

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

The inspection was announced and took place on 11, 12 and 19 October 2016.

The service had not been inspected previously.

Able Living Services provides care and support to people aged 18 and over, older people, people living with dementia and people with physical disabilities in their own homes. The agency operates from premises in the village of Poynton.

Able Living Services has a registered manager in post, who also provided personal care to people. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. This inspection focussed on the domiciliary care provided by Able Living Services. This service currently provides personal care and support for fourteen people within their own homes. At the time of the inspection the service offered support to 35 people, however only fourteen people received care and support which involved an activity the provider was registered for with the Care Quality Commission.

The people who used the service and their relatives told us that they were treated with respect and kindness by the staff. Comments included, "They respect my wishes and commands. They do things exactly as I like. They notice little things" and "They are really lovely, they are interested in me, not just in and out and they remember facts about me". People told us that the staff were always on time.

There were sufficient staff to complete the visits scheduled for each person and the manager did not accept any additional visits if she did not have the staff in place to complete these. Travel time was factored into staff schedules and they had sufficient time to move between visits. Visit times were recorded in the daily records and these were checked each week by the senior carer and people knew to contact the office with any problems. No concerns had been made to the provider about missed calls.

Arrangements were in place to protect people from the risk of abuse. We spoke to staff about their understanding of safeguarding and they knew what to do if they suspected that someone was at risk of abuse or they saw signs of abuse. People using the service reported that they felt safe and their relatives told us that they were confident that their relatives were safe and supported by the staff of Able Living Care Services.

We looked at recruitment files for the most recently appointed staff members to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that they were suitable to work with vulnerable adults.

The care files that we looked at contained the detailed relevant information that staff needed to care for the

person including their preferences. It was clear through discussions with staff that they knew the people they were supporting very well. It was a small organisation which meant that people generally were supported by a consistent team of carers that enabled them to build up positive relationships.

Discussions with staff members identified that they felt happy and supported in their roles. They told us that the registered manager was supportive and they felt that they could contact her and approach her at any time.

The service had a quality assurance system in place which used various checks and audit tools such as audits and spot checks to monitor and review the practices within the service. The manager also sought feedback from the people who used the service. The registered manager was passionate about the service and constantly looking at different ways in which systems and processes could be improved.

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.

Staff were aware of their responsibilities to protect people from this risk of abuse. People using the service and their relatives told us that they felt safe and secure when staff visited them in their own home.

Medication was well managed and the medication charts that we viewed were detailed and clear.

Recruitment records demonstrated there were systems in place to help ensure staff employed at the home were suitable to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

People told us that they felt well cared for and they had no concerns about staff knowledge and skills.

Records showed that staff had received induction when they began working for the service and they were able to access support and training to build upon their knowledge and skills.

Detailed daily records were kept that monitored any changes to people's health and wellbeing and there was good communication between staff and the manager to ensure that any changes were noted and relevant action taken.

Is the service caring?

Good ●

The service was caring.

The people that were using the service and their relatives told us that the staff were kind and caring.

People received continuity of care from a small team of dedicated staff who knew them, their needs and preferences well. This had helped staff and the people who used the service to develop positive working relationships so people received

care and support in a manner that suited them.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and provided detailed guidance for staff to be able to support people in their care to meet their individual needs. The care plans were updated on a regular basis so staff would know what changes if any had been made.

The provider had a complaints policy and processes were in place to record any complaints received and everyone we spoke to knew how to complain.

Is the service well-led?

Good ●

The service was well-led.

The manager talked with people who used the service and their relatives on a regular basis to gain their opinion of staff and the services that were provided. Spot checks and regular visits were carried out to people to ensure that they were happy with the service they received.

The provider had a quality assurance system in place which used various checks and audit tools to monitor and review practices within the service. This included the use of quality checks and reviews of care plans.

Able Living Care Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11, 12 and 19 October 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and the manager sometimes provides care so we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector. On the first day, we completed phone calls and the subsequent days were spent in the office and visiting people in their homes.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit. We invited the local authority to provide us with any information they held about Able Living Services. They told us that they had no concerns.

The registered manager was available throughout the inspection to provide documentation and feedback.

During the course of our inspection we spoke with eight people who used the service and four of their relatives. We spoke with the registered manager as well as four carers.

We visited two people separately in their homes with their permission. We looked at care records for three people who used the service. Records reviewed included: call planning software, policies and procedures, three staff files covering recruitment and training records, medicine administration records (MAR), staff rotas and complaints.

Is the service safe?

Our findings

Discussions with people who used the service identified that they felt safe and well cared for within their own homes. Comments included, "They always come on time and if anything happens, they notify me and someone else comes out", "They are mostly on time and will apologise if they are late which has only happened a couple of times" and "I feel absolutely safe with them".

Relatives who we spoke with told us that they felt the service was safe and they had no concerns. Comments included, "The carers are always on time and they are brilliant", "They turn up on time, every time – even in the floods they've never let me down" and "We've never had a missed call and if there are going to be delays we are always informed".

On the day of our inspection, we initially met with the registered manager. They were able to provide documentation in relation to call monitoring, staffing, safeguarding, medication and risk assessments to enable us to check systems and ensure procedures were being used effectively.

We looked at the staffing list and there were 11 people who currently worked for the agency and there were currently 35 people in receipt of a service, 14 of whom were receiving personal care. We asked the manager if there were sufficient staff to meet the needs for the different people at the times of their choice. The manager advised that they were a small company and they did not take on any new clients unless they had the staff capacity to provide a service. We checked the staffing rotas and noted that the pattern of staffing was consistent throughout the week and that the visits had adequate space between them in order for staff to travel between visits as required. The manager also stated that there were sufficient staff to cover any sickness and holidays due to the spacing of the visits. The manager also delivered care each week, so she was also able to fill in for any staff where there were emergencies. People supported by the service told us that the staff always turn up on time and that they always stay for the length of the visit.

When we spoke to staff, they agreed that they had sufficient time to travel between their visits and they did not have any problems with reaching the different destinations on time. One member of staff told us, "you get time to look at the care plan and to ask question before you deliver the care", "after your initial visit if it doesn't work time wise, we'll review it, we can change it and will advise and discuss with the person" and "we have enough time built in between visits and this is built into your rota". We discussed with the manager about call times and she advised that these were recorded in the daily sheets. She advised since this was a small service, everyone knew her as she often carried out visits herself, therefore if someone did not arrive or was late the people using the service knew to immediately call the office. We could see from the records that the visits and times were clearly recorded in the daily sheets and people we spoke to confirmed that they knew to contact the office with any problems and that they had not had any missed calls. There was an on call system and rota so people could contact the service at any time with any issues.

Staff told us that they had received training in protecting vulnerable adults and had read the provider's safeguarding policy. We were able to view training records and could see that all the staff had received this training within the last year. All staff spoken with demonstrated their understanding of the process they

would follow if a safeguarding incident occurred or they had any concerns about one of the people they provided care to. One person told us, "I'm not backward in coming forward – you would never leave things". Staff were clear about the meaning of the term 'whistleblowing' and they were clear that they would report any concerns regarding poor practice to either the manager or equally that they could report this externally and they were all aware of the need to escalate concerns about people's welfare both within the organisation and externally. Services which are registered are required to notify the Care Quality Commission (CQC) of any safeguarding incidents that arise. Able Living Services had not had any safeguarding incidents; however our records showed that they were providing other notifications to the CQC when required.

The service had combined risk assessments and care plans that clearly identified risks to people's health and wellbeing such as falls, nutrition, medication, infection control and what plans were in place to minimise such risks. Records showed that these were updated when there was any change to the person's care to ensure that the people who used the service were safeguarded from unnecessary hazards. Risk assessments were also carried out of the premises and the environment to ensure that staff were aware of any associated risks and plans were put in place to ensure that they were safe whilst carrying out the care in the person's home.

Most of the time, the same set of carers were providing care to the same person, however staff told us that they recorded details of the care provided at the end of every visit and this ensured that there was a record of any issues or areas of concern and should anyone else be required to provide care, they would be able to provide appropriate care and support. We were able to view copies of the daily records and could see that these were very detailed and provided a good level of information. One member of staff also told us that many of the staff would also text each other small updates if there was anything which had changed and they thought the next staff member should look out for.

We looked at the staff files for three members of staff to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held suitable proof of identity, an application form as well as notes from the interview and evidence of references.

We checked the medicine arrangements and we saw that systems were in place that ensured staff consistently managed medicines in a safe way. Only staff who had received medicines training were allowed to support people with their medicines. Records confirmed that designated staff had received up to date medicines training which gave them the knowledge and skills to ensure they administered people's medicines safely. Records showed that training and competency checks were completed annually. We looked at medicine administration records (MAR) and noted that a small number of staff signatures were missing from the records. However we saw that other recording in place identified that the medication had been administered. We spoke with the registered manager who advised that the senior carers check this each week and speak to any staff members where gaps are identified but this was not recorded. The manager immediately devised a form for the seniors to record this weekly in order that there was a clear audit trail and this was given to the senior carer that day. We saw on home visits carried out on subsequent days of the inspection that this was now being used and any omissions recorded and any action taken.

Both staff and the people receiving the service told us that staff were provided with protective equipment such as gloves and aprons and they wore these at all times. We were able to observe this on the home visits that we conducted. This was to try to reduce the risk of infection.

Is the service effective?

Our findings

People we spoke with told us that they were well cared for by people who had the skills and knowledge to look after them. Comments included, "They listen and take notice and they know about the small details", "the carers know me pretty well –they know what I like and don't like" and "They respect my wishes and commands. They do things exactly as I like. They notice little things". We also spoke to relatives of the people who were receiving the service and they told us, "They are very respectful towards my wife", "They respond to his needs cheerfully and willingly" and "They all know her needs pretty well and she is encouraged to make choices".

Staff told us that after interview and prior to starting work they had a period of induction. This included thorough training in areas such as manual handling, safeguarding, infection control and medicines. The staff members also confirmed that they shadowed a number of shifts before starting work within the service. They stated that the manager would be present on some calls with them and for their first visit with anyone another member of staff would be present. One staff member told us, "for the first calls, you always have someone with you and even after you've done the shadowing, you've always got support here".

All the staff members we spoke with told us that they received on-going support and supervision on a regular basis. One person told us, "It's the nicest place I have ever worked and the support is second to none". We were able to view the supervision and appraisal records. We could see that all staff received an appraisal annually as well as direct observations for manual handling and medications and three supervisions a year. We could see that these were happening on a regular basis.

All the staff we spoke to confirmed that their training was up to date. Training records showed that staff had received training in all the key areas such as fire safety training, first aid, food hygiene, safeguarding and safe administration of drugs within the last 12 months. This consisted of on line learning. We saw records that some staff had received additional training in certain areas in particular manual handling where they had carried out practical training with a local physiotherapist. The registered manager had a computer system in place that alerted her to when training was due and this could then be flagged with the relevant staff member to ensure everyone remained up to date with training. The registered manager advised that she was currently reviewing the training programme as she wanted to introduce more face to face training. The registered manager also completed spot checks of carers in order to ensure that the standard of care remained high.

The information we looked at in the care plans was very detailed and contained lots of information about people's preferences, for instance how they preferred their tea. The care plans were combined with the risk assessments and the front section broke down each visit into tasks incorporating all the preferences of the person using the service. People we spoke with confirmed that their choices and preferences were respected and people commented that it was the small details that staff remembered and observed. Each care plan was personalised as each care plan did not contain all the same elements but was tailored to each individual to reflect their needs.

We asked staff how they made sure that the care they were providing was what the person wished. Staff told us in all cases, they could ask the person directly and gain consent and there was also information contained within the care plan to guide them about their needs and preferences. People we spoke to using the service confirmed that carers would always gain their consent prior to carrying out any tasks. We noted in the care plans that people had been asked to sign their consent to receiving the care prior to the care commencing.

Discussions with staff showed that they understood their role in identifying and referring people who had experienced a change in their mental capacity. 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. The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection. Staff told us that if they noticed any change in the capacity of a person using the service, they would refer this to the manager. The registered manager confirmed that she made an assessment of capacity at the initial assessment. Staff would note any changes and report these to the manager. In instances where a person lacked capacity they would make contact with the local authority in order that they would assess the situation and take appropriate action in the person's best interests.

Is the service caring?

Our findings

We asked people receiving a service from Able Living Services and their relatives about the staff that worked for the service. Everyone that we spoke to about the staff was positive about the care and attitudes of the staff. Comments included, "They are very respectful and kind. I find it very, very good and would recommend them", "They are very friendly, I'm very satisfied with the service and glad I choose them" and "They are really lovely, they are interested in me, not just in and out and they remember facts about me". Relatives that we spoke to told us, "They are good in everything they do", "Each carer is very good to him and they get him to respond. He is in very good spirits and compared to when the other agencies came, he's much better" and "I value their advice and support, to myself as well".

We were able to view how staff communicated with people during two home visits and observe their interactions. They were respectful, encouraging and sought out consent before carrying out any tasks and checking whether each person was happy with everything throughout the visit as well as chatting generally about how the person was feeling that day. Our observations were that the relationships between people receiving the service and the staff supporting them were warm, respectful and dignified. They looked relaxed and comfortable with the staff and vice versa.

We viewed recent thank you cards that had been sent into the service. One person wrote, "To all my carers especially [names], my friends too I hope. You've been great, amazing how much you do in a short time. You are quick, kind and good company too. I shall miss you". One person's relatives wrote, "I would like to thank you all so much for looking after [name] for such a long time. We could not have managed without your help. [Name] always loved the laughter and jokes you shared. Thanking you all for being so kind and patient and looking after [name] so well".

The staff members we spoke to showed they had good understanding of the people that they were supporting and were able to meet their various needs. The staff mainly worked with the same people all the time and were able to build up good relationships with people. They told us that they enjoyed working for Able Living Care Services and had very positive relationships with the people they worked with. Comments included, "I'm pretty happy with my job, it's brilliant", "It's a great company to work for and I know people really well as only work with a small number" and "It doesn't feel like work, I enjoy it, it's a good little team".

People using the service and their relatives told us that the staff respected their dignity and always explained what they were going to do prior to carrying out any actions. They spoke of the carers taking their time and always having time to have a chat with them. Comments included, "They always stay their time and would stay longer if they need to", "They are very respectful, when they've been once, they know the routine" and "They are respectful and appropriate. They are totally on it and helpful and ask what I need. I give them a glowing report".

Personal information about the people using the service was securely stored in the office of Able Living Care Services to ensure that confidentiality was maintained.

Each person was provided with a service user guide which was available as part of the care file and kept in each person's home. This gave detailed information about how the service was run including details of the services which could be provided, fees and how to make a complaint. The care plan also contained a copy of the Statement of Purpose so people were clear on the values and ethos of the service.

Is the service responsive?

Our findings

Everyone using the service at the time of our inspection had received a pre-admission assessment to ascertain whether their needs could be met. As part of the assessment process the manager included comments and information from the person's family. We looked at the pre-admission paperwork on the three care plans that we viewed and could see that assessments had been completed. We spoke to people on the telephone and visited two people at home and could see that the assessments reflected their needs.

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan had personalised information and reflected in detail the preferences of the individual. As well as the combined risk assessment and care plan, each care file also had a very detailed breakdown of all the tasks to be completed reflecting the individual's preferences on each of the visits during the day. We saw that the plans were written in a style that would enable any staff member reading it to have a very good idea of what help and assistance someone needed at a particular time. Staff and people using the service told us that the staff had time to read the plan and talk through this on the first visit. All the plans were well maintained and were reviewed constantly so staff would know what changes, if any, had been made. The software system used by the provider also alerted the registered manager to when reviews were required so these were not missed.

The care plans we viewed contained background history in relation to any health needs and their social contacts, previous jobs and their family background as well as likes, dislikes, preferred names and social activities. We asked staff members about several people's choices, likes and dislikes within the care plans and the staff we spoke to were very knowledgeable about the people they cared for. One person told us, "I like to read the notes when I come in from when I last visited so I know what's happened in between but we also text one another so we know little changes to look out for". The people using the service confirmed that the staff caring for them knew them well. Comments included, "I cannot praise them enough, they really take care of me" and "They know my needs and my condition-sometimes better than me. They are all lovely".

We noted that the daily records in each care plan gave a detailed overview of what services had been provided at each visit and how they had been arranged around the wishes and choices of the individual. Any changes to the care were clearly documented in the daily records, there was a form in the file for carers to complete that noted any changes which was then returned to the office in order that a review could be completed as soon as possible. The carers all commented that since the visits were local, they were always able to call into the office at any time to discuss things and we observed during our inspection that carers frequently called into the office between visits. Relatives and people using the service all commented on the communication. Comments included, "They involve me in the care plan and we have a review each year of whether they are meeting my needs", "The communication is very good indeed" and "The communication is generally great".

The provider had a complaints policy and processes were in place to record any complaints received and address them in accordance with their policy. The service had not received any complaints, however

everyone we spoke with told us that they knew how to complain and that the complaints policy was included in the care plan. Comments included, "I have never had a complaint, I am extremely satisfied", "I've not had to complain but I would know who to speak to If I did" and "I can't complain about anything".

Is the service well-led?

Our findings

There was a registered manager who had been in post since October 2014. The registered manager told us that information about safety and quality of the service provided was gathered on a continuous and on-going basis via feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate. She carried out care herself so would see or speak to each person receiving a service most weeks. She carried out spot checks on a regular basis and sought feedback via quality check forms every three months. The quality checks had been completed monthly, but after feedback from people that this was too frequent, these had now moved to every three months. We were able to view a sample of the quality check forms. They asked questions such as 'do the carers arrive on time, do they meet your needs, what could they do to improve this and in your file is a combined care plan and risk assessment –are you aware of this? Comments from the quality checks were all positive and included, "We are pleased with the service and will extend over time" and "Very good service, all seem very nice".

We asked the people and their relatives about how the service was managed and run. Comments included, "I am satisfied with everything they are doing for me", "Nicola is fabulous and understanding of my condition" and "I'm really happy with them, they are a lovely little company". Everyone we spoke to commented on how they could contact the manager at any time to discuss any concerns.

We found that Able Living Care Services used a variety of methods in order to assess the quality of the service they were providing to people. The quality check forms completed by the senior carer and registered gathered feedback from the people using the service as well as checking a number of other areas. They looked at whether the care plan was up to date, are required services up to date as well as personal details and are the daily logs relevant and clear and risk assessments and medication reviews up to date. These sheets also recorded where action needed to be taken and by when. The registered manager advised that she also completed spot checks on staff to ensure that the quality of care remained high and we were able to view a sample of these and could see that they were carried out regularly. The registered manager also advised that the senior carer completed checks on a weekly basis of the MAR sheets and daily logs and any issues found would be discussed with staff immediately. This work was not being recorded, however following our discussions, the registered manager immediately implemented a form for the senior carer to complete to capture this work and we were able to see that this had been completed on subsequent days of our inspection.

The registered manager was passionate about the service and constantly looking at different ways in which systems and processes could be improved. She spoke about moving to the real time supervision system which would capture many of the informal discussions and staff support and development that took place daily rather than having formal supervision every few months. She was also looking to improve the training provision to reduce the amount of online learning. She acknowledged that she had not progressed these improvements as much as she would like as she had prioritised the care calls and had been delivering care herself in order that no calls were missed.

Staff members we spoke with had a good understanding of their roles and responsibilities and were positive about how the service was being managed and the quality of care being provided. We asked staff how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns that they had. They said that they could raise any issues and discuss them openly with the manager. Comments from the staff members included, "we get regular supervision and can always call into the office – Nicola is approachable and kind", "Nicola is approachable and knowledgeable" and "We get constant support. Nicola goes above and beyond the call of duty".

The registered manager acknowledged that she did not hold staff meetings as they were a small company, but that she contacted staff regularly by telephone and text to update them on any issues and check whether they needed any support and that staff would regularly call into the office. Staff confirmed that this was the case, one person told us, "It was strange at first not having team meetings, but it works fine as you can always call into the office".

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Cheshire East's Council contract monitoring team. This was an external monitoring process to ensure the service meets its contractual obligations to the council. We contacted the contract monitoring team prior to our inspection and there were no concerns highlighted.

As part of the inspection, all the folders and documentation that were requested were produced quickly and contained the information that we expected. This meant that the provider was keeping and storing records effectively.