

4CSR Services Ltd

4CSR Services

Inspection report

52 Delce Road
Rochester
Kent
ME1 2DQ

Tel: 01634404441
Website: www.4csr.org.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The inspection was carried out on 29 September 2017, and was an announced inspection. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us.

4CSR Services Ltd is a domiciliary care agency that provides services to people with learning disabilities in their own homes within the geographical area of Medway. At the time of the inspection, the service was providing 24 hour supported living service to one person. A supported living service is one where people live in their own home and receive care and support to enable them to live independently without total reliance on parents or guardians. People have tenancy agreements with a landlord and receive their care and support from the domiciliary care agency. As the housing and care arrangements are separate, people can choose to change their care provider and remain living in the same house.

This was 4CSR Services first rated inspection following registration in 2016.

There was a registered manager at the service. 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 and associated Regulations about how the service is run.

There were no robust recruitment practices in place. Applicants were assessed as suitable for their job roles. However, there were gaps in recruitment records. Records did not show a full education history with start and end dates. Therefore, it was not possible to identify if there had been gaps in employment after education.

The provider had no quality assurance systems in place to monitor and improve the quality of the service provided. We did not see any audits being undertaken. However, the provider was in touch with both staff and the person who used the service regularly.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider did not fully understand their responsibilities under the Mental Capacity Act 2005. The capacity of the person who used the service to make decisions under the Mental Capacity Act 2005 had not been assessed or included in the support plans since the service started in 2016. Not all staff had been trained on the awareness of Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The provider had systems in place to manage safeguarding matters and make sure that safeguarding alerts were raised with other agencies. Relatives felt their family member was safe using the service.

The person who used the service was treated with kindness. Staff were patient and encouraged the person to do what they could for themselves, whilst allowing them time for the support they needed. Staff

encouraged the person to make their own choices and promoted their independence.

The service provided sufficient numbers of staff to meet the person's needs and provide a flexible service.

The person who used the service was supported with meal planning, preparation and eating and drinking.

The person who used the service said that they knew they could contact the provider at any time, and they felt confident about raising any concerns or other issues.

The person who used the service spoke positively about the way the service was run. The management team and staff understood their respective roles and responsibilities. Staff told us that the registered manager was very approachable and understanding.

During this inspection, we found breaches of regulations relating to fundamental standards of care. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Effective recruitment procedures and practices had not been implemented and followed.

Staff were informed about safeguarding adult procedures, and took appropriate action to keep people safe.

The provider carried out risk assessments to protect people from harm or injury.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had not received specific training in key areas.

People's human and legal rights were respected by staff. However, not all staff had been trained and had the knowledge of the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

The person who used the service was supported to be able to eat and drink sufficient amounts to meet their needs.

One to one supervisions took place and yearly appraisal meetings had been planned.

Is the service caring?

Good ●

The service was caring.

The person who used the service felt that staff provided them with good quality care. Staff were kind to them.

Staff protected the privacy and dignity of the person who used the service, and encouraged them to retain their independence where possible.

Staff were aware of the preferences, likes and dislikes of the person who used the service.

Wherever possible, the person who used the service was involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good ●

The service was responsive.

The person who used the service support plans reflected their care needs and were updated after care reviews.

Support provided was discussed and agreed with the person. Staff responded adequately to the person's needs.

The person felt comfortable in raising any concerns or complaints and knew these would be taken seriously.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider had not maintained a quality assurance and monitoring procedures in order to provide an on-going assessment of how the service was functioning; and to act on the results to bring about improved services.

The service had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

The provider had a clear set of vision and values, which were used in practice when caring for the person who used the service.

There was a robust staffing structure in the service. Both management and staff understood their roles and responsibilities.

4CSR Services

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.

The inspection took place on 29 September 2017 and was announced. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us. This was 4CSR Services first rated inspection following registration in 2016.

The inspection was carried out by one inspector and an expert by experience who both visited the provider's office and the expert by experience spoke with the person who used the service. The expert by experience had personal experience of using similar services, such as people with learning disabilities who use regulated services.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

We visited the provider's office in Rochester area of Medway. We spoke with the registered manager. The registered manager had many years of experience working within Health and Social care sectors. We also spoke with two care workers, one team leader and the person who used the service. We also requested information via email from healthcare professionals involved in the service. These included professionals from the community mental health team and local authority care managers.

During the inspection visit, we reviewed a variety of documents. These included the person's care records, which included support plans, health care notes, risk assessments and daily records. We also looked at two staff recruitment files, records relating to the management of the service, such as audits, satisfaction surveys, staff rotas, policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including staff training records and electrical safety certificate. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

The person who used the service said, "It's really good here. It's quiet. I feel safe and I have the house to myself. There is always enough staff". When asked if going out alone is working well? They said, "Yes".

There were appropriate arrangements in place to keep people safe and reduce the risk of abuse. Staff were trained to recognise the various forms of abuse and encouraged to report any concerns. Staff were aware of the process to follow should they be concerned or have suspicions someone may be at risk of abuse. A member of staff said, "Making sure people are free from abuse and reporting it". All other staff spoken with said they would usually contact the registered manager immediately if abuse was suspected, but knew they could also contact the Social Services safeguarding team directly. Safeguarding and whistleblowing policies and procedures were available for staff to access in the office or on-line. The training plan sent to us confirmed that all staff had either completed safeguarding training in July and August 2017. Staff had access to the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area. It provides guidance to staff and to managers about their responsibilities for reporting abuse. The Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. This showed that the provider had up to date systems and processes in place that ensured the protection of people from abuse.

Before any care package commenced, the registered manager told us they carried out risk assessments. Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. Individual care records detailed the action staff should take to minimise the chance of harm occurring to them or staff. Risk assessments were designed to encourage the person to develop their independence and normalise their lives. In discussions with staff it was clear they recognised the person who used the service needed to be exposed to an element of risk in order to achieve this as long as they and staff were not put at unacceptable risk. For example the person who used the service goes out on their own. Staff explained how this activity had been carefully planned with the person and that a mobile phone had been purchased to enable the person to contact the staff. This was to help ensure the person knew how to deal with any unforeseen changes or occurrence, such as accident. This had been achieved over a period of time and by staff going with them to explain the routes and where the bus stops were.

Care staff knew how to inform the office of any accidents or incidents. They said they contacted the office and completed an incident form after dealing with the situation. The registered manager viewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

Staffing levels were provided in line with the support hours agreed with the person receiving the service and with the local authority. The person using the service received 24 hour care and support. Currently there were enough staff to cover all shifts and these were planned in accordance with the person's needs. We found that staffing levels could be adjusted according to the needs of the person, and the number of staff supporting a person could be increased if required. There were suitable arrangements in place to cover any

staff absence. The registered manager told us that they would cover any shift absences where possible as they were involved in direct support to the person whenever required.

Recruitment practices were not always safe. The registered manager told us that robust recruitment procedures were followed to make sure only suitable staff were employed. However, staff files did not contain all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. All staff were vetted before they started work at the service through the Disclosure and Barring Service (DBS) and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff employment files showed that references had been checked. In one staff file, the application forms did not show a full education history with start and end dates. Therefore, it was not possible to identify if there had been gaps in employment after education. The second staff file we looked at did not have a completed application form. Hence, we were unable to identify any information or gaps. Interview records did not evidence that this had been investigated by the provider. The provider was not following their own recruitment policy. The policy stated that before an interview they would 'check work history, and investigate all periods of no work'. We spoke with the registered manager about our findings and they told us that one person had been working in another service before they started working in this service and that was the reason their full documentation was not available. In relation to the other person, the registered manager said they had identified this gap and it was being sorted. This meant that the provider had not always carried out robust checks to evidence that staff were suitable to work with people.

The failure to carry out safe recruitment practices was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Employment procedures were carried out in accordance with equal opportunities. Interview records were maintained and showed the process was thorough, and applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment.

Staff had received infection control training. Staff told us they had a good supply of gloves and aprons and showed they knew how important it is to protect people from cross infection. The staff had been sent a text to remind them about hand washing, as at present there were a couple of viruses going around, so the registered manager wanted staff to make sure they were washing their hands before providing care and before they left the persons home. The person who used the service said, "Staff are always encouraging me to keep my home tidy and clean, they do help me when I need it. I know I can get ill if things aren't cleaned properly".

We asked staff to describe how they gave medicine and what documentation they completed. Medicines were appropriately managed to ensure that the person received their medicines as prescribed. There were clear medicines policies and procedures in place which had been updated in 2016. The procedures set clear directions for staff about administration of medicines, this included information about over the counter medicines, medicine refusals and medicine self-administration. The procedures covered key areas such as consent and areas that staff are not authorised to support people with. For example, staff were clear they could only give medicines from a pharmacy filled dosage box or the original packaging. They also said that they did not give homely remedies. This showed staff were clear about their responsibilities regarding medicines.

Staff who administered medicines were given training. Staff had a good understanding of the medicines systems in place. We checked the person's medicines administration record (MAR). The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any

special information. The records showed that the person had received their medicines as prescribed.

Is the service effective?

Our findings

The person who used the service said, "Staff are well trained, they help me get up in the morning. I do cooking myself with staff support".

The registered manager told us that staff completed in house induction courses before starting. The induction and refresher training included all essential training, such as health & safety, safeguarding, first aid and food hygiene. Staff were given other relevant training, such as understanding dementia and medication. This helped ensure that all staff were working to the expected standards and caring for people effectively, and for staff to understand their roles and responsibilities. However, only four out of a total of 13 staff, which included the office staff had received training on the application and awareness of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Only one out of the four members of staff who had been trained was a care staff. The person who used the service told us that they visit the office regularly. They said, "I go up to the office to see staff". We also observed that office staff visited the person who used the service at home and chatted with them during our inspection. This training would have enabled staff to understand issues around MCA and consent issues.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) which included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Mental Capacity Act 2005 (MCA) training had not been given to all staff. The Mental Capacity Act aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision making. The capacity of the person who used the service to make decisions had not been assessed or included in the support plans since the service started in 2016. We spoke with the registered manager about this and they told us this was being looked into. Knowledge and awareness about DoLS would enable care staff to identify and report any forms of infringements on people's rights and freedom.

The registered manager/provider failed to comply with the requirements of the Mental Capacity Act 2005 in respect of assessing people's capacity. This was a breach of Regulations 11 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff sought and obtained people's consent before they helped them. The person who used the service told us, "They always ask me if I want to get up". Staff checked with people whether they had changed their mind and respected their wishes.

Staff were supported through individual supervision and the provider had plans in place to commence yearly appraisals for all staff. Spot checks of care staff were carried out in the person's home. A spot check is an observation of staff performance carried out at random. These were discussed with people receiving support at the commencement of their care package. Staff told us that the registered manager would occasionally arrive unannounced to carry out a spot check. This included personal appearance of staff, politeness and consideration, respect for the person and the member of staffs' knowledge and skills. Spot checks were recorded and discussed, so that care staff could learn from any mistakes, and receive

encouragement and feedback about their work.

When staff prepared meals for people, they consulted people's support plans and were aware of people's allergies, preferences and likes and dislikes. People were involved in decisions about what to eat and drink as staff offered options. The person we spoke with confirmed that staff ensured they had a sufficient amount to eat and drink. They also said, "No junk food in this house, all healthy food and I am proud of this".

People were involved in the regular monitoring of their health. Care staff identified any concerns about people's health to the registered manager, who then contacted their GP, community nurse, mental health team or other health professionals. Each person had a record of their medical history in their support plan, and details of their health needs. Records showed that the care staff worked closely with health professionals such as speech and language therapist in regards to people's health needs and accessing services.

Is the service caring?

Our findings

The person who used the service said, "All staff are helpful and kind. All the staff's very good" and "I am involved in my support plan and happy with it".

The person who used the service was involved in their support planning and their care and support was flexible. The support plans detailed what type of care and support they needed in order to maintain their independence and reach goals to improve their lives. For example, the support plan detailed what support was needed around personal hygiene and cleanliness. Daily records evidenced that they had received the support as detailed in the support plan. The daily records showed staff had delivered the care in their support plan, but had been flexible and staff had actively encouraged independence and choices.

Staff were aware of the need to respect choices and involve people in making decisions where possible. One person said, "The manager comes and goes through my support plan with me every so often, we can make changes if we want, but everything is fine."

Staff told us how they had worked with the person, to promote their independence, since moving into a supporting living environment from children services. Staff had worked with the person to support them to access the community by taking bus journeys on their own. Staff had also with daily support promoted this person's independence in cooking. A member of the person's staff team said, "It is amazing how [person's name] has developed since living in their own home. They have been given more independence and they have responded to this". This person now goes independently to the pub weekly for a drink without staff accompanying them.

People's privacy and dignity was respected by staff. When discussing privacy, the person described how staff always knocked on their bathroom door to ask if they could enter. Staff told us they understood the importance of promoting people's dignity and privacy. One staff member explained how they protected people's privacy by ensuring doors, windows and curtains were closed and people were covered to protect their dignity whilst assisting with personal care. The person who used the service said, "I open my post by myself".

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records other than the ones available in the person's homes were stored securely in the registered manager's office. People's individual care records were stored in lockable cupboards. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Is the service responsive?

Our findings

The person who used the service said, "I do gardening. My mate rings me and I go with him and I also volunteer weekly in a pub collecting glasses".

The registered manager carried out people's needs and risk assessments before the care began. They discussed the type of support that people required, and this was recorded in their support plans. Clear details were in place for exactly what care staff should carry out whilst supporting people. The domestic tasks are also sometimes included such as supporting with the shopping, changing bed linen, putting laundry in the washing machine and cleaning. The staff knew the person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their plan of support.

Staff were informed about the people they supported as the support plans contained information about their backgrounds, family life, previous occupation, preferences, hobbies and interests. The plans included details of people's religious and cultural needs. We asked the person who used the service if they had any religion and they said "No". Staff respected this and included it in their support plan.

The registered manager carried out care reviews with people and was in touch with them to make sure people's needs were being met. Any changes were agreed together, and the support plans were updated to reflect the changes. Support staff who provided support for the person were informed immediately of any changes. Support plans were also reviewed and amended if care staff raised concerns about people's care needs, such as changes in their behaviour, or in their health needs. The concerns were forwarded to the appropriate health professionals for re-assessment, so that support plans always reflected the care that people required.

People were supported to access the local community and they told us they were taking part in activities that they enjoyed and wanted to do. We were told the person supported regularly goes out for volunteering, walks, and shopping. The person confirmed and said, "I go to tuck by truck weekly". Tuck by truck provides self-service snack trays for the workplace. The activities plan sent to us showed that staff supported with budgeting and money, which was part of their identified goal in their support plan. The plan also showed the person was engaged in swimming and jogging.

The provider sought staff views by using annual questionnaires to gain feedback on the quality of the service. The completed surveys were evaluated and the results were used to inform improvement plans for the development of the service. The result showed that all staff were happy with the support and training given. The person who used the service was happy with the service provided. The registered manager had also sought relatives views on the service provided. All the feedback received was positive. A comment in the visitors survey stated, 'All staff are seen to be caring, compassionate and competent. Staff understand my relative's needs and staff involve me in the assessment'. In the resident feedback survey, the person supported wrote, 'You are very helpful to me'.

People were given a copy of the complaints procedure, which was included in the service users' guide. The

person told us they would have no hesitation in contacting the registered manager if they had any concerns, or they would speak to their care staff. They also told us that they visited the office regularly to speak with office staff.

Is the service well-led?

Our findings

The person who used the service said, "He [Manager] is really good. He looks after this company".

There was a positive culture in the service, the management team provided strong leadership and led by example. The registered manager was visible in the service and known to staff and the person using the service. Staff were positive about the how the service was run. Staff told us, "Manager is very supportive", "There are good structures in place and good communication" and "I have always been able to make contact with the manager easily when I have needed any support".

The management team included the registered manager and the provider. The registered manager was familiar with their responsibilities and conditions of registration. The aims of the service were clearly set out in the service. It stated, 'To be the best care provider, able to evidence the best outcomes and to ensure that everyone has a sense of belonging, whilst also being treated as an individual and to be efficient and effective.' We found that the organisational values were being discussed with staff, and reviewed to see that they remained the same and in practice. Our discussions with staff showed that they believed in these values. A member of staff said, "I love it here. I love the ethos of the company which is empowering people in a person centred way".

Robust audit systems were not in place to monitor the quality of care and support. There were no documentary evidence of audits of support plans and daily care notes. Staff files and risk assessments were not being audited. For example, the gap from education history to employment history had not been picked up and rectified prior to our visit. Lack of MCA 2005 assessment as part of initial assessment in the care plan was not identified. The registered manager had not identified these key areas that we found during the inspection. The internal audit guidance sent to us stated, 'The role of internal audit is to provide independent assurance that 4CSR's risk management, governance and internal control processes are operating effectively.' However, this was not the situation we found when we visited. Robust audit system in place would have improved the quality of the service provided by the provider. We spoke with the registered manager about this and they told us that this was being implemented.

The provider has failed to operate an effective quality assurance system to ensure they assess, monitor and improve the quality and safety of the services provided. This is a breach of Regulation 17 (1) (2) (a) (b) of The Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures had been updated by the management team and cross referenced to new regulations.

Communication within the company was facilitated through weekly meetings. This provided a forum where staff shared information and reviewed events across the service. Record of the recent staff meeting we saw was dated September 2017, discussed such areas as care delivery, staff trainings and developments in the

service. This showed that there had been a consistent system of communication in place that provided for staff voices to be heard and promoted knowledge.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened at the service. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered manager/provider failed to comply with the requirements of the Mental Capacity Act 2005 in respect of assessing people's capacity.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider has failed to operate an effective quality assurance system to ensure they assess, monitor and improve the quality and safety of the services provided.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to carry out safe recruitment practices.