

365 Support Limited

365 Support Services

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 

Overall summary

365 Support Services is a domiciliary care agency that supplies personal care and support to people in their own homes. 365 Support Services is based in Southport and provides care for approximately 11 people in the Southport area. They provide personal care for people with learning disabilities and mental health needs. The inspection took place on 24 February 2015 and was announced. The provider was given 48 hours' notice. This is in line with our current guidance for inspecting domiciliary care agencies.

The inspection was carried out by an adult social care inspector.

The service had a registered manager in post. 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.

Risk assessments and support plans had been completed to protect people from the risk of harm. Assessments had been completed for everyone who was receiving a service to help ensure people's needs were met. Risk management plans were implemented, which were followed by staff to help ensure people received safe and

Summary of findings

effective care. Crisis management plans were also completed which recorded signs and symptoms people may display which would indicate a deterioration in their mental health.

Medication was administered, recorded and stored safely. Medicines were safely administered by suitably trained staff. The medication administration records we viewed were clearly presented to show the treatment people had received and prescriptions for new medication had been promptly started. Medicines audits were completed each week to help ensure that if any error/shortfalls arose they could be promptly identified and addressed.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people. We found Disclosure and Barring Services (DBS) checks had been carried out prior to new members of staff working. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff. Staff understood how to recognise abuse and how to report concerns or allegations. There were processes in place to help make sure people were protected from the risk of abuse.

There were appropriate staffing levels to meet the needs of people who received a service from the agency.

Care staff had training and support through induction, a programme of training, supervision and appraisal. Regular mandatory (required) training included topics such as equality and diversity, fire safety, food hygiene, infection control, safeguarding adults and the Mental Capacity Act (2005).

Care staff were available to support people to access health care appointments if needed. The agency liaised with health and social care professionals involved in people's care if their health or support needs changed or if their advice was required.

People who used the services of the agency were complimentary regarding staff; they told us all staff were kind and considerate and that they were treated with dignity.

Staff understood what people's care needs were. Staff supported people's independence in their home and the community. We saw good interaction and communication between the staff and the person they supported. Staff made themselves available to 'chat' with people who used the service, when they felt it necessary. Several people who received a service said they found this helped them. Other people we spoke with told us they "Trusted staff as they knew what they were talking about" and "Understood things about their illness".

People's care needs were assessed. The care records we looked at showed that a range of assessments had been completed depending on people's individual needs. Records were regularly reviewed which helped to ensure the information written in them was current. Support plans had been completed to guide staff as to what people required and what they could do for themselves. People told us the agency responded to their needs in a positive way. They told us the care staff listened to them, acted on what they said, delivered support in a way they liked and a time to suit them.

A complaints procedure was in place and details of how to make a complaint had been provided to people who used the service. People we spoke with knew how to raise a complaint. People who used the services of the agency were able to provide feedback about the quality of the service by completing surveys. Feedback we saw was very positive about the service.

Systems were in place to monitor and develop the quality of the service. This included audits of care records and medicines.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff understood how to recognise abuse and how to report concerns or allegations. There were processes in place to help make sure people were protected from the risk of abuse.

Risk assessments and support plans had been completed to protect people from the risk of harm.

Medication was administered, recorded and stored safely. Medicines were safely administered by suitably trained staff.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

There were appropriate staffing levels to meet the needs of people who received a service from the agency.

Good



Is the service effective?

The service was effective.

Care staff had training and support through induction, a programme of training, supervision and appraisal. They were aware of the requirements of the Mental Capacity Act 2005.

Care staff supported some people who used the service with their meals according to their plan of care.

Care staff were available to support people to access health care appointments if needed. The agency liaised with health and social care professionals involved in people's care if their health or support needs changed or if their advice was required.

Good



Is the service caring?

The service was caring.

People who used the services of the agency were complimentary regarding staff; they told us all staff were kind and considerate and that they were treated with dignity.

Staff understood what people's care needs were. Staff supported people's independence in their home and the community. We saw that they interacted well with people.

Good



Is the service responsive?

The service was responsive.

People's care needs were assessed. We saw that information recorded in people's person centred plans and risk assessments were regularly reviewed.

Good



Summary of findings

People told us the agency responded to their needs in a positive way. They told us the care staff listened to them, acted on what they said, delivered support in a way they liked and a time to suit them.

A complaints procedure was in place and details of how to make a complaint had been provided to people who used the service. People we spoke with knew how to raise a complaint.

People who used the services of the agency were able to provide feedback about the quality of the service by completing surveys.

Is the service well-led?

The service was well led.

Systems were in place to monitor and develop the quality of the service. These included audits of care records and medicines.

Staff we spoke with were positive in respect of the overall management of the agency and the supportive leadership by the manager and director.

The agency had developed good links with health and social care professionals. Positive and complimentary feedback demonstrated the knowledge of the management team to provide a quality service for the people they supported.

Good



365 Support 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 24 February 2015 and was announced. The provider was given 48 hours' notice. This is in line with our current guidance for inspecting domiciliary care agencies.

The inspection was carried out by an adult social care inspector.

This was the provider's first inspection for this location which was registered with the Care Quality Commission in April 2014 and began supporting people in their homes in July 2014. We did not have a Provider Information Return

(PIR) for this inspection. This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people who received a service. We did this by visiting people in their own homes. We observed staff providing support and interacting with people.

We spoke with the registered manager, a director of the service and two support workers. We met a visiting social care professional and sought their feedback on the service. We also reviewed the written feedback provided from people who received a service, their family members and social and healthcare professionals.

We reviewed a range of records which included three care records for people who used the service, three records of staff recruitment, staff induction, training and supervision, medication records, the provider's policies and procedures, safety and quality audits and records related to the overall management of the service.

Is the service safe?

Our findings

An adult safeguarding policy and procedure was in place. The policy was in line with local authority safeguarding policies and procedures. We saw that local contact numbers for safeguarding were available. The staff we spoke with clearly described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken adult safeguarding training within the provider's recommended guidelines of every three years.

Through the service's assessment and care planning process, any risks to a person's safety or wellbeing, were carefully assessed. Assessments had been completed for everyone who was receiving a service to help ensure people's needs were met. Some people who received a service had been discharged from long stay hospitals. We saw that any assessments had been 'checked' by the hospital clinicians, to ensure information had been correctly recorded and that the support to be provided would meet people's needs. Members of the management team had attended meetings as part of the discharge process to gather the information they required to know people's needs and how to support people safely in the community.

Risk management plans were implemented, which were followed by staff to help ensure people received safe and effective care. These management plans were reviewed each month by the registered manager or director. This helped to ensure they were up to date and support provided would meet people's needs. Crisis management plans were also completed which recorded signs and symptoms people may display which would indicate deterioration in their mental health. This process would

identify to staff within a reasonable timescale that additional support /action was required, for example to contact the GP, community psychiatric nurse (CPN) or social worker.

Medication was administered, recorded and stored safely. Medicines were administered by suitably trained staff. We saw records to confirm this. Medicines were stored safely in people's homes or in the staff bedroom in the supported living complex. The medication administration records we viewed were clearly presented to show the treatment people had received and prescriptions for new medication had been promptly started. Medicines audits were completed each week to help ensure that if any error/shortfalls arose they could be promptly identified and addressed.

We looked at staff recruitment records. We found appropriate checks had been completed before staff began working with the organisation. We found application forms had been completed and applicants had been required to provide confirmation of their identity. We saw that references from people's previous employers had been obtained and a Disclosure and Barring Services (DBS) check had been carried out prior to new members of staff working. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

The provider had recruited sufficient numbers of staff to provide the support people required and were commissioned for. We saw that support staff were used flexibly to enable people to be supported at attend health appointments. On the day we visited the supported living site we saw that the provision of staff enabled people to have one to one support when they needed it.

Is the service effective?

Our findings

The provider had asked people who used the service to evaluate their service and provide some feedback. The comments from people who received a service included, “Staff are professional and courteous”, “Decent and genuine staff. I can talk openly to them; they understand me and my mental illness. I feel they are always there” and “Staff are approachable and friendly.”

We received some feedback from external professionals who were all extremely complimentary about the service provided by 365 Support Services. One person told us they found the agency to be “Professional and sensitive to my clients support needs, easy to approach and dealt with any tasks efficiently.” Another professional commented, “The managers and staff have provided good support; they have liaised well with other professionals and have a good understanding of my service user’s complex needs.”

Care staff spoke positively about their job. They told us they felt supported and well trained to do their job. One support worker said “I feel able to support people with complex health care needs with the training I have received and the support I get from the management here”.

Staff told us they felt supported in their roles and responsibilities. Staff received an induction and regular mandatory (required) training in many topics such as equality and diversity, fire safety, food hygiene, infection control, safeguarding adults and the Mental Capacity Act (2005). We were provided with a copy of the care staff induction programme which staff completed over a three month period and was checked and signed off by a member of the management team. Staff also received training relating to the people they supported, such as mental health awareness and alcohol and drugs

awareness. We asked staff about their training and they all confirmed that they received training when they had started in their role in 2014. Records we saw confirmed this. This helped to ensure that staff had the skills and knowledge they needed to meet people’s needs.

Staff we spoke with told us they received induction, supervision and support. The registered manager informed us they held supervision regularly with staff; during staff’s six month probationary period supervision was held every four weeks. Thereafter supervision took place every two months. Staff we spoke with confirmed this. The manager told us meetings were planned in advance for 2015 so that staff knew when the meetings were to take place. . Supervisions are regular meetings between an employee and their manager to discuss any issues that may affect the staff member; this may include a discussion of on- going training needs. All the current staff team had received an appraisal. We saw evidence of this in the employee files we looked at.

People’s care needs were recorded in a plan of care This included assistance with personal care, medication, making meals, going shopping. Staff were available to support people to access health care appointments. Care records we looked at showed the provider liaised with health and social care professionals involved in people’s care if their health or support needs changed or if their advice was required.

Some people who used the service were supported with their meals by care staff. Staff we spoke with knew people’s preferences in relation to meals and supported people to buy food accordingly. Staff supported people to prepare and cook meals, which helped to promote their independence.

Is the service caring?

Our findings

People who used the service said the staff were, “Decent and genuine”, “Friendly” and “Approachable and helpful”.

We observed good interaction and communication between the care staff and the people they supported. Comments from some relatives included, “Staff treat X as an individual and they understand X’s needs” and “X is making very good progress; staff have gradually encouraged X to accept their support.”

We spoke with staff about the people they supported. They showed an understanding of their support needs. Staff told us the information recorded in the care records helped them understand what support people required. We looked at the care records for three people who received a service. We found the care and support plans included detailed information about people’s care/support needs and preferences.

We observed good interaction and communication between the staff and the people they supported. Staff

made themselves available to ‘chat’ with people who used the service, when they wanted to. Several people who received a service said they found this helped them. Other people we spoke with told us they “trusted staff as they knew what they were talking about” and “Understood things about mental illness”. We saw that staff had signed confidentiality agreements when they started working for the provider. This helped ensure people’s personal circumstances were only discussed on a ‘need to know’ basis within the work environment.

We observed staff talking to people in a respectful way. Staff supported people to be independent.

Relatives who gave feedback to the service through a questionnaire commented how their family member had improved since they started living more independently with support from 365 Support Services. Their comments included, “I feel my family member is supported. Staff contact me if there are any problems”; “My family member is communicating better and has been able to build a really good relationship with staff. They are like a second family. X trusts them completely.”

Is the service responsive?

Our findings

People told us the provider responded to their needs in a positive way. They told us the care staff listened to them, acted on what they said, delivered support in a way they liked and a time that suited them. One person received confirmation of staff and their rota via a text message. Another person's relative received a rota a week in advance. This is because it was important for their relative to know who was coming to support them, even if the staff members were familiar to them and supported them on a regular basis.

People were supported to be independent in their own home. Their support plan reflected this. People accessed their local community with staff support for shopping, social activities and health appointments. Some people were supported to attend college and work placements. Staff had worked with people to build up their confidence and develop routines to assist them.

The care records we looked at showed that a range of assessments had been completed depending on people's individual needs. Records had been reviewed in January or February 2015 which helped to ensure the information written in them was current. Support plans had been completed to guide staff to what people required and what they could do for themselves. A document called 'About me' had been completed by people receiving a service or with them if they were unable to complete the document themselves. This document contained information to inform staff about people's preferred routines and their likes and dislikes. It also provided staff with some personal history for staff to be aware of and enable them to discuss if people wanted them to.

We found that long and short term goals had been set for some people in their support plans. This demonstrated that staff were supporting people to achieve independence in some tasks. Support plans were reviewed and recorded people's progress in achieving their goals. We noted that support plans were particular to the individual and their learning needs.

A complaints procedure was in place and details of how to make a complaint had been provided to people who used the service. People told us they would speak up if unhappy and speak to the manager. Care staff told us they would have no hesitation speaking with the manager if they wished to raise a complaint or to raise a complaint on behalf of a person they supported. They said the manager would deal with it immediately. The registered manager told us they had not received any complaints since starting the service in July 2014.

The manager informed us that evaluation forms had been given to people who used the service and/or their relatives in November 2014 to gather their views on the service so far. Overall the findings showed satisfaction with the service and comments were very complimentary about the staff and the support they provided.

Health and social care professionals who had commissioned a service with the provider had also been asked for feedback. We found that this was very positive and complimentary about the quality of the service provided.

Is the service well-led?

Our findings

We asked the staff to tell us about the management. They said they were supportive and would help with any issues or difficulties they had.

The registered manager was supported by the directors and a deputy to oversee the management of the agency. The deputy manager had particular responsibility for the supported living service and was based at the accommodation. This meant that any issues could be resolved or sorted out quickly.

Staff meetings were held every two months. We saw minutes of these meetings. Copies of the minutes were available for all staff, who had to sign to acknowledge they had received and read a copy of the minutes. This helped to ensure staff who were unable to attend the meeting were kept informed about issues.

In the supported living flat complex staff facilitated tenants meetings each month to relay information about the service and gather their views. Minutes were made from these meetings and they were chaired by a staff member.

People who used the services of the agency told us they were asked for their opinions as to how the agency operated. We were shown feedback questionnaires people, their relatives and visiting professional had completed four months after the service had opened. Feedback we read was very positive from everyone who had completed a questionnaire.

Systems were in place to monitor the quality of the service provided. Evidence was available to demonstrate that audits were used effectively and enabled the registered manager to identify any shortfalls in a prompt manner. A

care audit was undertaken every four to six weeks by the registered manager or director. As part of this review they used the up to date information to prepare reports for some people they supported for the forensic service or community health and social care teams. This informed people of the progress the person who received the service was making and how the support was being provided. Other people were subject to the care planning approach (CPA), whereby reviews were held every three and six months. Information recorded was used in these reviews. This meant that it was very important that staff kept people's care records and risk assessments up to date to reflect an accurate picture of people's progress living in the community with support.

Medication audits were also carried out every week. The medicines stock and medication administration records (MAR) were checked.

There was also a process to monitor quality by directly looking at the experiences of people who used the service. People who received a service were allocated a key worker. Meetings between people and their key worker were held every month to discuss their welfare and support.

The service worked in partnership with professionals in health and social care agencies as well as hospital clinicians. The registered manager and one of the directors attended pre discharge planning meetings to plan the support required for individuals they would be supporting. Feedback we received from three health and social care workers was positive, with particular reference to the understanding of the managers about the support required for people with complex health needs and their liaison with other partner agencies.