

We Support Limited

We Support Limited - Central Office

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

This inspection took place on the 30 August 2018 and 6 September 2018. Prior to this inspection the service had not been inspected before.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. It provides a service to adults and younger disabled adults. At the time of the inspection there were 12 people receiving personal care. The service supported people in four different settings at various locations across Cheshire.

Not everyone using We Support Ltd receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered provider in post within the service who had been registered since January 2018. 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.

People were protected from the risk of abuse by staff who had received training in safeguarding vulnerable people. They were aware of the signs and indicators of abuse and knew how to report any concerns they may have.

The registered provider had robust recruitment processes in place which included checks on new employees. This helped ensure that staff were of suitable character prior to working at the service.

Risk assessments were in place which outlined what action staff needed to take to protect people from the risk of harm. Staff were aware of how to manage the risks posed by people's needs and action had been taken to keep people safe.

Accidents and incidents were being monitored and action had been taken to mitigate the risk of incidents reoccurring. This helped to keep people safe.

People received their medication as prescribed. Staff had received training in the safe handling of people's medicines and their competencies to do so had been assessed. This helped protect people from the risk of medicines being administered inappropriately.

People were supported to have maximum 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 ability to make decisions had been considered and care records contained information about their cognitive

abilities. Staff had a good understanding of what 'mental capacity' is and the need to offer people choice and control over their lives.

Staff had received the training they needed to carry out their roles effectively. This helped ensure that people received safe and effective care.

People told us they enjoyed the food that was prepared by staff. We checked fridges which were well stocked with a variety of fruit, veg and other produce which showed a healthy diet was being prepared for people.

People were supported to access health and social care professionals where this was required. This helped ensure that their wellbeing was maintained.

Positive relationships had been developed between people and staff. We observed staff talking to people in a kind and friendly manner, and people's interactions showed that they were comfortable and at ease in the presence of staff.

People's confidentiality was protected. Offices containing personal information were locked when left unattended and where information was stored electronically this was password protected to prevent unauthorised access.

People each had a personalised care record in place which outlined their likes, dislikes and preferred daily routines. These also contained important information regarding people's physical and mental health needs. This ensured that staff had access to up-to-date and relevant information about the support they needed to provide to people.

There were activities in place for people using the service which people told us they enjoyed. These were varied and met the needs with specific communication needs. This helped protect people from the risk of social isolation.

There was a complaints process in place which people's family members had used. A record was kept of these complaints which showed that the provider had been responsive to concerns that had been raised and had taken action to address the issues.

There were audit systems in place which monitored the quality of the service being provided. Where issues were identified action had been taken to address these issues.

The registered provider is required by law to notify the CQC of specific incidents that occur within the service. Prior to the inspection taking place, we reviewed information that had been sent to us by the registered provider and found that this was being done as required.

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 is safe.

People were protected from the risk of abuse.

Recruitment practices were robust which helped ensure the employment of staff who were of suitable character.

People were supported to take their medication as prescribed by staff who had been appropriately trained.

Is the service effective?

Good ●

The service was effective.

People's rights and liberties were protected in line with the requirements of the Mental Capacity Act 2005.

Staff had received the training they needed to carry out their roles.

People had been supported to access health and social care professionals as appropriate.

Is the service caring?

Good ●

The service was caring.

Positive relationships had developed between people using the service and staff.

Staff treated people with dignity and respect.

People's confidentiality was maintained.

Is the service responsive?

Good ●

The service was responsive.

People each had a personalised care record in place which clearly outlined to staff how to support people.

Activities were in place for people which protected them from the risk of socially isolated.

There was a complaints process in place which was accessible to people and their families.

Is the service well-led?

The service was well led.

Staff told us that the registered manager was accessible and supportive.

Audit systems were in place to monitor the quality of the service being provided.

The registered provider was meeting their legal obligation to notify the CQC of specific incidents that occurred within the service.

Good ●

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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 the 30 August 2018 and the 6 September 2018. The inspection was announced.

We gave the service 24 hours notice of the inspection site visits because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was completed by one adult social care inspector.

Prior to the inspection we reviewed information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we reviewed three people's care records. We visited three of the different locations in which people's support was delivered and met five people who were receiving support. Not all the people being supported were able to communicate their views on the service. In these instances we made observations on interactions between people and staff. During the inspection we spoke with one person's family member. Following the inspection we attempted to contact another person's family but were unable to make contact. We spoke with five members of staff, the registered manager, administrative staff and the deputy manager. We reviewed the recruitment records for four members of staff. We also reviewed a sample of three people's medicines.

Is the service safe?

Our findings

We made observations on the interactions between people and staff and saw that people presented as relaxed and at ease in the presence of staff. In one example a person got excited to see the registered manager, which showed they felt safe in their company. One person told us that staff were "nice". A person's family member commented that they felt "reassured" by the support being provided to their relative.

The registered provider had a safeguarding policy and procedure in place which was available to staff. Staff had completed training in safeguarding vulnerable adults, had a good understanding of the signs of abuse and what action they should take if they had any concerns about people's safety and wellbeing. This helped protect people from the risk of abuse.

The registered provider had a robust recruitment process in place which helped ensure employees were of suitable character to work with vulnerable adults. New staff had been required to provide two references, one of which was from their most recent employer. They had also been subject to a check by the Disclosure and Baring Service (DBS) which informs the registered provider of any criminal convictions. This helps the registered provider to make decisions about their suitability.

Rotas showed that there were sufficient numbers of staff in post to support people within each of the different settings. During the inspection, we compared the number of staff stated on the rota with the number of staff on shift and found these were consistent with each other.

Risk assessments were in place within people's care records which outlined what action staff needed to take to keep people safe. For example, one person was at risk of having seizures during the night. Clear protocols were in place which outlined how staff should manage this, which included the use of a night time sensor which detected when the person needed support. Staff demonstrated a good understanding of managing risks to people's needs

Accidents and incidents were being monitored and recorded and action had been taken to mitigate the risk of these reoccurring. Where incidents related to people's behavioural needs, adaptations had been made to the environment and staffing levels to promote people's safety. In other examples plans had been put in place for staff to follow, and appropriate training had been provided to give them the skills to meet people's needs.

During the inspection we looked at people's medication and saw that this was being stored securely and safely. We checked a sample of people's medicines to ensure that this had been given as prescribed and found that it had. The correct quantities were being stored for those medicines we looked at, and Medication Administration Charts (MARs) were being maintained which showed when medicines had been given, and by which member of staff.

During the inspection we did not observe any examples which would require staff to use Personal Protective Equipment (PPE). However, staff we spoke with described using correct infection control procedures, such

as using PPE, and had received training in this area. This helped protect people from the risk of infection.

Is the service effective?

Our findings

One person's family member commented that they felt staff had good knowledge and understanding of their role and what they needed to do to support their relative. They commented that staff had ensured a smooth transition into the service for their relative, "Things like registering with the GP and dentist is all sorted. The staff have communicated really well with us so far."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In community based settings any restrictions placed on people need to be authorised by the Court of Protection. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met, and found that they were.

People's care records contained information about their ability to consent to care practices, and where appropriate mental capacity assessments had been completed. We spoke to staff who had a sufficient understanding of what mental capacity is, and the legal obligation upon them to ensure people were not subject to unlawful restriction. During the inspection we observed staff offering people choices, such as what activities they would like to engage in during the day.

Staff had undertaken a range of training to ensure they had the skills required to carry out their role. They had undertaken training in areas such as moving and handling, health and safety, safeguarding, infection control and medicines management. Assessments of their competencies had also been carried out as part of the training.

An induction process was in place for new members of staff which included a period of shadowing experienced members of staff, completing training and becoming familiar with the registered provider's policies and procedures. New staff were also required to complete the Care Certificate, which is a national qualification that health and social care staff are required to achieve. This helped ensure new staff were prepared for their role.

Supervisions and appraisals were being carried out with staff. This enables staff to discuss any training and development needs and allows management to raise any performance related issues. It also enables staff to set development goals for the coming year. This promotes staff accountability and supportive practices within organisations.

People commented that they enjoyed the food that was available. One person commented that their

favourite meal was spaghetti bolognaise and confirmed staff supported them to make this. People's care records contained information about their food likes and dislikes, which staff were familiar with. We observed kitchen areas had been kept clean and tidy, and fridges contained fresh fruit, vegetables and other produce required for a healthy and balanced diet.

People's care records showed they had been able to access health and social care professionals where required, for example their GP or social worker. This helped to ensure their health and wellbeing was maintained.

Is the service caring?

Our findings

Throughout the inspection we observed people interacting openly and comfortably with staff. One person's family member told us they had heard their relative telling a member of staff that they had missed them on their return to the service. They told us this had been reassuring for them to hear as it demonstrated their relative was being well supported by staff. This showed that positive relationships had been developed between people and staff.

Staff were kind and caring in their approach towards people. They spoke respectfully and interacted warmly with them. In one example people showed excitement when the registered manager visited the service, who took the time to talk and spend time with them. In another example, one person's family member had written to the service expressing their gratitude for a party that had been held for their relative. They stated that this had been "fantastic" and staff had done a "really good job". In other examples we observed staff and people laughing and joking together.

Staff treated people with dignity and respect. They spoke positively about the people they supported and had a good level of knowledge around their individual needs. People had the freedom to make choices with regards to their daily routine. For example, one person told us about the activities they enjoyed doing and confirmed that staff supported them to engage in these.

The registered manager demonstrated a good knowledge of when it would be appropriate to support people to access an advocate from one of the local advocacy services. Advocates are used where people need support with making decisions regarding their care needs. This helps to ensure that their wishes and feelings are fully considered.

People's confidentiality was protected. Records containing private and confidential information was stored in locked offices and where information was stored electronically, this was password protected to prevent unauthorised access.

At the time of the inspection there was no one who was at the end stages of their life, however there was a section within people's care records where information regarding people's preferences could be recorded. Where people had any religious preferences this was also recorded, which could be used to make decisions with regards to any end of life support.

Is the service responsive?

Our findings

People each had a personalised care record in place which provided an outline of their life history, significant others, likes, dislikes and preferred daily routines. For example, one person's care record outlined that they liked coffee, eating out, aliens and batman. Other care records also outlined people's preferred names. This enabled staff to get to know the people they were supporting and promoted the development of positive relationships.

Care records also provided important information about people's physical and mental health needs, and any relevant information about behaviours that challenge. One person's care plan provided a clear description regarding the ways they might communicate feelings of agitation and what action staff could take to offer reassurance. In this example different behaviours were colour coded to indicate behaviours that might be associated with increased levels of risk. Staff had received the training they needed to address and respond appropriately to keep people safe.

People's sensory and communication needs had been considered by the registered provider. This was evident throughout people's care records, which made specific reference to the ways in which they communicated their needs. For example, laughter, shouting, facial expressions or various behaviours. Pictorial information was also used to help people understand and engage in their care, such as when planning for the day ahead pictures were used to outline different tasks people may wish to participate in.

Daily notes were completed by staff which outlined people's general presentation, wellbeing and the support they had received. This showed that people's needs were continuously being monitored and evaluated.

Information within people's care records was reviewed on a routine basis to ensure it was kept up-to-date and relevant.

Activities were available for people. One person told us they enjoyed attending local groups such as the 'signing and singing' group which used a variety of communication methods and enabled people with different sensory needs to participate. They also told us they enjoyed going swimming, going to the cinema and bowling. During the inspection we observed other people going out for lunch and to the shops. This helped people engage with the wider community and prevented them from becoming socially isolated.

There was a complaints process in place which was available for people and their family members. Where families had made use of this process action had been taken by the registered provider and registered manager to respond in a timely manner. Appropriate action had been taken in response to the concerns that had been raised.

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. 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.

People interacted positively with the registered manager and staff told us they found them to be accessible and supportive. We spoke to staff about the 'on call' system which would be used in emergency situations that occurred out of hours, where they may need guidance and support from management. Staff confirmed that this system was effective and they were able to get support when required.

The registered provider had audit systems in place to monitor the quality of the service being provided to people. Whilst these audits were being completed, there were instances where they were not being completed on a consistent basis. For example, in one service, an audit had not been carried out in May 2018 and in another an audit had not been completed in June 2018. These checks focussed on areas such as infection control, medication, staffing levels and petty cash. However, this had not impacted on the running of the service due to additional checks carried out by the registered manager. We discussed maintaining a more consistent approach with the registered manager who informed us this would be actioned.

The registered manager maintained records of accidents, incidents and complaints. Spot checks were also completed at each of the services which included a focus on staffing levels, staff appearance and observations on interactions between people and staff. Where issues had been identified, action had been taken to ensure people's safety or make improvements where required.

Staff met on a daily basis to hand over important information between shifts. Staff also informed us that where there were important developments within the service, management met with them to discuss these. This allowed them the opportunity to raise any queries and kept staff involved in the development and running of the service.

The registered provider had up-to-date policies and procedures in place which were available to staff. These outlined processes in relation to areas such as infection control, data protection, safeguarding and the Mental Capacity Act 2005. This ensured that staff had access to information that was relevant to carrying out their role.

The registered provider is required by law to notify the CQC of specific incidents that occur within the service. Prior to the inspection taking place, we reviewed information that had been sent to us by the registered provider and found that this was being done as required.