

Able Living Care Services Limited

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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 Living Care Service is a domiciliary care service, providing people with care and support in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (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 the inspection, there were 54 people using the service, 30 of those people were receiving help with personal care.

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

People told us they were happy with the service they received and felt safe. They said staff were kind and friendly. Safeguarding adults' procedures were in place and staff understood how to protect people from abuse. Recruitment processes ensured new staff were suitable to work for the agency and people were involved in selecting suitable staff. There were enough numbers of staff deployed to meet people's needs in a punctual, consistent and flexible way and to ensure their safety. People received their medicines when they needed them from staff who had been trained and had their competency checked. The registered manager was developing the competency assessment process. Risk assessments were carried out to enable people to retain their independence and receive support with minimum risk to themselves or others.

People were given choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's care and support needs were assessed prior to them using the service to ensure their needs could be met. Arrangements were in place to ensure staff received ongoing training, supervision and support. People were supported at mealtimes in line with their support plan and staff worked in partnership with healthcare professionals, when needed.

The values of the service were known to staff and people using the service. Staff told us they received support from management and they felt valued. The culture of the service was open and transparent and people were empowered to voice their opinions. Without exception, people told us the service was well-managed and they would not hesitate to recommend it to others.

Management and staff had developed friendly, caring and respectful relationships with people using the service and their families. Staff knew about people's backgrounds and about their routines and preferences; this made sure people's care was tailored to their specific needs. People, or their family members, had been consulted about their care needs and had been involved in the support planning process. People had access to a range of activities in line with their support plan and this area was being developed further. People did not have any complaints about the service they received; they were aware of how they could raise any complaints, concerns and compliments and had access to a complaint's procedure.

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 01 December 2016).

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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Able Living Care Services 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. The service 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 the registered manager would be in the office to support the inspection.

Inspection activity started on 20 June 2019 and ended on 24 June 2019. We visited the office location on 24 June 2019.

What we did before the inspection

Before the inspection, we looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. 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 this information to plan our inspection.

During the inspection, we visited the registered office and spoke with the registered manager. We also spoke with six people who used the service and with three relatives about their experience of the service. We spoke with a care manager and three care workers.

We looked at the support plans and associated records for two people who used the service. We looked at a range of records relating to how the service was managed; these included staff training, induction and supervision records, quality assurance systems and policies and procedures. We also looked at the responses from the recent customer satisfaction survey.

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 now 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

- The provider had systems to protect people from the risk of abuse. People told us they felt safe and were very happy with the care and support they received. A relative said, "They put my mind at rest. I know [family member] is safe."
- Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies.
- The provider had taken suitable steps to ensure staff knew how to keep people safe and to protect them from discrimination. This included access to appropriate training and to policies and procedures.

Assessing risk, safety monitoring and management

- The registered manager and staff identified risks with regards to people's environment and personal care and support. Risk assessments included information for staff about the nature of the risks and how staff should support people to manage them.
- The registered manager kept records in relation to any accidents and incidents. They also monitored the information to identify whether appropriate action had been taken and to identify any patterns or trends.

Staffing and recruitment

- The registered manager made sure enough staff were available to support people and ensured planned visits were flexible in line with people's preferences.
- People told us they received care from the same team of staff who were familiar with their needs and preferences. They told us staff were punctual and had never missed a visit. A relative said, "They don't rush around, and nothing is too much trouble."
- The registered manager monitored staff attendance closely. Staff completed timesheets and logged their visits on the on-call telephone. The registered manager explained the on-call telephone was monitored closely to ensure staff had arrived safely and carried out their visit in line with agreed times.
- The registered manager followed clear recruitment and selection processes and carried out appropriate checks on potential staff prior to employment. A list of interview questions had been developed following consultation with people using the service. We discussed how completing the healthcare checks following the application would support a fair recruitment process.

Using medicines safely

- The registered manager and staff had policies and procedures to refer to when managing people's medicines. We discussed, with the registered manager, how some processes could be made safer. For example, handwritten medicines directions needed to be witnessed, directions for the application of creams

needed to be clearer and appropriate codes needed to be consistently used to determine why medicines were not given. The registered manager assured us this would be addressed.

- Staff were suitably trained to administer medicines and a formal assessment was being introduced to record checks on their practice.

Preventing and controlling infection

- The provider had systems in place to ensure people were protected against the risk of infections. Staff were provided with personal protective equipment, including gloves, aprons and hand gels and had access to infection prevention and control policies and procedures.

Learning lessons when things go wrong

- The provider had systems to learn lessons and improve when things went wrong. The registered manager said accident and incidents and any lessons to be learned would be discussed at management and staff meetings.

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 now 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

- The management team completed thorough assessments before people received a service, to make sure their needs could be met. This resulted in positive outcomes for people and supported a good quality of life. A relative said, "They have a good appreciation of [family member's] needs."
- Staff considered people's protected characteristics such as culture, age, religion and belief. Policies and the initial care assessment supported the principles of equality and diversity.

Staff support: induction, training, skills and experience

- The provider made sure staff were provided with a range of training which enabled them to deliver high-quality care and support to people.
- The provider made sure all new staff were given an in-depth induction to ensure they could carry out their role safely and competently.
- The registered manager provided all staff with regular support and supervision to support them in their roles. Supervision provided them with the opportunity to discuss their concerns, responsibilities and to develop their role.

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

- The registered manager made sure people were supported at mealtimes in line with their plan of care.
- People told us staff asked them what they preferred to eat and prepared and cooked their food to a good standard.

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

- Management and staff liaised with healthcare professionals to ensure people's health needs were met and to ensure people received a coordinated service.
- Staff recorded information about people's medical history and any needs or risks related to their health. They also contained the contact details for people's GP and next of kin to be used by staff if they had concerns about people's health or well-being.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- Management and staff had received training and demonstrated an understanding of the principles of the MCA. Staff made sure people were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible.
- The registered manager and staff sought people's consent before care was provided. People and, where appropriate, their relatives had been asked to sign consent forms.
- Staff understood the need to ask people for consent before carrying out care. People confirmed this approach. For instance, a person said, "They are interested in what I want and how I want them to do things. They always ask me."

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 now 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

- Management and staff focussed on building and maintaining open and honest relationships with people and their families. People told us staff always treated them with respect and kindness and they were complimentary of the support they received. They said, "They are a friendly bunch" and "Nice, chatty people." Relatives also praised the approach taken by staff.
- Management and staff had received several messages of appreciation from people or their families. This highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. Comments included, "Thank you so much for the care you gave" and, "Thank you for the kindness and respect you showed [family member]."
- Staff had access to a set of equality and diversity policies and procedures and had received training in this area. Staff demonstrated a good knowledge of people's personalities and individual needs and what was important to them.

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

- The provider involved people in planning and reviewing their care, so they could make decisions and choices.
- People, and where appropriate, their relatives told us they were consulted about the care they needed and how they wished to receive it. They told us their views were listened to and respected. This helped to ensure that care was delivered in a way that met the needs of people who used the service.
- Management and staff recorded information about things that were important to people, their likes and dislikes, important people in their lives and their relationships.
- The registered manager had details of advocacy services which people could access to ensure someone could support them and ensure their views were listened to.
- Staff respected people's confidentiality and had developed trusting relationships.

Respecting and promoting people's privacy, dignity and independence

- Management and staff respected and promoted people's privacy, dignity and independence.
- People told us their privacy was respected and staff were respectful of their homes and their belongings.
- Staff ensured people's rights were upheld and they were not discriminated against in any way. People confirmed they were not discriminated against in relation to religion, gender or age.
- Staff understood their role in providing people with person centred care and support and were aware of the importance of maintaining and encouraging people's independence.

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

- Staff had a good understanding of people's needs and wishes. The support plans contained enough information to make sure people received care and support that was person-centred and to ensure they lived the lives they wanted to. Staff wrote daily records, which documented the care people had received, in a detailed and respectful way.
- People told us they were involved in their support plan and in any reviews. One person said, "They have made a big difference to me."
- We looked at how technology was used in the service. The agency office used Wi-Fi and computers to support them in their daily work. In addition, people using the service carried pendants to be used in the case of an emergency and had key safe systems in place.

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 provider, registered manager and staff understood about the Accessible Information Standard. People's communication needs were identified and recorded in their support plans and shared appropriately with others. We were told information could be made available in a variety of formats, such as easy to read information to meet the communication needs of people and to give people more control over their lives.

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 supported people to partake in activities in line with their plan of care and that met their social and cultural needs and interests.
- Management and staff supported people to develop and maintain relationships within the local community to avoid social isolation. Christmas parties and celebration days had been organised. People were being consulted about the activities they would be interested in.
- A relative described how the service had supported them and helped them to maintain contact with their family member during a period of illness.

Improving care quality in response to complaints or concerns

- The provider had a system to monitor any complaints, compliments or concerns. The information was

used to understand how they could improve or where they were doing well.

- People had access to clear complaints procedures in the service information guide. People told us they had no complaints or concerns. They told us they would feel confident talking to staff or the registered manager if they had a concern or wished to raise a complaint.
- The registered manager and staff encouraged people and their relatives to discuss any concerns during review meetings and during day to day discussions. People also participated in a satisfaction survey where they could air their views about all aspects of the service.
- The service had not received any complaints in the past 12 months.

End of life care and support

- At the time of our inspection, the service was not supporting anyone with end of life care. There was clear evidence people's preferences and choices in relation to end of life care and cultural and spiritual needs had been explored and recorded.

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. At this inspection this key question has now remained the same, 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

- Management and staff planned and promoted person-centred care to ensure good outcomes for people. Management and staff were continuously involved in discussions and development of the company values. Everyone we spoke with was complimentary about the service. One staff. Comments included, "They are always looking for ways to improve", "They really care about the clients" and "it's a family orientated service."
- The registered manager empowered people to make decisions about their care and support, about the staff that supported them, the development of the service and about recruiting the right staff to support them. People had provided interview questions whilst considering what makes a good carer and nominated staff for the 'carer of the month' award. People told us they felt involved in the service and would not hesitate to recommend the service.
- Staff were committed to providing high standards of care and support and felt valued and supported. Staff told us they enjoyed working at the service and received appropriate support from the management team. They said, "It's great, I love it. I don't want to leave, ever", and "We are able to go out of our way to support clients without rushing." Staff achievements were recognised and celebrated.

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 management team understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness and honesty. People told us managers and staff were open, honest and trustworthy. Good relationships had been developed between management, staff and people using the service and their family members.
- The registered manager told us they would speak with people when things went wrong. Any incidents would be fully discussed with staff during meetings or in one to one support sessions.

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

- The registered manager and provider ensured there was a good standard of organisation within the service. Records maintained were accessible, completed to a good standard and used for auditing purposes. The registered manager and provider monitored all aspects of the service, including spot checks on staff practice. When shortfalls were discovered, improvements were actioned. We discussed how the medicines audit needed more detail to ensure all shortfalls were recognised. The registered manager agreed

to action this.

- The provider made sure staff understood their individual responsibilities and contributions to service delivery. Staff were provided with job descriptions and had access to a set of policies and procedures to guide them.
- The registered manager and provider were knowledgeable about their legal responsibilities. Any notifications the registered manager and provider were obliged to make, had been made to CQC and the local authority.
- The registered manager demonstrated a good knowledge of people's needs and the needs of the staff team. The registered manager worked alongside staff carrying out care duties. People, relatives and staff made positive comments about the registered manager.

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

- Management and staff actively supported people to be engaged in the development of the service.
- The registered manager had developed excellent links with the local community and were a recognised dementia friendly organisation. They visited local schools to raise young people's awareness and arranged community days to bring people together. People told us the agency offered transport to local activities.
- The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service. People were given the opportunity to complete a customer satisfaction survey. We discussed with the registered manager, how the results of the survey could be shared with people.
- Management and staff were committed to delivering person centred care that respected people's diversity and personal and cultural needs. People's needs were fully discussed, recorded in the support plan and shared with care staff.
- The registered manager had systems that ensured all staff were kept up to date and promptly notified of any changes. Staff told us they were kept up to date and they felt communication was good.

Continuous learning and improving care

- The provider and registered manager encouraged a strong culture of continuous learning and development within the service. They shared and celebrated the success of the service with everyone involved. Plans to continue improvements within the service were available. Ongoing developments included, a 'keeping safe' pack for people and developing activity days to offer respite to family carers.
- The registered manager attended meetings and forums to keep up to date and to develop her skills and knowledge.

Working in partnership with others

- The registered manager worked in partnership with external agencies where they could learn and share valuable knowledge and information that promoted the continued development of the service. For example, they attended local meetings and training presented by local commissioners.
- The registered manager had developed links with the local dementia group which helped raise people's awareness, address social isolation and recognise the benefits of music therapy for people living with dementia.