

Active Support Service Limited

Active Support Service Ltd

Inspection report

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25 July 2019

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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

About the service

Active Support Service Ltd is a domiciliary care agency providing support and/or personal care to people who live in their own homes. At the time of the inspection, 12 people were receiving personal care from the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People received safe care and were protected against avoidable harm, abuse, neglect and discrimination. Risks to people's safety were assessed and strategies were put in place to reduce the risks.

Safe recruitment practices ensured only suitable staff worked at the service and staff were employed in sufficient numbers to meet people's needs.

Where the provider took on the responsibility, people's medicines were safely managed.

Staff received training that enabled them to have the skills and knowledge to provide effective care.

Staff received ongoing support from the registered manager and wider management team.

Where the provider took on the responsibility, people were supported to maintain good nutrition and hydration.

People were treated with kindness, compassion and respect.

Staff encouraged people to maintain their independence, and supported people to access the community and pursue their interests.

Care plans reflected people's individual needs and preferences, and were updated as required.

People and their relatives told us they were involved in the care planning and reviews of their care.

People's needs were assessed, and the care provided met their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Systems were in place to continuously monitor the quality of the service.

The service worked in partnership with outside agencies.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 1 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Active Support Service Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 July 2019 and ended on 25 July 2019. We visited the office location on 22 July to look at records and speak with management staff. We spoke with people, their relatives and staff on the telephone on 25 July 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and three relatives of people that used the service about their experience of the care provided. We spoke with three members of staff, the administrator, the registered manager, and the provider.

We reviewed a range of records. This included three people's care records three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were cared for in a safe manner. People and their relatives we spoke with, all felt that safe care was provided by staff.
- The service had safeguarding and whistleblowing policies in place which were regularly reviewed to ensure the information remained up to date and relevant.
- Staff had completed safeguarding training and said they knew who to contact if they had any safeguarding concerns. The registered manager had responded appropriately to concerns that had been raised.

Assessing risk, safety monitoring and management

- Risks associated with people's care, support and environment had been assessed and records provided guidance to staff on the measures needed to reduce potential risk. These included assessments on moving and handling, infection control, and the environment.
- All risk assessments we looked at were regularly reviewed and updated as required to reflect people's current needs and wishes.
- Relatives of people who use the service, told us they were happy the risk assessments reflected their family members needs accurately and were followed by staff.

Staffing and recruitment

- The provider had safe staff recruitment checks in place. This meant checks were carried out before employment to make sure staff had the right character and experience for the role.
- Checklists had been put in place on all staff files to ensure that the correct documentation had been collected to ensure staff were recruited safely.

Using medicines safely

- Care plans contained clear records about people's medicines; staff followed these plans to ensure people received their medicine safely.
- Staff were trained in medicine administration, which included medicines as and when required for specific health conditions. Relatives told us they were confident in staff ability in administering medicines.
- When staff did administer medicines, we saw this was done in a safe manner, and medication administration records (MAR) were completed accurately.

Preventing and controlling infection

- Staff completed training in infection control. This ensured they were knowledgeable about how to reduce the spread of infection.
- Staff told us they always had access to the personal protective equipment they needed, such as gloves and aprons.

Learning lessons when things go wrong

- The registered manager said any accidents and incidents would be recorded, analysed and reviewed to identify measures that may be required to reduce the risk of further incidents.
- Team meetings were used to discuss any issues and learn from any mistakes that were made.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Management staff conducted assessments of people's needs before they began using the service.
- Assessments reflected people's lifestyle choices and preferences to ensure people were treated equally and protected from the risk of discrimination.

Staff support: induction, training, skills and experience

- Staff confirmed they went through an induction training process, which prepared them well for their roles, before commencing any care. This included training and shadowing more experienced staff.
- Ongoing training was provided to staff, including opportunities to study national vocational qualifications (NVQ's) in care.
- Records showed staff had the supervision and support they needed to carry out their roles.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people with meal preparation when required and people told us they chose what they ate.
- Care plans outlined people's dietary requirements, and staff had good knowledge of people's preferences, likes and dislikes.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- Staff supported people with their healthcare needs. One staff member said, "One person has quite complex epilepsy. I have had the training to support them and know what to do. We record any seizures and know when and how to react to seizures according to the medical guidelines."
- People's care plans contained details of other health and social care professionals involved in their support.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff obtained consent from people before providing care and support. People were supported wherever possible to make their own decisions.
- All staff received training in relation to MCA which ensured they had a good understanding of its principles and what to do if they had concerns about people's capacity to make decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about the staff who cared for them and the relationships they had built. One person said, "The staff have been excellent. I don't know what I would do without them. I wouldn't change a thing." A relative of a person using the service said, "They [staff] have been consistently good for years, always kind."
- Staff told us they were able to develop relationships with people and their family members as they worked consistently with the same people.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they were involved in planning their care, and kept up to date with any changes. One relative told us, "We always review [name's] care plan. Any changes are updated, and I am always consulted."
- Staff told us they supported people to make decisions about their care and knew when people needed help and support from their relatives or representatives.
- The registered manager and staff team told us they regularly encouraged people to express their views and make decisions about their own care wherever possible.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful and treated them with kindness and dignity. One person said, "I always feel very comfortable with the staff, they have never let me down. They are respectful and kind." We saw a written compliment from a relative of a person which said, 'The care all of the staff gave was kind and gentle. Staff showed great patience whilst dealing with [name], They always remained highly respectful and professional.'

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was personalised to each individual, and people's likes, dislikes and preferences were understood and respected.
- Consideration was given to allocating staff and consistency of staffing was considered important. One relative of a person said, "They [managers] sent photos of staff members to make sure [name] knows their face before they arrive. Nobody comes and works with [name] until they have been introduced first."
- Care plans documented people's interest, hobbies and personal history. For example, one care plan documented that a person enjoyed rock music, ice skating and trampolines. It also included a list of preferred names to be used, favourite foods for dinners, and how they should be prepared.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager confirmed large print documentation was made available to people as and when required.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. People said they had not had to make any formal complaints but would do so if needed.
- A complaints system was in place, but no recent complaints had been made.

End of life care and support

- No current end of life care was being delivered. The registered manager understood what would be required to provide end of life care, and staff had been trained in this area.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and management team all had a good knowledge and understanding of the people they were supporting, and knew them well.
- People and staff felt a positive culture was promoted throughout the service. One staff member said, "The management are excellent. When I had a few problems, they were very supportive with me." Another staff member said, "Active Support Service is like a little family. The managers really care about us as a staff team. I would never leave this job."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager maintained records of accidents and incidents, and responded to complaints appropriately. We saw information and learning was shared with staff to reduce the likelihood of recurrence.
- The registered manager understood the regulations relating to information sharing. Records showed information was correctly shared with other agencies, for example, when the service had identified concerns.
- The registered manager submitted notifications about events which they were required to do by law.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles. All the staff we spoke with understood their responsibilities, and who to go to for help should they need it.
- The registered manager promoted positive team working and this was embedded in the staff team who spoke of respect and support for each other. This helped to ensure positive, effective communication between staff and consistency in the care and support provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had opportunities to share their views about the service informally, directly with the staff or the manager, and through feedback forms. Everyone we spoke with felt as though they could feedback, and be listened to and respected, at any time.

- Quarterly newsletters were sent out to provide regular updates to people and their families about the service, and any events that were coming up.
- The registered manager recognised the importance of seeking feedback from staff who were in daily contact with people who used the service. The office was regularly used by staff and people that used the service, to drop in and chat with the management and office team.

Continuous learning and improving care

- Established quality assurance systems were in place to continually assess, monitor and evaluate the quality of people's care.
- We saw regular audits took place on records such as care notes recorded by staff and medicine records. A log was kept of any errors found, and what actions had been taken to ensure lessons were learnt and improvements were made.

Working in partnership with others

- The registered manager told us staff had links with various outside agencies to benefit people's care. This included links with some day service's which people attended for activities and social needs, and healthcare professionals such as community nurses and GPs.
- The registered manager told us they also had a good working relationship with the clinical commissioning group, who funded some people's care.