatives and staff spoke positively about the leadership and management of the service. The registered manager led by example and worked alongside the staff team providing support and guidance. Systems were in place to monitor the quality of the service and the registered manager had plans in place to develop these further.

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.

Safe medicine systems were in place which helped ensure people received their medicines correctly as prescribed.

People's relatives told us they felt safe people were safe with staff from the agency. Risks to people's health and safety were assessed and clear risk management plans were in place.

There were enough staff deployed to ensure a safe service. Staff were subject to checks on their character to ensure they were suitable to work with vulnerable people.

Staff had a good understanding of safeguarding and knew how to recognise and report any allegations or incidences of abuse.

Is the service effective?

Good ●

The service was effective.

Relatives praised the skills and knowledge of the staff. We found staff received the training and support they required for their job role and to meet people's needs.

People's rights were protected because the registered manager and staff understood their responsibilities under the Mental Capacity Act 2005.

People received support to ensure their healthcare and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

Relatives of people who used the service were unanimous in their praise of the staff. They said staff treated people with kindness, compassion, dignity and respect.

Relatives of people who used the service were involved in making decisions about their care.

Is the service responsive?

The service was responsive.

People's care needs were assessed and care plans fully reflected people's needs.

A complaints procedure was in place and we found complaints had been dealt with appropriately.

Good ●

Is the service well-led?

The service was well-led.

Relatives and staff praised the management of the service. The registered manager led by example, working with staff to ensure a quality service was maintained.

Systems were in place to audit the quality of the documentation such as medication and care records.

Good ●

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Detailed findings

Background to this inspection

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

The inspection was carried out on 28, 29, 30 September and 3 October 2016. The inspection was announced. The provider was given seven days notice because the location provides a domiciliary care service and we needed to be sure that the registered manager was available. The inspection was carried out by two inspectors.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications the registered manager had sent us. We also contacted the local authority contracts and safeguarding teams.

We usually send the provider a Provider Information Return (PIR) to complete. 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 did not send a PIR on this occasion.

During the visit to the provider's office on 28 September 2016 we looked at the care records of two people who used the service, three staff recruitment files, training records and other records relating to the day to day running of the service. We spoke with the registered manager and a care worker. Between 29 September and 3 October 2016 we carried out telephone interviews with the relatives of three people who used the service and two care workers.

Is the service safe?

Our findings

The six people who were receiving personal care from the service had complex needs and were unable to communicate verbally with us. Therefore we spoke with the relatives of three of these people to gain their views of the service provided. They told us they felt their relatives were safe with the care workers. One relative said, "I need to be able to trust them and I can." Another relative said, "I know (relative's) in safe hands."

The registered manager told us sufficient care workers were employed for operational purposes. They told us they would not offer a service to any new clients until they had enough staff in place to cover the visits. Relatives of people who used the service told us they received support from the same group of care staff which helped to ensure continuity of care. They told us staff always stayed the full length of time of the call and always rang to let them know if they were going to be late or there were any problems. This was confirmed in our review of the care records and our discussions with staff. We concluded there were sufficient staff to ensure people's needs were met and people received consistent care and support.

Safe recruitment procedures were in place. We looked at three staff files. We saw checks had been completed which included two written references and a criminal record check through the Disclosure and Barring Service (DBS). Interview notes were recorded and when all documentation had been reviewed a decision was made about employment. This meant staff were appropriately checked for their suitability to work in the care service.

The registered manager and staff we spoke with had a good understanding of safeguarding and how to identify and act on allegations of abuse. This provided us with assurance that action would be taken to keep people safe. Safeguarding policies and procedures were in place and all of the care workers had completed safeguarding training. The registered manager told us there had been no safeguarding incidents involving the six people who received personal care since the last inspection.

There were systems in place to record accidents and incidents. The registered manager told us there had been no accidents and incidents involving the six people who were receiving personal care. We saw one incident recorded in a person's daily records where the person had caught their arm on the door frame causing a small red mark. Appropriate remedial action had been taken. However an accident form had not been completed when we checked with the registered manager. The registered manager acknowledged this should have been done and said they would address this with staff.

We saw environmental risk assessments in relation to people's home environment were in place to ensure the safety of the individual and staff. When a risk had been identified action had been taken to mitigate the risk. For example, the removal of storage and furnishings to make sure moving and handling equipment could be used safely. We saw similarly detailed risk assessments and management plans were in place for all aspects of personal care such as moving and handling. These were comprehensive and up to date.

We saw infection prevention procedures were in place and all staff had received relevant training.

Disposable gloves, aprons and hand gel were all available at the office base for care workers to collect as necessary. The registered manager told us stocks of these items were also left in people's homes where personal care was being delivered.

The provider had policies and procedures relating to the safe administration of medication in people's own homes which gave care workers guidance on their roles and responsibilities. All of the care workers had received medication awareness training, so if people needed support with their medicines they would be able to assist. We saw people's care plans included full details of the medicines they were prescribed and information about any allergies. However, we found one person was prescribed some medicines to be taken on an 'as required' basis. We found there was not always information to show in what circumstances these medicines should be given. We discussed this with the registered manager who told us they would address this straightaway. There was no risk to the person as they were not taking any of the 'as required' medicines currently.

Medicine administration records (MARs) we reviewed were well completed with no gaps. One person was not able to take their medicines orally and had these administered by staff through a feeding tube. There were very specific instructions in the person's care plan about how to administer these medicines. Staff we spoke with were fully aware of these instructions and confirmed they had received specialist training in how to administer medicines in this way.

Is the service effective?

Our findings

Relatives we spoke with told us the staff were very well trained and had the skills and knowledge to meet the needs of their relatives. One relative explained how their relative had very complex needs and described the specialist training staff had received from health care professionals to make sure they consistently delivered the care required. The relative said the staff were confident, very attentive and 'Know what they're doing' which reassured them that their relative was safe and received the care they needed.

Staff we spoke with praised the training they received which they said was kept up to date. All three of the staff we spoke with had completed or were due to complete the National Vocational Qualification (NVQ) level 3 in care. Staff confirmed specialist training was provided and tailored to meet the needs of the individual. For example, staff told us about training they had received in enteral feeding (feeding tubes which are medical devices inserted through the stomach to provide nutrition to people who cannot obtain this orally). This provided us with assurance that arrangements were in place to ensure staff had the right skills and knowledge to care for people with more complex needs.

The registered manager explained if they recruited care workers with no previous experience of working in the care sector they would be expected to complete the Care Certificate. The Care Certificate is a set of standards for social care and health workers. It was launched in March 2015 to equip health and social care support workers with the knowledge and skills they need to provide safe and compassionate care. It is aimed primarily at staff who do not have existing qualifications in care such as an NVQ. Staff were then able to progress through other qualifications in care.

The registered manager told us care workers completed mandatory training covering, for example, moving and handling, infection control, fire safety, food hygiene, health and safety, challenging behaviour and emergency first aid. This was confirmed in our discussions with staff and the training records we reviewed.

New staff worked a 13 week probationary period, during which they were expected to complete all of the mandatory training. If they did not complete the training during this time the registered manager told us their probationary period was extended for another 13 weeks. All new staff 'shadowed' an experienced care worker until the person they were supporting was happy with them and the care worker felt confident in their role. The registered manager told us there was no time limit for the 'shadowing' process.

The registered manager provided all staff with supervision every twelve weeks and an annual appraisal. These sessions gave staff the opportunity to discuss their ongoing personal and professional development. Staff we spoke with confirmed this happened and told us they felt supported in their roles.

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 the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection. We found the service was working within the principles of the MCA and that staff had an understanding of how these principles applied to their role and the care they provided.

We saw one person had a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) in place. The registered manager told us the original DNACPR form was kept with the person and staff knew this had to accompany the person on any outings. We saw a copy of this form was kept with the person's care records. We saw people were supported to access the healthcare services they needed.

We asked the registered manager if they were supporting any people who had specific nutritional needs. They explained some people who used the service needed full assistance from staff to eat and drink. They were very knowledgeable about people's personal preferences and described in detail the very specific dietary regime which was in place for one person. When we looked in this person's care plan we saw there was a very detailed plan in place, following advice from the speech and language therapy team and specialist nurse. We spoke with one of the care workers who supported this person who was able to explain how the care plan was followed. This showed us this person's nutritional needs were being met.

Is the service caring?

Our findings

Relatives we spoke with were unanimous in their praise of the staff and the service provided to their relatives. They said staff were kind and caring and treated people with dignity and respect. When we asked one relative what they thought of the service they said, "It's very good. The staff are absolutely fantastic. We get the same people coming who know (relative) really well. My (relative) can't talk but I can tell by (relative's) facial expression how things are and (relative) is always smiling and happy when staff have been with them."

Another relative said, "We've used the service for 10-12 years which says everything. It's invaluable and allows me to have some time to myself. We have regular staff and they (the staff) have developed really good relationships with (my relative)."

Another relative said, "We've not been with them (the agency) that long but they're doing fine, so much better than the other agency we had. Staff are very approachable and attentive and interact with (my relative) much more than the other agency did. We're really pleased. I can relax and get out more now knowing (my relative's) in safe hands."

Staff we spoke with knew the people they cared for well and were able to describe in detail the care and support people needed which reflected the information we had seen in people's care plans. During their discussions with us staff showed caring and compassion for the people they supported and their relatives. Their responses to our questions demonstrated they were aware of the key principles involved in providing dignified care and ensuring people were treated with respect and listened to. Staff were mindful of confidentiality which was clearly demonstrated when we rang to speak with them as although they knew we would be calling they made further checks with the registered manager before disclosing any information to us.

We saw people's care records contained detailed information about their likes, dislikes and preferences, which include social and cultural needs as well as health and personal care. This demonstrated the service got to know people and helped ensure they received holistic person centred care

The registered manager told us they very carefully matched staff to people to ensure the person received continuity of care from familiar faces. We saw care records contained photographs of the staff who provided the care to people. Relatives we spoke with told us the service was very good in making sure they had regular care staff. This was confirmed by staff who told us they visited the same people which enabled them to develop positive relationships with them and their relatives. Staff felt this was very important in providing consistency as the people they visited could not communicate their needs verbally. One staff member, when speaking about a person they supported who could only communicate through hand and eye movements, said, "I know every gesture and what it means and that only comes through knowing (person) really well." We saw there were detailed communication plans for people which showed how the person communicated, what it may mean and how staff should respond.

Relatives told us they had regular contact with the registered manager and felt communication was very good. One relative said, "(Registered manager) is very good, he's always checking with me that everything's okay." Another relative said, "We have regular contact with (Registered manager). He's always available and very amenable."

Is the service responsive?

Our findings

The registered manager told us when someone approached ALS Support Limited for a domiciliary care service they would visit them and their family to discuss their care and support needs. An initial care plan was then formulated with additional visits arranged until the care plan was agreed. This was to ensure the care plan accurately reflected how the person wished their care and support to be delivered. Relatives we spoke with confirmed they had been involved in drawing up the care plans and in regular reviews. When we asked one relative about this they said, "Oh yes we were involved in the care plan. They (registered manager) spent hours with us getting this done, it's very detailed and there's pages of it but there needs to be. The other agency we had just had one page."

We reviewed this person's care plan and found it was very detailed providing staff with step by step guidance on the care and support to be delivered at each visit. This included photographs to show staff exactly how the person liked things done or how equipment should be used. For example, positioning in bed, personal grooming and use of feeding tube equipment. There was a good level of person centred information included within this plan including information about any medical conditions which staff needed to be aware of. Our discussions with relatives and staff demonstrated the care plans reflected the care delivered. Care workers told us care plans were available in people's own homes and these were up to date. One care worker told us, "If there are any changes or updates to the care plans we are always told."

The registered manager told us care plans were routinely reviewed every year, but could be changed on request or if people's needs changed. They also explained they delivered care and support to people who used the service on a regular basis, which gave them the opportunity to check the care plan and get direct feedback from people using the service and/or their families.

People's social, religious and cultural needs were assessed as part of the care planning process. Care plans focused on the need to engage with people as well as providing companionship. This included taking people out into the community. Relatives spoke highly about this aspect of the service and said staff engaged well with people. The service provided a range of transport for people which were fitted with Global Positioning System (GPS) so the vehicles could be tracked. One relative told us how staff were very attentive and responsive to their relative's needs. They said, "They don't just sit there, they pick up on (relative's) moods and interact, getting (relative) involved. They do craft work, singing and dancing." Another relative told us how the staff were innovative and were constantly looking out for new activities they thought their relative may enjoy. They said their relative had been indoor skydiving which they loved and had been to watch gravy wrestling which they had thought was brilliant.

The service had a complaints policy and procedure and we saw the complaints procedure was available to people in the 'service user guide' and accessible in an easy read, pictorial format. We saw there had been one complaint since the last inspection and there were clear records to show this had been investigated and responded to appropriately. We spoke with the person who had made the complaint who told us they were very happy with the way the complaint had been dealt with and said the registered manager had sorted it out quickly.

Is the service well-led?

Our findings

Relatives were unanimous in their praise of the management and told us they thought the service was well-led. Comments included, "(Registered manager) is very good. He does some care himself and makes sure we're happy with everything" and "(Registered manager) has been out recently. He's very involved and is always checking to make sure everything's okay" and "We have regular contact with (registered manager). They're very amenable and flexible. It's a good package all round."

We asked staff if the service was well-led and they spoke positively about the management of the service which comprised of the registered manager and office manager. One staff member told us, "It's a fab company to work for they are responsive to the needs of service users and staff. [Name] is a good manager, he listens to your point of view, is approachable and will consider any ideas you have to change things. I would recommend them to people who needed a service and to work for." Another staff member said, "I love my job, you couldn't work for a better set of managers. They're always available, listen and are very supportive. I would definitely recommend it." A further staff member told us, "I enjoy my job. The manager is good and has been flexible with my hours which is a great help. I've recommended the service to people who are looking for a care service and would recommend it as a place to work too."

The registered manager led by example and regularly worked as part of the staff team in delivering care and support to people. They told us this helped them ensure high standards of care and support were maintained and allowed them to provide direct feedback and support and guidance to staff.

Formal systems to assess and monitor the quality of the service were in place. For example, we saw the registered manager carried out 'spot checks' on staff which looked at their practice, checked they were following the care plan and observed the way they interacted with people who used the service. We saw photographs were used to illustrate these checks as supporting evidence, for example, how one person was supported by staff on a trip out. The service also audited daily record reports and medicine administration records on a monthly basis. The registered manager told us they had identified the quality assurance systems needed improvement and showed us a more comprehensive audit tool they were putting in place. They also told us another member of the staff team would be supporting them in future with the auditing.

The registered manager explained all of the company vehicles were fitted with GPS trackers so they knew where care workers were and at what times. This helped them ensure care workers were following care plans and using their time effectively.

The registered manager explained they had used satisfaction surveys in the past, but had found them unsuccessful as very few had been returned. They explained they now incorporated people's views of the service at the annual review and found this a better way to get people's feedback. We saw evidence of this in the care records we reviewed.

The registered manager told us staff meetings were organised and these tended to be between teams of staff, rather than the whole staff team. Staff we spoke with confirmed these took place and said

communication was good.