

Support Initiatives North West Limited

Support Initiatives Northwest Ltd

Inspection report

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 17 October and 20 November, 2017. The inspection was announced.

Support Initiatives North West Ltd is a domiciliary care agency. It provides care to people living in their own houses and flats in the community. It provides a service to younger adults. At the time of the inspection the registered provider was providing support to four people.

There was no 'registered' manager for the service at the time of the inspection. The manager we spoke with during the inspection had submitted their registration documentation and was awaiting approval from the Care Quality Commission. A registered manager is person who has registered with the Care Quality Commission (CQC) 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.

This inspection was the first comprehensive inspection at the service.

During this inspection we found multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The registered provider did not evidence or promote person centred care and support for people. 'Person centred' care means that the service tailors its approach to the care which needs to be provided to suit the needs of the person and not the needs of the organisation.

During this inspection we found that the systems and processes in place to maintain the quality and the standard of care being provided had not been effectively implemented. Records were very basic and did not evidence the most relevant information in relation to the support needs of the person.

Care files contained individual care plans and risk assessments. Three out of the four care files we reviewed contained very basic information and did not contain any person centred information. Care plans were being reviewed but they did not highlight the areas of concern we identified during our inspection.

Audits systems and checks were not being used effectively, there were not any measures in place to monitor, assess or improve the delivery of care being provided. Audits/checks which were in place did not effectively measure the quality or standard of support being provided.

Feedback from the people who were being supported or their relatives had not been gathered. This meant that there were not any systems in place to gather feedback about what the registered provider does well or what areas need to be improved on.

On the first day of the inspection we found that records and confidential information was not securely

stored as a measure to protect sensitive information. Documents and records for people who were being supported and staff were not stored at the address which had been registered with the CQC.

Recruitment was not being safely or effectively managed. Staff personnel files reviewed failed to demonstrate that robust recruitment practices were sufficiently in place. This meant that some staff that worked for the registered provider did not have suitable and sufficient references and disclosure and barring system checks (DBS) in place. DBS checks ensure that staff who are employed to care and support people are suitable to work within a health and social care setting. This enables the registered manager to assess level of suitability for working with vulnerable adults.

We reviewed the training records that the registered provider told us had been completed. However, the information we were provided with was insufficient and did not confirm what training had taken place in order for staff to fulfil their roles.

Medication was being administered by staff that had not received appropriate training for this task. We were also informed that new staff had not been enrolled to complete the Care Certificate.

You can see what action we told the provider to take at the back of the full version of the report.

We reviewed the registered provider's complaints process and found there was not a system in place to formally respond to the complaints that had been received. There was a complaints process in place but this was not being complied with. The complaints policy in place did not provide accurate information for people.

We have made a recommendation to the registered provider in relation to the complaints processes.

Accidents and incidents were being recorded on daily record sheets. However, when we asked the registered provider how such events were monitored and analysed, they confirmed there were no systems in place.

There was evidence to suggest that the registered provider was operating in line with the principles of the Mental Capacity Act, 2005 (MCA) When able, people must be involved with the decisions which are taken in relation to the care and treatment which is provided, records we reviewed suggested that the principles of the MCA were being routinely followed.

We saw evidence of specific communication and behavioural care plans which were in place for people with limited verbal communication and behaviour that challenged. This demonstrated how staff were able to respond to, manage and diffuse situations accordingly.

Staff were knowledgeable about safeguarding procedures and knew how to report any concerns. One member of staff we spoke with was able to explain who they would report their concerns to and what actions they would take. Records did not evidence that staff had completed the necessary safeguarding training.

The feedback we received about the level of care and support being provided was positive. Everyone we spoke with said they felt safe with the support being provided by Support Initiatives North West Ltd. In addition, people and relatives told us they felt the staff were kind, caring and provided good quality care. People expressed that they were happy with the care and support being offered.

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.

Recruitment processes were not being safely managed.

Care plans provided limited information about the person being supported.

Staff were familiar with safeguarding and whistleblowing policies.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Sufficient and suitable training was not being provided to all staff.

Regular supervisions were taking place to support professional development.

The service was working in accordance with the principles

Is the service caring?

Requires Improvement ●

The service was not always caring.

Confidential and sensitive information was not being stored safely or securely.

Staff were familiar with the support needs of the people they cared for.

Positive relationships had been established between staff and the people supported.

Relatives were satisfied with the care being provided.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's care plans were not person centred and did not contain information about the needs, wishes and preferences of people supported.

A complaints policy was in place but this was not being complied with.

Relatives were satisfied with the level of care being provided.

Is the service well-led?

The service was not always well-led.

There were multiple breaches of regulation identified.

Audits were not effective and had not identified areas which needed to be improved upon.

There were no quality assurance systems in place to monitor, assess and improve the provision of care being provided.

Team meetings were taking place and communication systems were in place.

Requires Improvement ●

Support Initiatives Northwest Ltd

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 17 October and 20 November, 2017 and was announced.

Due to concerns highlighted on the first day of the inspection in relation to 'good governance', the inspection was re-scheduled for a later date. The provider was given 48 hours' notice prior to both inspection visits. Prior notice is provided because the location provides a domiciliary care service and we needed to be sure that staff would be available on the day.

The inspection team consisted of one adult social care inspector on the first day of the inspection and two adult social care inspectors and an expert by experience on second date of the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit we reviewed the information which was held on Support Initiatives North West Ltd. This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people supported at the two locations. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was requested prior to the inspection. This is a form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We gave the registered provider the opportunity to provide us with some key information about the service, such as what the service does well and any improvements they plan to

make. We also contacted commissioners and the local authority prior to the inspection. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered provider, the service manager, one member of staff, one person who was being supported by the registered provider and three relatives.

We also spent time looking at specific records and documents, including four care records of people who were being supported, four staff personnel files, staff training records, medication administration records and audits, complaints, accidents and incidents as well as records relating to the management of the service.

Is the service safe?

Our findings

During the inspection we reviewed four staff records and found there were no robust systems in place to ensure recruitment was safely managed. The appropriate pre-employment checks had not been completed before staff began working for the registered provider. Application forms which had been submitted were found to have gaps in employment, employment histories had not been thoroughly explored and suitable references had not been obtained. For example, one staff file reviewed did not contain evidence of any references which had been gathered prior to starting employment.

The registered provider did not retain comprehensive records relating to each staff member, confirmation of identification was not evidenced in files and there was no evidence of suitable Disclosure and Barring Service (DBS) checks being carried out. For example, we found that in one staff file there was no evidence to suggest that any satisfactory Disclosure and Barring Service checks (DBS) had been conducted. DBS checks are carried out to ensure that employers are confident that staff are suitable to work with vulnerable adults in health and social care environments. Such checks assist employers to make safer decisions about the recruitment of staff.

This meant that staff were potentially working for the registered provider who were unsuitable to support vulnerable people. Following the inspection, the registered provider submitted information to us which detailed how recruitment practices were going to be reviewed. We were informed that new measures would be put in place to ensure the recruitment processes would be robust and in line with regulation.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider did not have a system in place to monitor, assess or analyse any accidents or incidents which took place. We did see evidence of 'incidents' being recorded in daily records for one person but there was no evidence to suggest that such events were being monitored. This meant that the registered provider was not exploring incidents which were taking place, reviewing if lessons could be learnt or putting control measures in place to mitigate risks. We discussed this with the registered provider and the manager at the time of the inspection and they did inform us that they would be implementing a new procedure to ensure that such accidents/incidents were being monitored.

The standard and quality of care plans and risk assessments we reviewed were not consistent across the four files reviewed. Care plans did contain information in relation to the level of support which was needed however, we found the level of information being documented needed to be reviewed by the registered provider. For example, in one care file we saw how people were being supported when their behaviour became particularly challenging. The risk assessments in place enabled staff to understand signs and triggers to look out for and what support systems needed to be put in place. However, in other care plans we reviewed there was very little information about the person who was being supported and how this support should be provided.

We received positive feedback from people and relatives. One person said "Very happy with care provided, I can trust them [staff]" and relatives expressed "I wouldn't change anything for the world, very happy."

There was an 'out of hours' (on call) arrangements in place to ensure sufficient support was available to people and staff in the event of an emergency. This meant that regardless of the time people were being supported, staff could contact 'out of hours' if they needed to.

There was an adult safeguarding policy in place. Staff did explain their knowledge and understanding of safeguarding procedures and were able to describe how to report any concerns. However, safeguarding training required for their role had been not been completed. This meant that people were potentially at risk of abuse.

We spoke with staff about their knowledge and understanding whistleblowing procedures. They were able to explain their understanding of what 'whistleblowing' meant and how to raise concerns identified in relation to inappropriate practice.

Medication was generally not administered to people supported by the registered provider. However, on the occasions medication was administered medication administration records (MARs) were appropriately completed, medication was signed for by staff and there was a medication policy in place. However, we did discuss with the registered provider that the medication policy did not contain pertinent guidance in relation to PRN medication ('as and when' needed medication) or topical (medicated) creams. Staff files reviewed also identified that medication administration training had not taken place. Following the inspection, we were provided with the details of the training provider who will be supporting staff with the relevant medication training which is needed.

We saw evidence of individual 'Home Risk assessments' for each person being supported. This contained information in relation to different risk factors which could pose as hazards within the home. For example, potential risks which had been identified in one home included candles, chip pan and the washing machine. The risk was identified and there were corresponding control measures put in place. We also reviewed individual 'fire evacuation' plans which were in place. This plans identified exits within the home and different measures which were in place to keep people safe. This meant that the people who were being supported could be safely evacuated in the event of an emergency situation.

Is the service effective?

Our findings

We reviewed the staff training records which the registered provider had told us had been provided for all staff. However, the information we were provided with was not sufficient or suitable. A training matrix was not provided and the certificates which were found in staff personnel files did not appear to be genuine or from a training provider. When the registered provider was asked to provide evidence of the different training courses which we had been informed had been completed this could not be provided to us.

Staff personnel files did not evidence details of the qualifications staff held in order to provide effective care and support to vulnerable people. For example, we found that in one staff file there was no qualifications recorded at all. This meant that the staff member may have been potentially unqualified or unsuitable to work in an environment supporting vulnerable adults. Following the inspection the registered provider did submit the relevant certified qualifications for the staff who did not have evidence of qualifications in their files.

We were informed during the inspection that staff had not been enrolled on to the 'Care Certificate'. The Care Certificate, which was introduced by the Government in 2015, is a set of minimum standards that social care and health workers are required to meet in their daily working life. This is designed to be completed within 12 weeks of staff starting work and signed off by a competent staff member (such as a senior or manager) once completed. This meant that staff were not provided with the adequate skills and training opportunities to provide an effective level of care.

There was evidence of an induction checklist in some staff files but not in others. The induction checklist confirmed what policies and procedures had been discussed with the staff member but there was no evidence of any training which had been completed as part of the induction phase.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received positive comments from people supported and their relatives. We were informed that staff are familiar with the care needs of people, there is regular and consistent staff who provide the support and the communication is effective. Some of the comments we received from relatives included " "Staff do listen, really happy with this and feel that [relative] gets better care" and "Everything's okay, they [staff] do listen, and are a blessing."

Supervisions were regularly conducted. Supervisions are regular meetings between the staff member and their manager to discuss any issues which need to be addressed in a one to one setting. Discussions may include on- going training needs, professional development, concerns with other staff or people who are being supported, annual leave, sickness as well as other areas of discussion. Staff expressed that they felt supported and valued in their roles.

The registered provider assessed staffing levels to ensure sufficient numbers of staff were available to

provide the care which needed to be provided. Relatives we spoke with expressed that they were happy with the care and there was no concerns with the levels of staff.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 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 in community-based settings, such as extra care require an application to the Court of Protection (CoP) to ensure that any deprivation of their liberty is being conducted within the law. The registered provider ensured that 'Best Interest' meetings had been carried out and people were not being unlawfully restricted. This demonstrated that the provider was aware of their roles in relation to the MCA and the legislation underpinning the act. For example, we found evidence which supported how 'Best Interest' meetings had been arranged and the specific decisions which had been agreed in the best interest of the person.

People supported by the registered provider also had support from other external healthcare professionals. There was evidence within care records of the support received from GPs, social workers and community psychiatrists. This meant that people were being supported with other aspects of their health and well-being in a holistic way.

We saw evidence in the care records we reviewed of the different levels of support people were receiving across the course of the week. People's package of care varied from person to person. We were able to identify people who needed to be prompted with a large variety of daily tasks such as cooking, cleaning, washing and shopping to people who needed a limited amount of support over a shorter period of time. It was evident during the inspection that staff were familiar with the different range of support needs and when this was provided throughout the week.

We saw evidence of staff supporting people with specialist diets. Staff were encouraged to 'prompt' people to maintain a healthy, well-balanced and nutritious lifestyle. People who were being supported by the registered provider had different levels of support needs. Staff would 'prompt' people to complete different tasks such as the preparation of meals.

We reviewed how staff were able to support people who had behaviour that challenged as well as communication difficulties. It was evident throughout care records that staff were able to communicate with people using non-verbal techniques. For example, we saw evidence in one file which indicated that staff used visual aids and specific gestures which helped to diffuse challenging situations. This meant that staff were able to provide the necessary safe care and support in the event of difficult situations.

Is the service caring?

Our findings

On the first day of the inspection we found that confidential information was not stored securely and sensitive information was not being protected. We were informed that the care records, personnel information, risk assessments and other protected information was not being safely stored at the registered address. The registered address is the address which has been registered with the CQC to deliver the regulated activity of 'personal care'.

The registered provider explained that all the documentation which was required to be at the registered address was being stored at another address for convenience. We explained to the registered provider that this meant that records in relation to staff and people being supported were not being safely secured and systems were not in place to protect confidential, protected and sensitive information.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received positive comments in relation to the care being provided. For example one person said "They [staff] provide me with the opportunity to be me for xx hours a week, there's no price on that, and I am very grateful"

Each of the relatives that we spoke with felt that their loved ones were well cared for. Some examples of the feedback we received included, ""I know [relative] is happy with the service, and as a family we are also" and "Staff are very caring, they help in every way they can to make [relative] feel special each day."

Positive relationships had developed between the staff and the people supported. Staff were familiar with specific care needs and we were told during the inspection that the level of communication was 'good' and the one relative expressed "When I've needed to have a discussion on something with the office, they have always listened and responded to what I've said every time."

When appropriate and able to do so, family members had been involved in the assessment and care planning process. People with the support of the registered provider had been actively involved in the development of their care plans. Reviews had taken place although the level, detail and information which were found in the care records required further improvement. We did find a number of inconsistencies in the different files we reviewed and did identify that records could have been improved. We found that the information recorded was very basic and did not provide detailed information in relation to the care which was being provided.

Staff and relatives we spoke with explained that people living at the homes were always treated with dignity and respect. "They [provider] have been the one constant in [relatives] life right through -They have been the one stability throughout."

For people who had no family or friends to represent them, a local advocacy service was available to provide

support. At the time of the inspection there was nobody receiving support from an advocate.

Is the service responsive?

Our findings

The care records and risk assessments we reviewed were basic and contained minimal information in relation to the care and support being provided. There was limited information documented about the level of care which was needed, risks which needed to be monitored and records contained minimal person centred information.

It was evident from the care records we reviewed that information about the person being supported was not captured before they began receiving the support from the provider. Pre-support assessments were not consistent throughout the records reviewed. The amount of detail recorded, did not provide staff with sufficient information about the level of person centred care a person needed. Care plans did not describe how care and support was to be delivered. 'Person centred' care means that care is provided based on the needs of the people using the service.

Care records didn't contain any detailed information in relation to personal history, likes and dislikes, social activities, individual support needs and risks. However, where appropriate relatives had been involved in the assessment process and we saw evidence to suggest that relatives had continued to be involved in the care being provided. One relative explained "I coordinated the care, so yes they [staff] did get family input on care planning" and "The supervisors call up regularly to check how the staff are and ask if everything's okay, they do listen."

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider had a complaints policy in place. However, this was not being complied with and the information contained within the policy was incorrect. There was a process for people and relatives to make a complaint however; we saw that processes were not being completed by the registered provider. For example, we found a number of complaints which had been documented however; when we asked for evidence of how the complaints were managed and responded to we were informed that this was done informally and not recorded. This meant that there were no records of complaints being received, how complaints were being responded to or how and if lessons were being learnt.

We recommend the registered provider reviews their complaints process and consults reputable sources in relation to the management of complaints.

Staff supported people with a different range of activities which they enjoyed taking part in. We saw evidence of staff providing support to people who enjoyed a variety of different social interests. For example, we found that some people enjoyed going into the local community, going for local walks and trips to the cinema.

It was evident throughout the records that staff provided support to people who were very independent, wished to remain independent but needed an element of support with specific activities and tasks which

needed to be completed. For example, throughout care records we found that staff would 'support', 'prompt', 'encourage' and 'remind' people to carry out day to day tasks. Staff also expressed that they were very familiar with people's different support needs and knew what needed to be 'prompted' and 'supported' during each support visit.

Is the service well-led?

Our findings

There was no registered manager at the time of the inspection. The previous registered manager had voluntarily de-registered from their post in June 2017. The manager who was present at the time of the inspection had submitted the relevant registration documentation and was awaiting approval from the Care Quality Commission.

During the inspection we found that the registered provider was not always providing a 'well-led' service. There was a failure to monitor and assess the quality and standard of care being provided, the governance of the service was not being assessed and processes and systems required improvement.

There were no effective quality assurance systems in place. We saw minimal evidence of any robust medication audits, care plan audits, risk assessments or quality audits in place. It was evident throughout the course of the inspection that the overall governance of Support Initiatives North West Ltd needed to be improved. It was identified during this inspection that there has been a failure to ensure the standards of safe care and treatment was being maintained. There was evidence of multiple breaches in relation to Health and Social Care Regulations.

Care records and risk assessments contained very little information and there was very little detail being recorded in relation to any person centred care which needed to be provided. For example, we found a care plan in place which listed specific areas of support such as personal care, personal appearance, daily living skills, daily domestic skills, behaviour and communication. However, there was no additional information to suggest how the person was to be supported in these areas of care. This meant people were at risk of not being supported to meet their individual care needs.

We reviewed a range of different policies which were in place such as safeguarding, administration of medication and equality and diversity. It was identified that some of the policies did not contain the correct information, did not make reference to current legal or policy requirements and did not contain pertinent information in relation to some of the practices which were being carried out by the provider. For example, the medication administration policy did not contain any information in relation to PRN medication ('as and when' needed medication) or topical cream administration.

Accidents and incidents were not being routinely monitored or analysed. This meant that the registered provider was not identifying when lessons needed to be learnt or if any actions needed to be taken to mitigate any risks.

We asked the registered provider how they involved people and their relatives in the provisions of care which were being provided. We were informed that processes to gather feedback had not been established as yet but this was something which was going to be developed. Questionnaires had not been circulated and meetings regarding the care being provided were not being held with the people who were being supported. This meant that there were no measures in place to assess, monitor, review or improve the standard and quality of care being provided.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The feedback we received about the management of the service was mixed. The provision of care which was being provided was regarded as good quality care however we did receive some feedback to suggest that processes and recording systems needed to be further established and improved upon.

We did find evidence of staff meetings that had taken place. Team meeting discussions included care plans, risk assessments, finance, maintenance and accommodation of the people supported. Communication and recording systems were in place and appeared to be effective. It was evident from the inspection that the staff team did document the support which was being provided on a day to day basis, as well as any changes in circumstances and risks which needed to be managed. We were informed that the staff team worked well together and were all aware and familiar of the needs of the people being supported.

The registered manager was aware of their responsibilities in submitting statutory notifications. Statutory notifications are documents which inform the CQC of the incidents/events which affect the safety and well-being of people who are living in care homes. Statutory notifications need to be submitted in accordance with their regulatory requirements.

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 9 HSCA RA Regulations 2014 Person-centred care Care records we reviewed were not person centred and did not provide staff with adequate information about the person who was being supported.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider was failing to ensure that there were systems and processes in place to provide a safe, effective and well-led service.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The recruitments process was not safe and robust.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider was failing to ensure that there was adequate training being provided in order to ensure that staff were well equipped, skilled and qualified to provide effective care.

