

4USupport Limited

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Inspection report

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21 March 2017

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Good



Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 27 and 29 January 2016. At the last inspection, the service was rated Good overall.

After that inspection we received concerns in relation to shortages of staff, staff missing appointments and cancelling visits at short notice due to shortages of staff.

The concerns went on to say that staff were not being recruited safely and there were no risk assessments in place for people to help protect them and the staff providing care. Concerns suggested that manual handling risk assessments showed that two staff members were needed to move people safely but only one staff member had been sent and that one person's equipment was not suitable to keep them safe. Also, it was alleged that there were no risk assessments to show staff what care was needed for people they visited for the first time including environmental risk assessment and any behavioural issues with people living with a mental illness.

It was also alleged that staff were not provided with suitable identification to show people when they visited for the first time. The concerns received also stated that people's medicines were not always managed appropriately and safely. For example people did not have recording sheets, MAR (Medicine Administration Records) for staff to complete after they had administered medicines to people, no list of what medicines people were prescribed and that staff had not always received medicines training to help keep people safe. Other information about medicines stated that people prescribed and receiving eye drops did not have a date recorded on when these had been opened or a "to be used by" date.

Another concern raised was that staff did not leave people's houses hygienically clean and that staff were not being informed of infection control issues when they visited people's houses. For example if people had an infectious skin condition.

There were concerns raised that people did not have expenditure forms for any money they were asked to use to purchase items with and nowhere to record receipts of items purchased.

Though there was a lone working policy in place the concerns raised stated that staff did not always have on call advice made available to them particularly when the registered manager was on holiday.

As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 4USupport Limited on our website at www.cqc.org.uk.

4USupport Limited is registered to provide personal care service to people living in their own home. On the day of the inspection 4USupport were providing care to over 100 people.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. The registered manager is also the registered provider. 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.

People's needs were met by sufficient numbers of staff. Rotas recorded there were sufficient staff employed to provide two staff when required. Staff were knowledgeable about people's needs and received training, for example manual handling training, to help keep people safe. One person said of the agency; "Absolutely marvellous!"

The registered manager followed safe recruitment practices to help ensure staff were suitable to work with vulnerable adults. Staff received identification badges to provide people receiving a service reassurance and the security of knowing staff worked for this agency when entering their home.

People's care records held information about how people wished to be supported and what level of support was required to help keep them safe.

People's individual risks were documented, monitored and managed well to ensure they remained safe. The agency had policies and procedures in place which were understood by staff to help protect people and keep them safe.

People's medicines were managed safely. People had a list of medicines prescribed held on file. Records recorded any health care needs or input by health care professionals, for example district nurses.

At this inspection we found the service Good in SAFE.

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 remained was safe.

People's care records held information about how people wished to be supported and what level of support was required to help keep them safe.

People's needs were met by sufficient numbers of skilled and experienced staff.

Staff received training to help ensure they met people's moving and handling and medicines management needs so they could keep people safe.

Staff were knowledgeable about how to meet people's individual and personal care needs and keep them safe.

People had mobility equipment to help ensure they could move safely.

Risks had been identified and managed appropriately. Risk assessments had been completed to protect people.

People were protected from the spread of infection, because safe practices were in place to minimise any associated risks.

Individuals about whom concerns were raised were safe and had their needs met.

4USupport 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 was 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.

We undertook a focused inspection of 4USupport Limited on 8 March 2017. This inspection was carried out after concerns were raised with us. We inspected the service against one of the five questions we ask about services: Is the service safe?

The inspection was undertaken by one adult social care inspector. The provider was given notice because the location was a domiciliary care agency and we needed to be sure that someone would be in. On the 21 March 2017 we followed up the inspection with phone calls to people who received a service and staff members.

We reviewed information we held about the service. This included any notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we were supported by the registered manager and deputy manager. We contacted and spoke with three people via telephone about the care they received and two relatives. We also spoke with three staff members and one professional about the service.

4USupport Limited supports adults in their own home. We looked at four records related to people's individual care needs. These records included support plans and risk assessments. We also looked at three staff recruitment files and records associated with the management of the service.

Is the service safe?

Our findings

Following the comprehensive inspection of this service on 27 and 29 January 2016 we received information of concern in relation to shortages of staff, staff missing appointments and cancelling visits at short notice due to being short of staff.

The concerns went onto say that staff were not being recruited safely and there were no risk assessments in place for people to help protect them and the staff providing care. It was alleged that manual handling risk assessments showed that two staff members were needed to move people safely but only one staff member was sent and that one person's equipment was not suitable to keep them safe. Also concerns stated that there were no risk assessments to show staff what care was needed for people they visited for the first time, including environmental risk assessment and any behavioural issues with people living with a mental illness.

The concerns went onto say that staff were not provided with suitable identification to show people when they visited them in their homes. The concerns received also stated that people's medicines were not always managed appropriately and safely. For example people did not have recording sheets, MAR (Medicine Administration Records) for staff to complete after they had administered medicines to people, no list of what medicines people were prescribed and that staff had not always received medicines training to help keep people safe.

Another concern raised was that staff were not leaving people's houses hygienically clean and that staff were not being informed of any infection control issues when they visited people's houses. For example if people had an infectious skin condition.

There were concerns raised that people did not have expenditure forms for any money they were asked to use to purchase items for people with and nowhere to record receipts of items purchased.

Though there was a lone working policy in place the concerns raised stated that staff did not always have on call advice made available to them particularly when the registered manager was on holiday.

At this inspection we found people were supported by sufficient numbers of staff to keep them safe. People had varied visiting times across the week. The registered manager informed us staffing levels were dependent upon people's needs. Rotas showed people mainly received care from the same team of staff. A professional involved with the agency said they had always been very good at checking they were able to provide the support needed for any new referrals made.

People said staff mainly arrived on time and said if the staff were running late the agency usually contacted them. If staff were going to be late the agency's policy was that staff needed to notify the office staff to enable them to contact the person concerned. An on call service was available to support any staffing difficulties in the event of sickness or unplanned absence. The on call team had the essential information they needed to ensure replacement staff had the necessary skills to meet people's care safely. The

registered manager confirmed that there were a number of relief staff employed who could cover any visits if they were short of staff, for example to cover holidays. This helped ensure people received the care required to help keep them safe. There was management cover available out of hours.

People said they had always been able to rely on the agency to turn up and confirmed that staff stayed the allocated time. One person who required two members of staff to move safely confirmed two staff attended. Another person said; "They arrive on time- always." A relative said; "They are running late today but they have informed me."

People were protected by safe recruitment practices. Required checks had been completed. For example, personnel files held a history of previous employment details. Disclosure and barring service checks had been sought. The concerns raised alleged that staff were not issued with identification when visiting people. The agency had a form on each staff member's file that staff signed saying they had received uniforms and an identification badge. Staff confirmed these checks had been applied for and obtained prior to them commencing their employment with the service. Two staff said they had been issued with identification badges when they started work for the agency. However one staff member was waiting for their identification badge and had plans to pick it up.

People had care plans and risk assessments in place documenting the care tasks each person required at each visit. This helped to ensure the service would be able to safely meet the needs of the person concerned and took account of risks associated with lone working and environmental risk. This also helped to ensure staff would be protected. We found assessments included checking the equipment in people's homes was the correct equipment for people, for example hoists. Risk assessments held details around whether people required two staff to safely move them. Information about how to access people's home was known and stored safely.

People's care records held information on how to help keep people safe. For example how to protect people from falling and reduce the impact on people's physical wellbeing. One person had guidelines in place on how to move them safely. Others had manual handling risk assessments in place to provide staff with information on what equipment was needed and how it was to be used to move people safely. One file held pictures of how the lifting equipment was to be placed onto a person to move them and keep them safe. One concern received said people did not have the correct equipment in place. The registered manager confirmed one person's hoist was not suitable to meet their needs. However they had contacted health care professionals for support with this person who no longer received care from this agency. Staff had completed manual handling training and regular updates. A relative said the staff visiting always knew how to use the lifting equipment for their relative safely.

People's medicines were well managed by staff. Staff confirmed they had completed medicine training and staff understood the importance of safe administration and management of medicines. The staff confirmed, if they were delayed, they had systems in place to ensure people received their medicines on time. One person said; "They always check with me that I have taken my medicines." Medication records we reviewed at the company's office were completed. Each person had a record on how the staff supported them with their medicines in place to help keep them safe.

People were supported with their health care needs with input from health care professionals including district nurses. The concern raised stated that a named person had an infectious illness. The management confirmed this person did not have an infectious illness. Other records showed any visits by health care professionals with current treatment being carried out. These regular visits and treatment helped to keep this person's skin protected.

Staff received personal protective equipment such as gloves, aprons and hand gels to support good infection control practices. Records showed staff had either completed infection control training or had plans to complete this as part of their induction and completion of the Care Certificate (A nationally recognised set of skills training). People confirmed the staff always had gloves and aprons with them. One staff member said; "I can always go to the office to pick up more gloves and aprons."

4USupport had a policy and protocol in place to manage and keep people's finances safe. The registered manager said they currently only provided support to one person whom the staff purchased items for. They went on to say that they checked that regular expenditure forms were completed for this person and had contact with this person to ensure they were happy with the arrangements in place.