

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Active Support Service Limited

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Tel: 01536510545

Date of Inspection: 11 March 2014

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Active Support Service Limited
Registered Managers	Mrs. Andrea Adams Mrs. Mandy Coyne
Overview of the service	Active Support Service is a domiciliary care service based in Kettering. It provides personal care and social support to just over 100 people living in their own homes in Northamptonshire. At the time of our visit 15 people were receiving personal care from Active Support.
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Active Support Service Limited had taken action to meet the following essential standards:

- Consent to care and treatment
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Requirements relating to workers
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 March 2014 and talked with staff.

What people told us and what we found

During our visit 11 March 2014 we did not speak with any people who used the service. When we visited on 25 November 2013 we spoke with two people who used the service and three relatives who all spoke highly of the service.

When we visited Active Support 25 November 2013 we found that although most people using the service told us they were happy with the service we identified areas that required improvement. These related to obtaining consent from people using the service; assessments and care planning; safeguarding people from abuse; pre recruitment checks and assessing and monitoring the quality of the service.

When we visited 11 March 2014 we found that improvements had been made to the above areas.

We found assessments of people's ability to understand and consent to specific decisions had been assessed and where people were not able to give consent decisions had been made on the person's behalf in their best interests. We found assessments and care plans had been updated and contained all of the information staff needed to care for and support people appropriately. We found improvements to how people were safeguarded from abuse and harm. We found the necessary pre recruitment checks had been carried out.

We also found that improvements had been made to the systems for monitoring the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

When we visited Active Support 25 November 2013 we found records were not always in place to show that people's capacity to make specific decisions had been assessed. We also found little detail of how decisions made on their behalf of people who did not have capacity to were assessed as being in their best interests in line with legal requirements.

When we visited 11 March 2014 we looked at care records for three people over the age of 18. We saw that assessments of their ability to understand and consent to specific decisions in relation to their care and support had been assessed. We saw that where people were not able to give consent records showed how decisions had been made on the person's behalf in their best interests.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

When we visited Active Support 25 November 2013 we found care records did not always contain all the information staff needed to care for people safely and appropriately.

When we visited 11 March 2014 we looked at care records for five people. We saw that assessments and care plans had been updated and contained all of the information staff needed to care for and support people appropriately. This included details of people's preferences and routines as well as information about how to manage any risks to the person and ensure their safety.

We saw that where areas of need had been identified in people's assessments there were details within the person's care records of how staff should provide support in that area. For example, where people were identified as being at risk of developing pressure ulcers, they had a risk assessment and care plans detailing how staff should monitor their skin and support them to reduce the risks.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

When we visited Active Support 25 November 2013 we found care records for one person stated staff should use an aid which could restrict to the person's movements. There was no detail of how this had been assessed as appropriate or in the best interests for this person. When we visited 11 March 2014 we saw that clear guidance had been put in place detailing how this aid should be used and how it had been assessed as appropriate for the person.

When we visited Active Support 25 November 2013 we found that not all the necessary pre recruitment checks had been carried out to ensure that staff were able to work safely with children and adults who may be vulnerable. When we visited 11 March 2014 we looked at five staff files and found that all the necessary pre recruitment checks had been carried out.

The manager told us that she had carried out an audit to check that all staff had received training in safeguarding children and adults.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

When we visited Active Support 25 November 2013 we found that gaps in people's employment history were not always followed up as part of the recruitment process and references were not always obtained from previous employers.

When we visited 11 March 2014 we looked at five staff files and found all the necessary pre recruitment checks had been carried out. This included checking the reasons for any gaps in the employment history and obtaining references from previous employers. We saw that the manager had introduced a checklist to the front of each staff members file to make sure that all checks were carried out. This helps to ensure that staff were able to work safely with children and adults who may be vulnerable.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

When we visited Active Support 25 November 2013 we found that audits of care records had not identified the issues that we found with assessments and care planning. We also found that gaps in staff training were not always identified.

When we visited 11 March 2014 we found that improvements had been made to the systems for monitoring the service.

We found that the manager had carried out an audit of all of the care records to check that they contained the appropriate information required by staff. We saw that people's care plans and risk assessments had been up dated to make sure they were accurate and reflected people's current support needs.

We saw that the provider had carried out a satisfaction survey just prior to our visit. We looked at a selection of 24 returned surveys and saw that they showed a good level of satisfaction. The manager explained the actions taken and planned to address any issues raised by people in the surveys.

We saw that the manager had introduced a checklist to ensure that all pre recruitment checks were completed for staff.

We found that the manager had reviewed the monitoring of staff training to ensure staff attend all mandatory training including training on safeguarding.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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