Active Support Service Limited

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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 announced inspection took place over two days on 20 and 21 December 2016. At the time of our inspection there were 14 people receiving personal care.

There was a registered manager in post at the time of our inspection. 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 provider was also the registered manager; they were closely involved in the day to day running of the service and routinely monitored people's care. This meant that they were able to address any concerns regarding the quality of the service provided as they arose.

The provider had values and a clear vision that was person centred and focussed on enabling people to live at home. All staff demonstrated a commitment to providing a service for people that met their individual needs. People had positive relationships with staff.

Recruitment procedures protected people from receiving unsafe care from support staff that were unsuitable to work at the service. People received care from staff that had the appropriate skills and knowledge to meet their needs. All staff had undergone a comprehensive induction and thorough practical and theoretical training. Staff received updates to their training and regular supervisions. Staff were clear about their roles and responsibilities in caring for people and received regular support from the provider.

There were systems in place to manage medicines safely and people had specific risk assessments and care plans relating to the provision of their medicines.

People were protected from harm arising from poor practice or abuse; there were clear safeguarding procedures in place for care staff to follow if they were concerned about people's safety. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns.

People were actively involved in decisions about their care and support needs as much as they were able. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA2005) and applied their knowledge appropriately. There was a Mental Capacity policy and procedure for staff to follow to assess whether people had the capacity to make decisions for themselves.

Care records contained individual risk assessments and risk management plans to protect people from identified risks and help to keep them safe. They provided information to staff about action to be taken to minimise any risks whilst allowing people to be as independent as possible.

Care plans were written in a person centred approach and detailed how people wished to be supported and

where possible people were involved in making decisions about their care. People participated in a wide range of activities and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people were confident that issues would be addressed and that any concerns they had would be listened 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.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report any suspected signs of abuse and staff understood their responsibilities.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Is the service effective?

Good

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People received care from staff that had received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

Staff had a good understanding of people's needs and preferences and worked with people to enable them to communicate these.

People were encouraged to make decisions about how their care

was provided and their privacy and dignity were protected and promoted.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

Is the service responsive?

Good

The service was responsive.

People were involved in the planning of their care, which was person centred and their needs were assessed and reviewed regularly.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or
make a complaint and a system for managing complaints was in place.

Is the service well-led?

Good

The service was well-led.

A registered manager was in post and they provided staff with support and guidance.

The quality and safety of the service was effectively monitored.

People, relatives and staff were encouraged to provide feedback about the service and this was used to drive continuous improvement.

Active Support Service Ltd

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 20 and 21 December 2016. The provider was given 24 hours' notice because the location provides care for people in their own homes; we needed to be sure that someone would be in.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed information sent to us by other agencies, including the local authority safeguarding team.

During this inspection we spoke with one person who used the service and their relative and two relatives of people who could not speak for themselves. We also looked at care records relating to two people. In total we spoke with six members of staff, including support workers, senior support workers and the registered manager and provider. We looked at the quality monitoring arrangements for the service, four records in relation to staff recruitment, as well as records related to staff training and competency, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. People and their relatives told us that they were treated well by staff and felt safe when they were around. One person said "I have no worries, the staff help me". Staff were knowledgeable about safeguarding and had a clear understanding of the signs of harm they would look for. Safeguarding policies and procedures were in place and were accessible to staff. Discussions with staff demonstrated that they knew how to put these procedures in to practice and staff described to us how they would report concerns if they suspected or witnessed abuse. One member staff said "I would report it to the manager and I would expect them to report it to the local safeguarding team". The provider had responded promptly and appropriately to any allegations and worked with the safeguarding authorities in providing information for their investigations.

Appropriate recruitment practices were in place; checks had been made to establish that staff were of a suitable character to provide people with care and support. People and their relatives had the option to be involved in the recruitment of staff and were encouraged to be involved in the interview process. Records showed that staff had the appropriate checks and references in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service 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.

There were systems in place to ensure that people received their prescribed medicines safely. Staff had received training and had their competency assessed prior to taking on the responsibility of medicines administration. Medicines administration records (MAR) were clear and individual medicines care plans were in place for people. The provider carried out regular checks of people's medicines and MAR charts and any issues were promptly dealt with and discussed with staff.

There were enough staff to keep people safe and to meet their needs. People and their relatives told us that they had the same staff most of the time; staff came on time and stayed for the allotted time. One person's relative told us "They're always on time and they turn up for their shifts, they've been very good". Another person's relative told us that on the odd occasion that staff were delayed they would call to let them know.

People were assessed for their potential risks such as falls and medicines. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. For example where people's mobility had deteriorated their risk assessment and care plans reflected their changing needs. Staff told us that they reported changes to team leaders who arranged for the risk assessments and care plans to be updated to reflect people's current needs. People's care plans provided clear instruction to staff on how they were to mitigate people's risks to ensure people's continued safety. Staff described how one person had an in depth risk assessment in place to inform staff how they should support them to go swimming.

Good

Is the service effective?

Our findings

People received support from staff that had undergone a period of induction which enabled them to acquire the skills and knowledge they required to provide appropriate care.

Staff did not work with people on their own until they had completed all of the provider's mandatory training and had completed sufficient shadow shifts to ensure that they felt confident to undertake the role. Newly recruited staff also undertook training based on the Care Certificate, which includes mandatory training such as infection control and health and safety. The Care Certificate is based on 15 standards that aim to give employers and people who receive care, the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

People were supported by staff that had received training to meet their specific needs. For example where people had percutaneous endoscopic gastroscopy (PEG) assisted feeding, staff had detailed training to manage their care. Where people were diagnosed with epilepsy, the provider ensured that staff with the relevant training were allocated to their care visits. One member of staff described how training in supporting people with autism had provided them with insight and understanding, they said "The training made me realise the importance of getting into their world and seeing things from their perspective". There was a plan in place for on-going training so that staff's knowledge could be regularly updated and refreshed; training requirements were regularly discussed as part of supervision.

Staff were supported to carry out their roles through regular supervision and were able to gain support and advice from senior support workers and the provider as necessary. Regular supervision meetings were used to discuss staff support needs and training requirements. Meetings would also take place when any concerns had been raised by people or staff. Staff told us that they were happy with the level of support available to them. One member of care staff said "They [Provider] are very supportive of staff; I couldn't work for a better company". Another member of staff said "If we need anything there's always someone available to help us".

People received care and support from staff that had received the training they needed to ensure that support provided was in people's best interest. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and applied this knowledge appropriately. The MCA 2005 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.

The provider and staff were aware of their responsibilities under the MCA code of practice. People's care plans contained assessments of their capacity to make decisions and when 'best interest' decisions had been made following the codes of practice. Staff asked people for their consent when supporting them and people were involved in decisions about the way their support was delivered.

People were supported to have sufficient food and drink. People's needs with regards to eating and drinking were regularly assessed and plans of care were in place to mitigate identified risks. Staff were aware of people's nutritional needs and followed the advice of health care professionals when supporting people with eating and drinking.

People's healthcare needs were monitored and care plans ensured that staff had information on how care should be delivered effectively. We saw instances recorded in people's care records when staff had promptly contacted health professionals in response to any deterioration or sudden changes in people's health and acted on instructions. For example staff had arranged for the district nurse to visit one person as they were concerned about the on-going healing of a pressure ulcer. People were also supported to access health and social care professionals as necessary, for example the community team for people with learning disabilities.

Good

Is the service caring?

Our findings

People were cared for by a team of staff who knew them and understood their care and support needs. One person said "They are nice and kind". One person's relative described how carers monitored their family member's well-being closely and said "The staff know [Name] well, they know what to look out for when they are unwell". Another person's relative told us "The staff are really helpful and [Name] gets on well with all of them".

The provider ensured that people's care was provided by a regular group of staff, which helped form positive relationships. One relative told us "We have a constant staff team, we want to stick with the same staff and [Provider] makes sure that this happens". Staff were knowledgeable about the people they cared for and were able to tell us about people's interests, their previous life history and family dynamics.

Staff provided care and support that was person centred. People described how the care they received met their individual needs and they felt that they had a voice. For example the provider had worked with one person and their relative to ensure that they felt comfortable with the arrangements in place to ensure their safety when they were being supported to move. They now had confidence in the measures in place and the staff that were supporting them with this activity.

People were encouraged to express their views and to make choices. One person's relative said "They [staff] always ask [Name] what they want to do". There was information in people's care plans about their preferences and choices regarding how they wanted to be supported by staff. Care plans also contained information about how to meet people's emotional needs, for example one person's care plan described in detail how their vocalisation and body language indicated when they were distressed. These had been produced with the person or their representative, if they were unable to do this.

People told us that staff were always polite and respectful towards them, one person's relative said "[Name] gets on well with the carers, they look after her and she can talk to them". Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. We saw that the provider emphasised the importance of confidentiality during staff meetings. People's care plans contained information about confidentiality and all electronic records were password protected.

Staff demonstrated an aware ness of the need to maintain people's dignity. Staff were able to explain how they upheld people's privacy and dignity by taking into account their personal situation and needs and attending to these in a person centred way. For example they told us how they used positive language to encourage people to maintain their independence, one member of staff said "I always ask permission to do things and involve the person in the activity; I emphasise that we're doing it together".

The provider was aware of how people could be supported to access advocacy should they need to. Staff told us how they had enabled people to access advocacy services when specific support and advice was needed, for example to support them to manage their own finances.

Good

Is the service responsive?

Our findings

People were assessed before they received care to determine if the service could meet their needs. This assessment was thorough and covered areas such as medical history, mental health needs and communication. Team leaders told us they only agreed to provide support to people if they had the right staff in place and that this was supported by the provider. A team leader told us "Our assessments are person centred, we have to consider whether we can take on this person and meet their needs, if we can't then we have to say no". Initial care plans were produced before new people began to use the service; these were then monitored and updated as necessary.

Person centred care plans were up to date, reviewed as needed and contained information about people and their preferences. They covered areas such as personal care, eating and drinking, mental capacity and skin integrity. Where people had specific health needs or requirements there were specific care plans in place to guide staff; for example for people diagnosed with epilepsy. Risk assessments and care plans were linked together and cross referenced to give a full picture of people's needs; people received care that corresponded to their care plans. Where people were at risk of pressure ulcers, their care plans recorded the equipment and support they required to help prevent them. People were involved in planning their care as much as they were able and people or their representatives had signed their care plans to consent to their care and support. Staff demonstrated that they were aware of the content of people's care plans and had recorded that they had read them.

Care was planned and delivered in line with people's individual preferences, choices and needs. Care was provided at the times agreed and staff trained to meet people's individual needs were allocated to provide their care. Staff adapted their approach to best suit the person they were providing care to and used objects of reference to support some people to understand what they needed to do next; for example showing a person the toothbrush and tooth paste before supporting them to clean their teeth. Staff described how it was important to have an in depth knowledge of people's routines and to be consistent, as changes could confuse people, causing anxiety and impacting on their behaviour.

People's care was co-ordinated by team leaders that knew them well as they also provided care calls and carried out supervisions and audits at people's homes. One senior support worker told us "We carry out the care as well as regular quality checks; we look at care plans, medication and talk to the customer about their care".

The assessment and care planning process considered people's hobbies and past interests as well as their current support needs. Staff supported people to do the activities that they chose and were knowledgeable about people's preferences and choices. One member of staff told us that they supported people to go bowling, play pool and go to the cinema. They also described how one person was supported to volunteer at the local radio station.

People and their relatives said that they knew who to speak to if they were unhappy with any aspect of the service. People's comments and feedback about the service had been listened to and acted on promptly by

the provider. One person's relative said "They're very good, I've got no worries or concerns but if I did have, I would speak to [Provider] and they would put things right" A complaints procedure was available for people who used the service explaining how they could make a complaint and this was available in a pictorial format. The provider had regular contact with people who used the service and responded promptly to any concerns that were raised so that they did not escalate.

Good

Is the service well-led?

Our findings

The provider was also the registered manager for the service and they were actively involved in the day to day management of all aspects of the service. They routinely monitored the quality and safety of the care provided and regular audits were carried out of all areas of care provision; for example care planning and staff training. The provider and team leaders regularly visited people in their homes and checked people's care records and the arrangements in place for people's medicines. These visits were recorded and appropriate action taken in response to any concerns identified. Where issues had been identified the provider had taken action to improve the service and continued to monitor the quality. They understood their responsibility to notify the commission of incidents or changes to the service.

The provider promoted an open and honest culture within the organisation. Staff told us that they were able to approach management about any issues and that they were listened to. One member of staff said "The amount of support I get from [Provider] is fantastic; I've always felt valued and listened to". Regular staff meetings took place to inform staff of any changes and to provide a forum for staff to contribute their views on how the service was being run. We saw staff meeting minutes that demonstrated a positive person centred culture, with discussions about confidentiality, training and team building.

The service produced a regular newsletter for people, their relatives and staff; these provided information about what was happening within the service as well as general information about social care. The customer newsletter contained information about safeguarding, information on how to provide your opinion of the service and volunteering opportunities. The staff news letter contained information about employment matters, general medicines information and staff birthdays; as well as thanking staff for their hard work.

Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people at the best level possible. One member of staff said "We are here to make people's quality of life better". Staff were provided with up to date guidance on people's care and support needs and were focussed on ensuring each person's needs were met. The culture within the service focussed on supporting people's health and well- being in a way that enabled them to be as independent as possible. Staff were familiar with the philosophy of the service and the part they played in delivering the service to people.

The provider had a process in place to gather feedback from people and their relatives. They carried out regular surveys of people who used the service and their relatives and they were asked to complete a questionnaire annually. We saw that questionnaires completed had provided feedback that was generally positive and where possible people were contacted directly if they had raised any concerns.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff who were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people and mental capacity. Staff were aware of the whistleblowing policy and were able to explain the process that they would follow if they needed to raise concerns outside of the company.