

4USupport Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

4USupport Limited is a domiciliary care agency providing personal care to people living in their own home. The service operates within a six-mile radius of the Plymouth area. At the time of the inspection 79 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People told us staff were punctual and stayed for the allotted time. Since the previous inspection the registered manager had built travel time into staff rotas. This meant staff were able to spend the allotted time with people without it impacting on the following visit times. An electronic system had been established which enabled the registered manager to monitor visit times and highlight when people required longer or shorter visits.

People told us they felt safe when being supported by staff from 4USupport. When the service assessed people's needs any risks to people's health were highlighted and staff received guidance on how to support people to minimise those risks.

Staff received training to equip them with the skills and knowledge they needed to support people safely and in line with their preferences. Regular competency assessments were completed to help ensure staff continued to support people in line with their training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service worked collaboratively with other organisations, alerting relevant agencies when people were seen to need additional support. Communication between the office and staff had been identified as an area for improvement and action was being taken to address this.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (report published 9 November 2020).

At this inspection we found improvements had been made and the provider was no longer in breach of

regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 11 and 14 October 2019. Breaches of legal requirements were found. We carried out a focused inspection in October 2020 and found the provider remained in breach of the regulations. We issued a warning notice. The provider completed an action plan after the last inspection to show what they would do and by when to improve staff deployment and training.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 4USupport on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

4USupport Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

We checked whether the provider had met the requirements of the Warning Notice in relation to Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on specific concerns we had about people receiving visits as planned and staff training.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period of notice of the inspection to make arrangements for information to be shared with the commission in advance of the inspection visit.

Inspection activity started on 23 April 2021 and ended on 28 April 2021. We visited the office location on 27 April 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and four relatives about their experience of the care provided. We received feedback from 22 members of staff and two professionals with experience of the service. We met with the registered manager.

We reviewed a range of records. This included four people's care records, visit monitoring records and a sample of accident and incident reports. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our previous inspection we found the provider had failed to take effective action to ensure staff had enough time to carry out people's visits as agreed. This was a repeat breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We subsequently issued a warning notice.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People told us they received their visits at the planned time and for the agreed length of time. Comments included; "Nine times out of ten they are on time, unless there's a genuine reason and they let me know" and "They mostly keep to time, they're very time conscious, they run to a schedule."
- An electronic system enabled office staff to monitor visit times and measure how often visits fell outside of the 15 minutes agreed window. Data from the system showed over 90% of visits were consistently within this time scale.
- People told us office staff contacted them to let them know if the carer was running late. One said; "They let us know if they're going to be late, but generally they're on-time."
- Since the previous inspection travel time between visits had been built into staff rotas. Staff told us this was an improvement and helped them attend the visits as planned. Some commented that, since lockdown restrictions had been eased, the time allocated for travel was no longer enough at peak times. We discussed this with the registered manager who told us they had already identified this as an issue and were rescheduling some visits to allow for more travel time.
- Staff confirmed recruitment checks were completed before they started work. This included Disclosure and Barring checks and following up on two references.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training in safeguarding and told us they would be confident raising concerns and knew how to do this. One commented; "I am up to date with my safeguarding training and feel confident to follow the necessary procedures if I needed to."
- People told us they felt safe when being supported. One commented; "I do feel safe, they help me get up out of the chair and use the stair lift."
- The service had worked with the local authority when people using the service had been identified as being at risk.

Assessing risk, safety monitoring and management

- There were systems in place to help ensure risks were identified and action taken to mitigate the risk.
- Care records contained risk assessments in respect of people's health and well-being. These included guidance for staff on how they could support people safely.
- When people first started using the service environmental risk assessments were completed to alert staff to any possible hazards associated with people's homes.

Using medicines safely

- Staff received training on the management and administration of medicines. Competency checks were completed so management could be assured the training had been effective. Staff told us they were confident administering medicines.
- Medicine Administration Records were completed on the organisations on-line system. If a medicine administration was missed the office staff received an alert which they then followed up.

Preventing and controlling infection

- Staff had completed infection control training and had access to PPE. They completed weekly Covid-19 tests and shared the results with the service to enable management to respond quickly in the event of an outbreak.
- People told us staff used PPE. One commented; "They are very, very good with PPE and hand washing. I really appreciate that as I did not want to get Covid. If I had to go to hospital I might lose them and not get them back."
- Spot check observations of staff were used to check they were wearing the correct PPE and washing their hands frequently and effectively.

Learning lessons when things go wrong

- Any untoward incidents or accidents were recorded and action taken to mitigate the risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our previous inspection we found the provider had failed to ensure all staff received appropriate support, training, supervision and appraisal. This contributed to the repeated breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice in respect of this breach.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- 21 of the 23 staff we spoke with told us they had enough training to enable them to carry out their role confidently. One commented; "I feel I have all the training I need and feel extremely supported by the office." Two members of staff said they had not completed training in one specific area, and they lacked confidence when supporting people with this health condition. We discussed this with the registered manager who told us new staff now received training in this area as part of the induction process, but it was possible some existing staff had not. They assured us this would be addressed.
- A training matrix was used to record when training had been completed and when it needed to be refreshed. This showed staff had completed relevant training. For example, they had completed modules in moving and handling, infection control and medicine administration.
- Face to face training had been temporarily suspended in line with Covid-19 prevention guidance, but had been reintroduced for moving and handling, basic life support and some specific medical conditions.
- Team leaders and senior staff carried out regular observations of practice to check staff were supporting people in line with their training and good practice.
- Staff told us they had completed an induction and shadow shifts before they started working. One commented; "When I started, I had no previous care experience and was really well supported by a couple of experienced staff to help me learn the role well."
- In addition to observations of practice staff received regular supervisions and six-monthly appraisals. These were an opportunity to identify and gaps in training.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection we found the provider had failed to ensure people's personal preferences were respected. This was a breach of Regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- Needs assessments were completed when people were first referred to the service. These included information about people's preferences.
- Person centred care plan summaries had been developed. These included information about people's backgrounds, interests and likes and dislikes. This provided staff with information to help them support people in line with their preferences.
- People and relatives told us the care staff were respectful. Comments included; "I was asked at first if I minded a male carer and said I would prefer a female at first. I did phone up one day to say how good they had been" and "They're lovely, they're kind and respectful and do whatever needs doing."
- Staff received training in dignity and respect.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff had completed training in food hygiene and, where needed, supported people with meal preparation.
- In cases where people were at risk from poor nutrition staff completed food and fluid charts to enable them, and other professionals, to monitor how much the person was eating.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other professionals to help protect people from risks. For example, when staff noted one person was finding it difficult to mobilise with the equipment in place, they contacted the local occupational therapy team.
- A professional commented; "[Registered manager] is happy to engage with projects and actively participate. [Registered manager] is confident to call if she needs advice or just wants to run an idea past us. I feel that there is a commitment and determination to deliver a safe, quality driven service."

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- People told us staff asked for their consent before completing any personal care.
- The registered manager understood her responsibilities under the MCA and was aware of the role of the Court of Protection for people living in their own homes.
- Staff reviewed care plans with people and ensured people were in agreement with the planned delivery of care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found systems were either not in place, or were not robust enough, to demonstrate effective and consistent management of people's visits and necessary staff support and training. This was a repeated breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection visit times were not effectively monitored and people were not receiving care in line with their needs and preferences.
- An electronic system, which had been newly introduced at the last inspection, was now well established and being used effectively. The registered manager was able to monitor visit calls in real time and complete weekly analyses to quickly identify any emerging areas of concern.
- Staff training and supervision were monitored so senior staff were aware of when training required refreshing or supervisions were due. Staff told us they were well supported. Comments included; "It's a great place to work and I love being part of a company who cares about its staff as much as it does the clients."
- There was a supportive management structure in place. The staff team were overseen by the registered manager, two care-coordinators, two team leaders and two seniors.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection we found the provider had failed to address concerns that had been raised by people using the service and staff. This contributed to the continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 17.

- Following an event when care had not been delivered safely the registered manager had taken appropriate action. This had included meeting with the service user and their spouse and apologising for the incident.
- People were asked for their opinions of the service to help ensure they were satisfied with the standard of care.
- Some staff and a professional told us calls and emails were not always returned, and it was sometimes difficult to contact the service. We discussed this with the registered manager who said this was an area for improvement they had identified in recent supervisions with office staff. They had pinpointed the reason for the problem and were looking at ways of addressing it.
- No-one who used the service reported any difficulties contacting the office. A relative commented; "It's easy to contact the office. One of the women there is spot on, we have good communication with them."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they enjoyed their work and were committed to improving people's lives. Comments included; "I enjoy bringing some pleasure into their lives, if they're feeling low, I'm there for them. If they're happy I'm happy with them. Some of my clients are lonely and whilst I can be with them for however long their visit is, I have great satisfaction knowing I've made someone's day and bought some happiness into their lives by being there for them" and "What I enjoy about my job is supporting, helping and encouraging service users to be independent.the sense of achievement when the service user is happy and comfortable in their own home."
- Although company policy was not to have any visits scheduled after 10.00 pm this did not suit one person's life-style. Their final visit of the day had been organised to specifically ensure their needs were met while not impacting negatively on their family life.
- The registered manager told us they aimed to build a staff team of eight around each person. This meant people could be supported by a consistent team who knew them well and there were enough staff to cover annual leave or other absences.

Working in partnership with others

- The service worked with commissioners and other agencies to help ensure people's needs were well understood and met.
- A professional commented; "There have been situations where the carers have been in challenging situations and they have been confident either to deal with the situation directly or been able to contact the company for advice. [Registered manager] has been happy to discuss with me these situations, and we have explored opportunities to learn from this. [Registered manager] has a good working relationship with social workers and actively engages when the need arises."