

Ali Gibson Support Limited

Ali Gibson Support Limited

Inspection report

294a Handsworth Road
Handsworth
Sheffield
S13 9BX

Tel: 01146980579
Website: www.aligibsonsupport.co.uk

Date of inspection visit:
31 October 2022
01 November 2022
02 November 2022

Date of publication:
21 November 2022

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

Ali Gibson Support Limited is a domiciliary care service which provides personal care and support to people living in their own homes. The service provides support to adults with a range of care and support needs, some of whom are living with dementia.

At the time of our inspection there were 93 people using the service. However, not everyone who used the service received the regulated activity of personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do receive personal care, we also consider any wider social care provided. There were 23 people receiving personal care at the time of this inspection.

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

People and their relatives were happy with the service they received from Ali Gibson Support Limited. Everyone we spoke with said they would recommend the service to others.

People felt safe when receiving care from the service. The provider completed a range of pre-employment checks to assure themselves staff were suitable to work at the service. Some of these checks needed to be more robust, however the manager agreed to address this issue. There were enough staff employed to meet people's needs. Staff arrived at people's scheduled care visits on time and delivered person-centred care to each person.

Most risks to people were assessed and managed well. Minor improvements were needed to some aspects of the provider's risk assessment processes, to ensure all risks to people were thoroughly considered and mitigated. Accidents and incidents were managed appropriately. People received effective support with their medicines and there were suitable measures in place to prevent the spread of infections.

People's needs were assessed to check the service was suitable for them. People were involved in this process and they told us they received care which met their preferences. People were happy with the support they received with food and fluids. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

Everyone we spoke with told us staff were kind and caring. Staff treated people with dignity and respect, and they supported people to remain as independent as possible. People's relatives told us staff were good at communicating with people and this supported them to remain involved in decisions about their care.

The service was flexible and responsive to people's changing needs. The provider had an appropriate complaints procedure in place and people knew how to complain if they needed to. The provider had systems in place to ensure people received compassionate and coordinated support at the end of their lives.

Staff were supported to deliver high quality care. Senior staff and managers closely monitored how the service was being delivered, to help ensure people were receiving safe, good quality care.

The service had an open, transparent culture. People, their relatives and staff all had opportunities to provide feedback about the service. Staff enjoyed their jobs and were all keen to deliver high-quality care. The service worked alongside other professionals to help ensure people received effective care and support.

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

Rating at last inspection

This service was registered with us on 23 October 2020 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Ali Gibson Support Limited

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 Act.

Inspection team

This inspection was completed by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. A new manager had also started working at the service and they were in the process of applying to register with CQC.

Notice of inspection

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

Inspection activity started on 31 October 2022 and ended on 2 November 2022. We spoke with people who used the service, their relatives and staff over the telephone on 31 October 2022 and 1 November 2022. We visited the location's office on 2 November 2022.

What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 6 relatives about their experience of the care provided. We spoke with 7 members of staff.

We reviewed a range of records. This included 3 people's care records and medication records. We looked at 4 staff files in relation to recruitment, supervision and training. 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.

This was the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Most risks to people had been assessed and their care plans contained guidance for staff to follow so they could reduce risks to people. This included risks associated with people's mobility, nutrition and hydration, skin integrity and any risks associated with their home environment.
- Risks associated with the use of bed rails had not been thoroughly assessed to ensure it was safe for staff to use them. The manager agreed to implement a more comprehensive assessment for any person using bed rails.
- Accidents and incidents were managed appropriately. Staff knew when and how to report relevant events and senior staff reviewed information about accidents and incidents to ensure action had been taken to reduce future risks.

Staffing and recruitment

- Some improvements were needed to the provider's recruitment process, to ensure new staff were subject to robust recruitment checks prior to being employed by the service. The provider completed a range of checks to assure themselves staff were suitable to work at the service. However, they had not always ensured a full work history was obtained from each staff member. The manager agreed to address this.
- There were enough staff employed to meet people's needs. Staff were allocated enough time during each care visit to meet people's needs effectively. People told us staff stayed with them for the correct length of time and provided all the care they needed during each visit.
- People received support from a consistent staff team which promoted good continuity of care. Comments included, "It's usually the same staff who visit me", "It's mostly the same care workers" and "They have been brilliant. I feel safe and get the same staff coming to support me."
- People's planned care schedules were adhered to, unless there was an emergency. The provider had suitable systems in place to ensure other staff were available to attend planned care visits in the event an emergency occurred. People and their relatives confirmed staff usually turned up on time, however, some people told us that if staff were running late they were not always informed in advance.

Systems and processes to safeguard people from the risk of abuse

- The provider had suitable systems in place to protect people from the risk of abuse. All staff were aware of the need to raise any concerns immediately, so action could be taken to ensure people were made safe. Staff were confident the registered manager and provider would act on concerns they raised.
- People told us they felt safe when being cared for by staff. Comments from people included, "They are very good. I enjoy them coming. I'm comfortable with them and I feel safe" and "I'm never worried, I do feel safe with them."

- People's relatives had no concerns about their family member's safety.

Using medicines safely

- Medicines were managed safely, and staff supported people to take their medicines as prescribed. People and their relatives were happy with the support they received with their medicines.
- Staff were trained in how to manage medicines safely. Their competence to manage medicines was kept under review to ensure their skills and knowledge remained up to date.
- People's care plans and medicines records contained clear information, so staff knew what support people needed with their medicines and when. This included detailed information about how to safely support people with medicines prescribed on a "when required" (PRN) basis.

Preventing and controlling infection

- There were systems in place to support staff to control the spread of infections. Staff completed training in respect of infection prevention and control, and they had access to adequate supplies of personal protective equipment.

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.

This was the first inspection of this newly registered service. This key question has been rated 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

- People's needs were assessed before the service started to provide care to them. A personalised care plan was created following the assessment process, so staff knew what care each person needed and when.
- People and their relatives were involved in the assessment and care planning process. This enabled staff to identify people's preferences and ensure their care was tailored to their individual needs and choices.
- People and their relatives were happy with the standard of care delivered by the service. A relative commented, "We couldn't wish for anything better. They always ask if there's anything else they can do."

Staff support: induction, training, skills and experience

- New staff completed an induction to ensure they understood what was expected of them. The induction process included shadowing more experienced staff.
- Staff received a range of training to help ensure their knowledge was up to date. Staff were happy with the training they received. People and their relatives told us they thought staff had the right skills to support them effectively. A person commented, "They know about 'invisible' illnesses like I have. They adapt my care and understand that my condition fluctuates" and another person confirmed, "I do think they are well trained. They also try and coincide my care visit with the visit from my physiotherapist so the staff can learn from them."
- Staff felt well supported in their roles. Staff had regular supervision discussions with their line managers and received feedback about their performance.

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

- People's nutrition and hydration needs were met. When people were supported with food and fluids, their care plans contained guidance about what staff needed to do for each person, whilst promoting their independence.
- People were asked about any special dietary requirements they had when they started using the service so staff could cater for their needs. If people required a special diet or had any food allergies, this was recorded in their care plan so staff knew which food should be avoided.
- People were happy with the support they received with their meals and drinks. A relative commented, "They always offer [my relative] a choice of meal. It's a perfect routine."

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

- Staff communicated with other professionals involved in people's care, as and when required. This helped to ensure people's care was well-coordinated between different health and social care services.

- People and their relatives told us staff were very good at identifying when people needed support from other services, and they were quick to act if they thought a person was unwell. A person told us, "One of the care workers came and found me poorly. She insisted on calling an ambulance and didn't leave until she had called them." A relative confirmed, "They have called the Doctor and waited with [my relative] for an ambulance. I can't fault the staff."

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 MCA 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.

- The provider had suitable systems in place to work within the principles of the MCA. They checked whether people had appointed someone else to make decisions on their behalf, for example by making a power of attorney. This helped to ensure relatives or friends with lawful authority to make decisions for people were appropriately involved.
- Staff understood the importance of supporting people to make their own decisions and obtaining consent from people before care was delivered. People and their relatives confirmed staff asked for consent before providing care. A person commented, "They ask me for my consent, and I get the care I want."

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.

This was the first inspection of this newly registered service. This key question has been rated 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 were treated well, and they told us staff were kind and caring. Everyone we spoke with were complimentary about the staff. Comments included, "They are exceptional. They are very kind, understanding and they don't rush me" and "They are very caring to [my relative] and to me too. They extend the care to me as well."
- The service had an effective system in place to ensure people felt comfortable with staff and to support them to feel respected. People told us new staff were always introduced to them prior to delivering any care. A person commented, "They never just send someone I've never met before."
- As people were usually supported by a small number of regular staff, this had enabled the staff to develop positive, supportive relationships with people using the service. A person commented, "I think the staff know what they're doing. They're very kind and they seem to take a personal interest in me". A relative reiterated this and said, "There's a good rapport between the staff and my relatives. The staff seem to love going to them."
- We were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- There were effective systems in place to support people to make decisions about their care and express their views. The assessment and care planning process ensured people remained actively involved in decisions about how and when they were supported by staff.
- People found it easy to communicate with the staff. This helped to ensure people could express their views and ask for things to be done differently, when necessary. A person told us, "I think they do communicate with me and they listen to me."
- People's feedback about their care was used to make changes to their care and support package, to ensure it continued to meet their needs in the best way.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and staff were aware of the need to ensure their personal information was protected.
- Staff supported people to remain as independent as possible. This helped to ensure people retained their skills. People's care plans recorded what people could do for themselves. A person told us, "My independence is promoted. I do things for myself, but when I can't they [staff] help."

- People were treated with dignity and respect. A person told us, "They do treat me with respect and dignity. They arrive discreetly" and a relative told us, "They always give [my relative] care with dignity and respect. They make sure they are covered up [during personal care]."

Is the service responsive?

Our findings

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

This was the first inspection of this newly registered service. This key question has been rated 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received person-centred care which met their needs. People's care plans contained enough information to support staff to get to know people well and to deliver personalised care to each person. A person told us, "They know me, they get me. They understand how I want to live, and they encourage me" and a relative told us "[My relative] does have a familiar staff team. The staff team know [my relative] really well and this has supported them to accept the service."
- The service was flexible and responsive to any changes in people's needs. This helped to ensure people received the care they needed, when they needed it. A relative commented, "We are reviewing the care and we are changing it as [my relative's] needs change" and a person told us, "They are flexible and adaptable. I can't speak highly enough of them."
- Staff respected people's routines and interests. They supported people to access the community and take part in activities that were of interest to them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and met. People's care records contained information to support staff to communicate effectively with people.
- People and their relatives told us staff knew how to communicate with them and they tailored their approach to suit each person's needs. A relative commented, "They communicate very well with [my relative]. They are very deaf, but staff are clear, loud and remember to stand in front of them when speaking." A person commented, "Staff have adapted how they communicate with me. They are informal but in a professional way."

Improving care quality in response to complaints or concerns

- The provider had a suitable policy and procedure in place about how and when people could complain about the service.
- People knew how to complain and felt able to raise any concerns with the provider. People told us when they had raised an issue with the office or directly with their care workers, it had been sorted out straight away. A person commented, "When I made a complaint it was dealt with quickly and efficiently."

End of life care and support

- The service was not providing end of life care to anyone using the service at the time of this inspection. However, the provider had systems in place to support people to receive coordinated and compassionate support.

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.

This was the first inspection of this newly registered service. This key question has been rated 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 provider promoted a person-centred culture and encouraged staff to be flexible and responsive to people's needs.
- Staff morale was positive. Staff told us they were treated well, and they enjoyed their jobs. Comments from staff included, "I think the service is good. I feel confident working here. They care for the clients and they put people's needs first." A person observed the positive attitude of staff, commenting, "They come in and they're like a ray of sunshine."
- People and their relatives told us they would recommend the service to their family and friends. Their comments included, "We would recommend the service. My relative used to hate other services coming, but they're happy with this company" and "I would recommend the service to anybody. They do an outstanding job. I could not find fault with them."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff were clear about their roles and responsibilities. They confirmed they received enough support from the management team to deliver a good quality service. A staff member commented, "It's like a family run company. They treat staff properly" and "The management team are always available. Even when you're working until late, there's always someone to ring for help."
- Staff worked effectively as a team. Staff told us they could rely on each other and communication between staff at all levels was good. A care worker commented, "The office staff are amazing. You can phone any time and they help you."
- Senior staff and managers closely monitored how the service was being delivered, to help ensure people were receiving safe, good quality care. This included the timeliness of care visits, the duration of those visits and whether people were receiving the care they needed.

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

- Managers made themselves easily available to people using the service, their relatives and the staff, so they had opportunity to share any concerns or feedback about the service.
- Staff told us they were listened to when they shared any ideas about how to improve the service for people. A staff member commented, "The management do listen to us. The service is all centred around the client's needs."

- We advised the provider to consider how they could implement additional, structured methods of obtaining and analysing feedback about the service, to help them continually evaluate how the service could improve.

Working in partnership with others

- The provider had links with social care professionals and community health services so they could work in partnership with other organisations.

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 provider had a suitable policy in place in respect of the duty of candour. At the time of this inspection there had not been any incidents which required the provider to take action under this policy.