

4USupport Limited

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Inspection report

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Date of inspection visit:
29 January 2016

Date of publication:
07 March 2016

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

The inspection took place on 27 and 29 January 2016 and was announced. The provider was given notice because the location was a domiciliary care agency (DCA) and we needed to be sure that someone would be in. We also gave notice to enable the agency to arrange home visits with people's consent.

4uSupport DCA provides a personal care service to people living in their own home. On the day of the inspection 58 people were being supported by 4uSupport with their personal care needs.

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.

People were protected by safe recruitment procedures to help ensure staff were suitable to work with vulnerable adults. There were sufficient numbers of staff employed to support people safely. Staff received an induction programme. Staff had completed training and had the right skills and knowledge to meet people's needs. Staff described the management as very open, supportive and approachable. Staff talked positively about their jobs and felt motivated to provide quality care.

Care records contained information that described what staff needed to do to provide individual care and support at each visit. Staff responded quickly to people's change in needs. Where appropriate, friends, relatives and health and social care professionals were involved in identifying and supporting people's needs. People's preferences, disabilities and abilities were taken into account, communicated and recorded.

People's risks were managed well and monitored. The service had policies and procedures in place and these were understood by staff to help protect people and keep them safe.

People who required it were encouraged and supported to maintain a healthy balanced diet.

People's medicines were managed safely and people and staff told us people received their medicines as prescribed.

People, their relatives and staff were encouraged to be involved and help drive continuous improvements. This helped ensure positive progress was made in the delivery of care and support provided by the service.

The service sought verbal feedback from people, relatives, and staff. People were encouraged to share their concerns and complaints. The registered manager investigated any complaints or concerns thoroughly and used the outcome as an opportunity for learning to take place.

The registered manager and staff had completed training in the Mental Capacity Act. The registered

manager displayed a good understanding of the requirements of the act, which had been followed in practice.

People were kept safe and protected from discrimination. All staff had undertaken training on safeguarding from abuse and equality and diversity. Staff understood the principles, had a good knowledge on how to report any concerns and described what action they would take to protect people against harm.

There were effective quality assurance systems in place to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the service.

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.

People were protected by safe recruitment practices and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected by staff who understood and managed risk. People were supported to have as much control and independence as possible.

People had their medicines managed safely.

Is the service effective?

Good ●

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

Staff had good knowledge of the Mental Capacity Act, which they put into practice.

People were supported to maintain a healthy balanced diet.

Is the service caring?

Good ●

The service was caring. People were supported by staff that respected their dignity and maintained their privacy.

People were supported by staff who showed kindness and compassion.

Positive caring relationships had been formed between people and staff.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care treatment and support. Staff knew how people wanted to be supported.

People's needs were reviewed and changes in need were identified promptly and care altered accordingly.

Is the service well-led?

Good 

The service was well-led. There was an open culture. The registered manager was approachable and kept up to date with best practice.

The registered manager and staff shared the same vision and values that were embedded in practice.

Staff understood their role and were motivated and inspired to develop and provide quality care.

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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.

The inspection was undertaken by one inspector and took place on 27 and 29 January 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be in. We also gave notice to enable the agency to arrange home visits with people's consent.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we spoke with the registered manager, deputy manager, spoke to three members of staff and one health and social care professional. We also met and spoke with four people who received care and four relatives. We observed how staff interacted with people.

We looked at four records related to people's individual care needs. This record included support plans, risk assessments and daily monitoring records. We also looked at four staff recruitment files and records associated with the management of the service, including quality audits.

Is the service safe?

Our findings

People told us they felt safe. Family members confirmed safe care was provided by staff. One person, when asked if they felt safe with the staff said; "Yes, -I feel safe with them and they have become friends to us." Another said; "I wouldn't use them if I didn't feel safe" and "Mum is safe with them,- yes definitely." A relative said; "I feel confident leaving them (their relative) with them."

People were protected from discrimination, abuse and avoidable harm by staff who had the knowledge and skills to help keep them safe. One staff said; "If we see anything we will report it. We do everything to keep people safe." Policies and procedures were available for staff to advise them of what they must do if they witnessed or suspected any incident of abuse or discriminatory practice. Records showed staff had received safeguarding adults training. Staff knew how to recognise signs of potential abuse and would have no hesitation in discussing safeguarding issues and reporting them.

People were supported by sufficient numbers of staff to keep them safe. Staff agreed there were sufficient staff employed with the right skills, knowledge and experience to meet people's needs. People had staffing hours at set times across the week. The registered manager informed us staffing levels were dependent upon people's needs. One person told us "We don't always see the same people, but they are all very nice." One relative said; "If someone is sick they will call with a new staff's name."

If staff were going to be late the agency's policy was staff needed to notify them to contact the person concerned. An out of hours team supported any staffing difficulties in the event of sickness or unplanned absence. The out of hours team had the essential information they needed to ensure replacement staff had the necessary skills to meet people's care safely.

People were protected by safe recruitment practices. Required checks had been completed. For example, files held a history of previous employment details. Disclosure and barring service checks had been sought. Staff confirmed all checks had taken place before commencing work.

Before the agency provided support to people, an initial risk assessment took place. This confirmed the service would be able to safely meet the needs of the person concerned. This took account of risks associated with lone working and environmental risks, ensuring staff would be protected. Assessments included checking the equipment in people's homes had been serviced and was in good working order and the correct equipment was in place for people, for example hoists, wheelchairs and shower equipment. Information about how to access people's home was kept safely.

People's personal risks associated with their care were known and recorded, for example those at risk of skin damage. People and their family members confirmed staff gave safe care and took account of these risks ensuring skin creams were applied.

People's medicines were well managed by staff. There were safe medicines procedures in place and medicines administration records (MAR's) had been fully signed and updated. Staff were appropriately trained and confirmed they understood the importance of the safe administration and management of medicines.

Staff received personal protective equipment such as gloves, aprons and hand gels to support good infection control practices. Staff confirmed they had received training and we observed staff wearing protective clothing as they carried out personal care.

Is the service effective?

Our findings

People were supported by knowledgeable, skilled staff who effectively met their needs. One person said: "[...] (a named staff member) always knows how to help me. I want to adopt her she's so good!" One relative said; "They know all about her needs, always check she is alright and the staff are very good." One person said; "They need more training to understand my illness." However they went onto say the service had received leaflets explaining their illness and are willing to learn. The Registered manager said this was currently being looked at and planned.

People said the staff always involved them in their care and asked for their consent before providing any support. Records showed consent had been obtained and signed by people to receive care. People confirmed the staff always asked them if they were happy with everything before they finished and we observed staff involving people with their care.

Staff received an induction when they first started working at the agency and the registered manager confirmed some staff are currently near completion of the Care Certificate (A nationally recognised set of skills training). Staff had a probationary period and their progress was monitored. The registered manager and senior staff carry out "spot checks" on staff to ensure they were punctual, wearing identification badges and records were up to date. One relative confirmed new staff; "Always came to shadow and introduce themselves first."

Staff confirmed they were well supported by the registered manager, colleagues and management of the service. All staff received regular supervision and appraisal of their work and team meetings were held. This gave staff an opportunity to discuss their performance and identify any further training required.

People were supported by staff that had received training. Ongoing training was planned to support staffs' continued learning and was updated when required. Training was also arranged to meet the individual specific needs of people the service agreed to support, for example, dementia care training. Staff confirmed they had received training in equipment used, for example hoists. The registered manager monitored the training skills required to meet each person's package of care and ensured staff competency was regularly checked. Family members spoke highly of staff confirming they received good training. A staff survey said; "Love the learning opportunities."

The registered manager had an understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting and making decisions, on behalf of the individuals who lacked mental capacity to make particular decisions for themselves. Some staff had completed training in the Mental Capacity Act and further training was planned.

People who needed it had support in relation to their meals and nutrition and staff provided some people with meals and snacks. People were supported and encouraged to maintain a healthy balanced diet as part of their support plan. Clear records detailed people's dietary needs, for example foods best avoided. One

person said; "They always make me a cup of tea."

People we met made their own healthcare appointments or had support from relatives to make them. The registered manager confirmed referrals to relevant healthcare services were sometimes made when changes to health or wellbeing had been identified. A health and social care professional confirmed the agency contacted them promptly if they had any concerns about people. Staff knew people well and monitored people's health on a daily basis. If staff noticed a change they would discuss this with the individual and, with consent, seek appropriate professional advice and support. One relative told us; "Mum had a fall. The carers called the office to tell them. The office called us later to check mum was ok." People's records gave specific guidance on their health needs and how to respond in an emergency, for example for those with diabetes.

Is the service caring?

Our findings

People received care, as much as possible from the same care worker or team of care workers. People said; "Mum has the same care workers for her personal care;- that is very important to her." Rotas' were well organised so people knew who would be supporting them and were kept informed of any changes. One person said the staff arrived late one morning but they were called to be advised of this. People were well cared for and treated with kindness and compassion and people all agreed they were well cared for. A staff member said; "I can see the staff I work with are really caring to people." A relative said; "Well cared for by 4uSupport." One person said; "Yes definitely well cared for." A survey returned detailed; "Good communication and caring."

People's needs regardless of their disabilities were met by staff in a caring and compassionate way. People told us they felt they mattered. People and their family confirmed they were involved in their care planning. One survey recorded by a relative of someone receiving a service; "[...] says she is in complete control over what she wants done, no one tries to tell her what to do."

People confirmed their privacy and dignity were respected and they were encouraged to be as independent as possible. We saw staff ensured people were respected, comfortable and had everything they needed. Staff worked at people's own pace to enable them to become more independent and care for themselves. A recent survey returned to the company, when asked if people felt they were respected and had their dignity maintained recorded; "Greater continuity (of staff) who are aware of my problem and deal with it sensitively." One relative when asked if their relative was treated with respect and dignity said; "Yes, really really nice with her in particular if she needs extra personal support."

Staff had genuine concern for people's wellbeing. Staff commented they felt passionate about the support they gave and explained the importance of adopting a caring approach and making people feel they matter. Staff were clearly compassionate about making a difference to people's lives. Staff told us, "I choose to work for 4uSupport because they are very caring and put people first."

People's care records detailed the support people needed for each visit. For example each plan had a "How I want my needs to be met" Each plan recorded each person's routine to be completed on each visit. Staff confirmed they understood the importance of this for people to ensure people felt cared for.

Is the service responsive?

Our findings

People's views and wishes were taken into account when planning care. Thorough assessments of people's needs took place prior to people being supported by 4uSupport. The registered manager or deputy manager visited people in their own home to gain an understanding of their needs. Support plans had been written from the person's perspective and included information about how they needed or wanted to be supported. This showed us the service responded to people's needs.

People's health needs, communication skills, abilities and preferences were known. Care plans held detailed information about what support was required and what people could do for themselves to help maintain their independence. The registered manager confirmed that people and, if appropriate, their family were regularly consulted to help ensure care records reflected a person's current needs.

People had their individual needs regularly updated and reassessed to help ensure personalised care was provided. People's care records were reviewed and documented when people's changes in needs had been identified. One relative said; "4uSupport have been brilliant if called at short notice to provide additional care. They responded very quickly." One person said; "Everything I ask them to do; they will do."

A health and social care professional said the service had always been very responsive to a short notice request for assistance with their clients and praised the service for the way they responded to people's needs.

Staff members ensured they communicated important messages about each person by documenting each visit, the tasks completed and wrote daily records for the next member of staff who visited. Staff said this ensured staff were aware of any concerns and what care had taken place. This enabled staff to respond appropriately.

People and their relatives knew who to contact if they needed to raise a concern or make a complaint. The service had a policy and procedure in place for dealing with any complaints. This was made available to people, their friends and their families. No one we spoke with had any complaints and all felt confident they could call the registered manager or speak to staff if they did. People and family felt confident and comfortable sharing their views and experiences of care. The registered manager confirmed all concerns and any complaints were recorded and analysed for themes. Reflection and learning then took place to reduce the likelihood of a similar complaint occurring. The registered managers said people were given the opportunity and encouraged to feedback their experience and raise any concerns or complaints. One relative said; "No complaints; happy with everything." Another said; "Not a complaint but my relative found one staff not to their liking. They changed this for them."

Is the service well-led?

Our findings

People and staff spoke positively about the registered manager and management team. One person said; "Very hands on, very good indeed and approachable." Staff said; "Very approachable 100%", "All very helpful." A relative said; "Everybody there (in the office) are really good." A health and social care professional said the registered manager was approachable and would return calls to discuss any issues, promptly.

4uSupport was well led and managed effectively. The company had clear values including "providing high quality care and support services to people in their own home." This helped to provide a service that ensured the needs and values of people were respected. These values were incorporated into staff training and people received a copy of the services core values.

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the service. They were supported by a management team who worked alongside individuals. People told us they knew who to speak to in the office and had confidence in the registered manager and deputy manager.

The registered manager sought feedback from relatives, friends and health and social care professionals to enhance their service. The results of a recent questionnaire sent to people and families' evidenced people were satisfied with all aspects of the care and support provided. Comments recorded included; "A good reliable service" and "I have been very pleased with the service offered and would have no hesitation in recommending you."

The service had notified the CQC of all significant events which had occurred in line with their legal obligations. The provider had an up to date whistle-blowers policy which supported staff to question practice and defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns with the provider and were confident they would act on them appropriately.

The registered manager inspired staff to provide a quality service and be actively involved in developing the service. Staff understood what was expected of them and shared the provider's and registered manager's vision and values. Staff supervision and appraisals evidenced there were processes in place for staff to discuss and enhance their practice. Staff received regular support and advice from the management via phone calls and face to face meetings. Staff told us the management were very supportive and readily available if they had any concerns.

Staff confirmed they were happy in their work, were motivated by the registered manager and understood what was expected of them. A staff survey returned recorded; "Thank you for taking me on as I love my job." A staff member said; "I just feel like part of the family- not a worker."

There was an effective quality assurance system in place to drive continuous improvement of the service.

The registered manager carried out regular audits which assessed the quality of the care provided to people. The management undertook spot checks covering the care staff provided, infection control and record keeping. One person said; "They (office staff) visit me to see if all is OK."

The provider had policies in place that showed regard to the duty of candour process. This demonstrated they supported a culture of openness and transparency. The manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.