

Active Friendly Support Ltd

# Active Friendly Support Ltd

## 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Active Friendly Support is a domiciliary care agency providing personal care to people in their own homes. It provides a service to people who have a learning disability and/or autism. 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. At the time of our inspection, the service was providing personal care to 2 people.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

This provider was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

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.

### Right Support:

People at Active Friendly Support were placed at the heart of the service. There was a strong person-centred culture that valued the individual and involved people in making decisions about their lives.

The provider had processes to safeguard people from the risk of abuse. Staff were knowledgeable about safeguarding and knew how to act on concerns. A relative told us they felt that their relative was safe. They commented, "Yes – they're really good staff that [persons] got."

There was a recruitment system to ensure appropriate staff were employed and there were enough staff to support people.

Risks associated with people's care had been identified and assessments were in place to minimise risks occurring.

Professionals involved were positive about the support provided. One commented, "All my clients are absolutely 100% happy with the support they receive and the `extra mile` that both management and support workers give to ensure people have a positive and fulfilled life."

### Right Care:

People received care and support from staff who knew them well and understood their needs and considered their preferences. Staff interacted positively with people and had a caring and respectful approach.

People were supported to achieve their goals and to increase their independence.

Staff worked in partnership with health professionals to ensure people received the right care and support. One professional commented, "I have worked with Active Friendly Support to use a Trauma Informed Care framework which they have initiated really well and in a sensitive way. They have implemented all agreed strategies and have been keen to discuss and build on these."

### Right Culture:

The senior team and staff had developed a strong and visible person-centred culture in the service and all staff we spoke with were fully supportive of this.

People were involved in planning their support and deciding how they wanted staff to support them to meet their outcomes and achieve their goals. People received support based on transparency, respect and inclusivity.

Staff told us should they have any concerns about poor practice they would feel confident to raise them and for their concerns to be acted upon. One staff commented, "I would feel comfortable addressing any issues I saw directly with colleagues or with [Registered Manager]. If I wasn't we all know about whistleblowing."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (report published 14 November 2019). A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an announced comprehensive inspection of this service on 08 October 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when, to improve fit and proper persons employed.

We undertook a focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well Led which contain those requirements.

The overall rating for the service has improved to good.

### 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 well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Active Friendly Support 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 2 inspectors.

#### 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

#### Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 15 May 2023 and ended on 1 June 2023. We visited the location's office on 15 and 26 May 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 also contacted Healthwatch Sheffield. 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 all of this information to plan our inspection.

#### During the inspection

We received feedback from 1 relative about their experience of the care provided and met with 2 people who used the service. We spoke with the nominated individual, registered manager and 5 support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 5 staff files in relation to recruitment, training, and supervision.

#### After the inspection

We reviewed 2 people's care plans and risk assessments.

We attempted contact with 7 health and social care professionals who have experience of the service and we received 2 responses.

A variety of records relating to the management of the service, including policies and procedures were reviewed.

We continued to seek clarification from the registered manager and nominated individual to validate evidence found.

# 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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure appropriate pre-employment checks had been completed for new staff. There was a breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

### Staffing and recruitment

- Safe recruitment processes were in place to ensure staff employed were suitable to work with vulnerable people. These included pre-employment checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. At the time of inspection, the registered manager was revising the recording system in place to provide a better overview of checks completed for each member of staff.
- There were enough staff to ensure people were appropriately supported. No concerns were raised about staffing levels at the service.
- Staff rotas were regularly reviewed to ensure there were enough staff to meet people's needs.
- Staff had a very good knowledge of the people they supported and were able to tell us about people's individual needs, wishes and goals.

### Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to safeguard people from abuse.
- Staff had a clear understanding of safeguarding people, and care and support was planned and delivered in a way that ensured people were safe, without restricting their freedom.
- People told us they felt safe and would talk to staff if they were worried about something. One commented, "I feel safe with the support I get".

### Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were well managed. There were processes in place to identify risk, which then led to detailed plans being put in place for staff to follow to reduce or remove risk.
- People's risk assessments were reviewed regularly or as required, such as in response to their changing needs or after a significant event.
- Staff were knowledgeable about people's risk assessments and supported people in line with them. People were supported in positive risk taking as part of an independent lifestyle. One staff commented, "I love what I do, making people's lives better. I like to see people learn independence skills."

### Using medicines safely

- Staff were trained in medicines administration and their competency had been assessed.
- People received their medicines on time and in a safe way. Records were maintained to document the administration of medications. Some people self-administered their medication and systems were in place so staff had oversight of this.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles.

### Preventing and controlling infection

- Staff told us they had easy access to personal protective equipment and had received training in infection, prevention, and control of infection.
- The provider's infection prevention and control policy was up to date.

### Learning lessons when things go wrong

- The provider had systems in place to ensure lessons were learned when things went wrong.
- Systems were in place to support staff reporting and recording any accidents and incidents to identify trends and common causes. However, it was noted that although incidents were recorded, there was low recording of accidents and near misses. The provider agreed to send a reminder to staff to ensure all accidents and near misses were always documented.



# 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 our last inspection we rated this key question good. At this inspection the rating has remained 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

- The provider ensured people's needs were assessed before support commenced.
- Managers maintained an overview of people's changing needs to make sure assessments and support plans were up to date.
- People's health and support needs were clearly recorded within their support files by staff.
- Staff explained how they involved people in making choices about their care and promoted independence. One commented, "As we give a lot of 1-1 support, we can help them with what they like to do. When clients change their mind about what they want to do we support them with that, it's their choice."

Staff support: induction, training, skills and experience

- The provider ensured staff received effective induction and training, including enrolling all new staff on the Care Certificate. The Care Certificate is an agreed set of standards defining the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards which should form part of a robust induction programme.
- The senior team checked staff competencies to ensure they understood and applied training and best practice. Staff received support in the form of continual supervision, appraisal and recognition of good practice. The registered manager was in the process of implementing a revised training and supervision matrix to provide better oversight of staff training and support.
- Staff had undertaken specialist training to meet the individual needs of people using the service. For example, epilepsy awareness, diabetes, autism and learning disability. The provider agreed to check that their training program for learning disability and autism was in line with the Oliver McGowan Code of Practice.

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

- People received support to eat and drink enough to maintain a balanced diet and were involved in choosing their food, shopping, planning, and preparing their meals.
- Staff encouraged people to eat a varied and healthy diet. One person told us, "I like bacon and egg (on a weekend) but other days I have banana and cornflakes."

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

- The provider worked closely with a range of professionals and partner agencies, to ensure people received effective support. One professional commented, "I have been very impressed by observing very meaningful activities which give the client a strong sense of achievement."

- People were supported to attend medical appointments and access a range of health care professionals to improve their health and well-being.
- People were supported to increase their skills, knowledge and independence by participating in training alongside staff. During our inspection people attended training in oral health care and food hygiene.

#### 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.

- Support staff told us they had received training in the MCA and could describe how they promoted people to be as independent as possible and to make decisions for themselves.
- People we spoke to told us they were supported to make their own decisions and choices. One person commented, "I get to choose what I do."
- Staff worked hard to ensure people were able to participate fully in their care by working in partnership with others to maximise involvement through services such as advocacy. One professional commented, "Active Friendly Support are always proactive in referring individuals to ensure people have a voice and someone independent of the service involved."

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and nominated individual led by example and demonstrated an open and transparent approach; they were passionate about promoting a person centred, inclusive and empowering staff culture.
- Staff worked in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. One staff commented, "We are very person centred, our service users have a say in everything to do with their care."

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; Continuous learning and improving care

- The provider fully understood their responsibilities around duty of candour and had transparent processes for investigating concerns.
- People, staff and the relative spoken to felt comfortable raising concerns with the senior team and said they felt confident they would be listened to. One relative commented, "Can get in touch with them for anything."
- A series of audits were in place to monitor, support, and highlight areas for improvement. Any improvements were actioned promptly to improve outcomes for people receiving support.

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

- The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008 and notifications had been submitted. However, the registered manager was unaware of the updates required for incidents where an open safeguarding is in place. The registered manager agreed to provide future notifications for these incidents.
- Further work around information management in some areas was required to ensure effective management oversight. The senior team told us that they were hoping to move to a new electronic recording system which should address some of the issues around storage and overview.
- Staff were complimentary of the senior team. Comments included, "I think the best thing is the communication between clients and management, they go out of their way to support people as best as they can" and "I can't think of anything they could do better."

### Working in partnership with others

- The provider worked in partnership with other agencies to ensure people received support to meet their needs.
- Staff worked closely with other healthcare professionals. People's support records showed involvement and guidance from a variety of other professionals.
- Professionals spoke positively of partnership working. One commented, "I have worked with a number of clients being supported by Active Friendly Support over several years and can honestly say they are a most outstanding, caring, client led service who care passionately about the wellbeing of the people they support."