

Able Care Huddersfield Ltd

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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

About the service

Able Care Huddersfield Ltd is a domiciliary care agency providing personal care to 16 people at the time of the inspection.

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 felt safe, and individual risks to people were assessed so staff understood how to support people safely. Medicines were managed safely. Robust recruitment procedures were in place and there were consistent staff to meet people's needs. Staff were confident in their understanding of safeguarding and emergency procedures.

People's needs and preferences were individually assessed. There was clear management emphasis upon empowering staff and ensuring they were supported as individuals. This meant staff were fully able to support the people they worked with. Effective systems, such as training and supervision, equipped staff to provide personalised care for each individual. People's consent to care and support was obtained in line with legal requirements.

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.

Staff were very dedicated, enthusiastic, caring and motivated to support people. People were respected as individuals. Care plans contained clear information and guidance for staff, with people's preferences for their care and support regarded throughout. Staff knew what mattered to each person. People knew how to complain, although no complaints had been received about the service.

There was clear leadership and management of the service. The management team was committed to ensuring the newly established service met people's individual needs in a bespoke way. People, relatives and staff spoke very highly about the way the service was run and were proud to be associated with Able Care.

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

This service was registered with us on 26 November 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on our methodology.

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 ●

Able Care Huddersfield 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 carried out 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

This inspection was announced.

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.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with the nominated individual and the registered manager in person, and three care staff by telephone. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. These included three people's care records, people's medicine records, two staff files in relation to recruitment, training and supervision. We looked at a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

This is the first inspection for 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

- Individual risks to people had been identified, assessed and mitigated.
- The registered manager continuously reviewed safety within the service and identified where there were opportunities to learn. For example, when one person was not wearing their alarm call pendant, staff were asked to remind all people to wear these where applicable.

Systems and processes to safeguard people from the risk of abuse

- Staff were confident in their understanding of safeguarding. Clear reporting systems were in place and understood by staff to ensure people were protected from abuse and harm.
- Staff were aware of incidents which may need to be referred to the local authority safeguarding teams. Staff told us safeguarding was given clear emphasis as part of staff training. One member of staff told us, "Safeguarding is drummed into our heads. We are always aware."

Staffing and recruitment

- Recruitment procedures were robust and staff selection was based on the values of the service. Staffing levels were based on people's needs, which had been individually assessed. Contingency plans were in place, such as for adverse weather, to ensure continuity of care for people.
- There were enough staff to meet people's needs and ensure people had consistent care from staff they knew and had built good relationships with.
- One person told us, "I always have the same staff who come to help me. This means the world because they know how I like things done and I trust them." One relative said, "They are so reliable, always on time and they never rush. I feel like [my family member] is important to them."

Using medicines safely

- Medicines were managed safely and people were supported with their medicines when they needed them.
- Staff had up to date training and were assessed as competent to support people with their medicines.

Preventing and controlling infection

- Staff understood infection control procedures; they used protective gloves and aprons where necessary to minimise the spread of infection and there was a continuous supply available at all times.
- Staff understood policies and procedures in relation to preventing and controlling infection.

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 is the first inspection for 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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- People were supported in the least restrictive way possible and were asked consent for all aspects of their care and support
- Staff understood the legislation and guidance around consent and they supported people to make choices and decisions about their care. People were assumed to have capacity. Where people were assessed as lacking capacity, staff involved them in individual ways to help them understand their care and support choices.

Staff support: induction, training, skills and experience

- Staff were supported through clear induction, training, supervision and effective teamwork. Care staff were motivated in their work because they felt supported by the management team.
- Plenty of time was allowed for new staff to learn the role thoroughly, get to know people and shadow experienced colleagues before working independently. Staff competencies were checked to make sure they supported people effectively.
- Staff felt the management team was approachable to discuss aspects of their work at any time. Teamwork was strong and there was effective communication between colleagues. One member of staff told us, "I could not be supported better than I am." Another member of staff said, "Managers are always at the end of the phone and they will step in to support at any time."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff involved other professionals in people's care, such as occupational therapists, social workers, district nurses and GPs. Staff understood where people may need additional support and made referrals where necessary.
- People and relatives were confident staff would seek relevant professional advice and support if needed. One relative said, "We have reviews of [my family member's] care and they would certainly help if anyone else needed to be involved."

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

- Staff understood the importance of supporting people with nutrition and hydration. One person said, "They always ask me if I want a drink and they make sure I'm alright."

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 is the first inspection for 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

- Staff were compassionate; they clearly knew people well and cared about them. Staff understood the visions and values of Able Care, which included, 'To provide a service that is as personal to us as it is to you' and 'Being kind is free'.
- People told us staff were caring. One person said, "The staff are always respectful. I have nothing but praise for the way they support my needs."
- Staff said they enjoyed caring for people and seeing the same people each time. One member of staff said, "There is really good continuity for people. We get to know each person and see them every day, so we know what is important to them."
- Relatives told us the service supported families as well as individuals. One relative said, "They go above and beyond, not just caring for my [family member] but for me as well. They are like my own family." And another relative said, "They gave me my life back. My [family member] was in need of their care and they were right there to support me with that. Marvellous."

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

- People were involved in decisions about their care. Regular reviews as well as daily communication provided opportunities for people to express their views.
- Relatives called into the office unannounced and chatted with the management team. One relative told us, "I feel welcome any time to call in and I can say if there is anything on my mind. I know staff will support [my family member] in their choice of how their care needs are met."
- People followed their own chosen routines such as what time they got up and staff support was scheduled around people's preferences.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff promoted dignity and privacy in their home.
- People were encouraged to do as much for themselves as they felt able and staff support was provided alongside what people could do independently, rather than staff taking over.

Is the service responsive?

Our findings

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

This is the first inspection for 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

- People's needs were assessed thoroughly so care could be provided in a person-centred way. People and relatives said care was planned alongside them and they were partners in this process; daily tasks and support plans were discussed together.
- There was a review system in place to ensure care was responsive to people's needs. Care was amended where people's needs changed, such as when increased calls were necessary.

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.

- People's communication needs were identified, recorded and met. Where people had a disability of a sensory loss, or cognitive impairment, their communication needs were discussed.
- Staff understood people had different ways of communicating and provided visual choices for people, such as supporting people to decide which clothes to wear.
- The management team was considering ways in which information could be made more accessible to people, such as through easy read and pictorial documentation.

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

- Staff knew people's life histories and backgrounds. One member of staff said, "The littlest things are often the most important, like birthdays."
- The service took account of people's social needs and arranged care around people's attendance at various social groups.

Improving care quality in response to complaints or concerns

- People and their relatives said they knew how to make a complaint. The complaints procedure was displayed in the entrance and staff said they would support people to make their concerns known. The registered manager said there had been no complaints received about the regulated activity.
- Compliments had been received and shared with staff.

End of life care and support

- Staff were sensitive to people's needs at the end of their life and provided appropriate care and support in

keeping with people's wishes.

- The management team knew how to support people and staff who provided end of life care, and they had sourced information from the Gold Standards Framework as well as a booklet from a local hospice.

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 is the first inspection for 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.

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

- Quality management systems were in place and the registered manager worked alongside the nominated individual to form a strong management team. Regular audits were completed and were embedded in line with the growth of the service
- All staff understood their roles and responsibilities, with clear accountability in each role and mutual respect for one another. One member of staff said, "Able Care is a really professional company. Managers genuinely care about clients and staff and there are no corners cut."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 service was based upon an open, transparent and empowering culture. The management team valued each member of staff and recognised their contribution to Able Care. The management team understood people's care was enhanced by ensuring staff were fully supported as individuals. Managers told us they encouraged staff to call into the office at any time they were able and have drink and snack breaks.
- Staff felt confident and trusted to work with people and to approach managers for any reason and at any time. One member of staff told us, "The managers know my individual needs and they enable me to have a good work-life balance." Another said, "We call into the office all the time. We feel very welcome, it's like family."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, staff and relatives said the management team was fully involved in people's care and worked in partnership with each of them. There was an open-door policy which enabled people to have direct communication with the management team and this was readily accessed.
- The management team was enthusiastic in driving improvement and establishing close relationships with other professionals. The registered manager attended regular networking meetings to discuss good practice.
- Staff praised the way they felt involved in how the service was run. One member of staff told us, "Communication is so good. We are always asked what we want and there are regular team meetings." Another member of staff said, "This is the best company I have worked for."

