

Fourways Care Limited

Fourways Care

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

The inspection was announced. Forty-eight hours' notice of the inspection was given to ensure that the people we needed to speak with were available. The inspection was undertaken by one inspector.

Fourways Care is a small family run domiciliary care service. They provide care and support services to people living in their own homes. The service is provided to people who live in the South Gloucestershire area. At the time of the inspection they were supporting six people

with a personal care service and others who were provided with services that do not come within the remit of their Care Quality Commission registration (13 in total). The service currently had nine support workers.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The registered manager and support workers were knowledgeable about safeguarding issues. They knew the

Summary of findings

appropriate actions to take if concerns were raised and who any concerns should be reported to. All staff received safeguarding adults training. Robust recruitment procedures were followed to ensure only suitable staff were employed. Appropriate steps were taken to protect people from harm.

Risks to people's health and welfare were identified and managed to either reduce or eliminate the risk. The level of support people needed with their medicines was identified in their care plan. Staff received safe medicines administration training to ensure they were competent to undertake the task and their competency was rechecked.

Staff completed a training programme to enable them to carry out their roles and responsibilities. They received support from the registered manager and senior staff. Support workers were expected to complete additional qualifications in health and social care when they had completed their probationary period.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions. Support workers ensured that people consented before any care or support was provided.

Where people were assessed as needing support with food and drink, support workers would deliver the assistance as described in the person's care plan. People were supported to see their GP and other healthcare professionals.

The support workers and the registered manager had good, kind and friendly working relationships with the people they were looking after. Staff ensured people's privacy and dignity was maintained at all times.

People received the care and support they needed because the service had good systems in place to assess people's needs and then plan their care. Support workers looked after people in the way they preferred. People were encouraged to express their views and opinions about how they wanted to be looked after.

Measures were in place to monitor the quality of the service. The registered manager ensured that people received the service they expected and it was safe, effective and caring. They used any feedback from people to make improvements and learned from any complaints, accidents or incidents to prevent further occurrences.

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.

People were protected from harm, and all staff knew what actions to take if abuse was witnessed, suspected or reported. Any risks to people's health and welfare were well managed.

The recruitment of new staff followed robust procedures and ensured only suitable staff were employed.

The level of support people needed with their medicines formed part of their care plan. Staff were trained to administer medicines safely.

Good



Is the service effective?

The service was effective.

People were looked after by staff who were well trained. Had the necessary knowledge and skills to meet their needs. Staff were aware of the principles of the Mental Capacity Act 2005 and ensured consent was obtained before providing care and support.

People were supported to have sufficient food and drink and were provided with the support they needed which met their individual requirements.

People would be supported to see their GP and other healthcare professionals.

Good



Is the service caring?

The service was caring.

People were treated with respect and kindness. They were provided support workers who knew them well and had good relationships with them. Staff spoke respectfully about the people they looked after.

People were looked after in the way they wanted and were encouraged to make decisions about things that affected their daily lives.

Good



Is the service responsive?

The service was responsive.

People received the care and support they needed. Their individual needs and preferences were taken in to account and they were able to say how they wanted to be looked after. Care reviews took place so that adjustments could be made when necessary.

People felt able to raise any concerns they may have and felt they would be listened too.

Good



Is the service well-led?

The service was well-led.

People were satisfied about how the service was managed. Staff were committed to providing a service that was safe, effective and compassionate. People and staff said they were listened to and their views were actively sought.

Good



Summary of findings

Measures were in place to monitor the quality of the service and the registered manager was aware of the need to have robust systems in place to capture feedback when they supported more people.

Fourways Care

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, and to provide a rating for the service under the Care Act 2014.

The last inspection of Fourways Care was completed in July 2014. At that time there were no breaches in regulations. This inspection was undertaken by one inspector as the service is a small domiciliary care service.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also reviewed the previous inspection report and contacted two health and social care professionals as part of the planning process.

We reviewed the Provider Information Record (PIR) during and after the inspection. The provider had received an acknowledgement that the PIR had been submitted however this had not appeared in our pre-inspection information. The PIR is information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During the inspection we spoke with four people who used the service and one relative. We spent time with the registered manager and spoke with the care coordinator and two support workers.

We looked at four people's care records, three staff files and training records, electronic staff rostering and records for each person supported and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints and the safe management of medicines.

Is the service safe?

Our findings

People said, “The staff use the hoist safely and competently”, “I feel safe in my own home and always know who is going to visit me. I would be anxious if I did not know who was going to arrive but they always tell me” and “The staff take X out to activities and they know they have to look out for him. I know they take his safety very seriously”. Staff we spoke with were fully aware of their responsibility to ensure people were safe.

The service had safeguarding policies and procedures in place. These gave guidance to the support workers on what to do if concerns were raised about a person’s safety, or if they were told about an event that had happened. The policy was included in the staff handbook.

Those staff we spoke with had a good understanding of safeguarding issues and had completed a safeguarding training programme followed by a knowledge check, post training. This ensured the staff were clear of what processes to take. Staff also referred to whistle blowing and said they would report any bad practice to the registered manager. The registered manager had attended a safeguarding training session for managers with South Gloucestershire Council. No safeguarding concerns have been raised with us however the registered manager had raised two alerts with the local authority regarding one person they supported. No staff members were implicated in the concerns and the registered manager knew that if this had been the case, CQC would need to be informed as well. This would be so we could monitor what actions the service took to safeguard people they supported from further harm. The registered manager had taken the appropriate action to safeguard the person.

There were safe recruitment and selection processes in place to protect people from being looked after by unsuitable staff. Relevant checks were carried out before new support workers started work. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant’s police record for any convictions that may prevent them from working with vulnerable people. Written references were obtained from previous employers and validated to ensure they were authentic.

As part of the process in setting up a care and support package for each person, an assessment of any risks was

made. Support workers were expected to report any health and safety concerns to reduce or eliminate the chances of accidents, incidences or near-misses. Support workers were expected to report any accidents or incidents and there was a clearly understood process in place. Individual risk assessments were undertaken with the people being supported and examples included the risk of falls, of financial abuse and the risk of choking. Moving and handling risk assessments and plans were in place where a person needed to be supported to transfer from one place to another using equipment. The plans stated the equipment to be used and the number of support workers required to undertake the tasks. In addition, an environmental risk assessment was undertaken of the person’s home to ensure it was a safe place for the support workers to work.

There was a business continuity plan in place. This set out the arrangements to be followed if a major incident disrupted the delivery of the service to the people. Examples included were adverse weather conditions, loss of power and other utility services, an IT systems failure and loss of staff either temporarily or permanently.

The service currently looked after 13 people and provided support with personal care tasks, daily living tasks and general supervision. The staff team consisted of the registered manager, a care coordinator and nine support workers. Both the registered manager and care coordinator had a dual role – office based and covering calls out in the community from people being supported. Since the last inspection the service had achieved accreditation with South Gloucestershire Council and were now able to tender for work and take on new packages of care and support.

The registered manager had recently recruited six new support workers, two of which had already started work. For the other four, the service were still waiting the completion of the pre-employment checks. The service had sufficient staff to meet the care and support needs of the people they supported and always allocated two support workers to complete moving and handling tasks. The registered manager was clear that new work would not be considered if support workers were not available to meet the care and support required.

People retained responsibility for their own medicines where possible and the service currently only supported one person with their medicines. As part of the assessment

Is the service safe?

process it was determined whether a person needed support with their medicines. The level of support they needed was agreed and the person gave their written consent to be supported. Support workers received safe medicine administration training followed by spot checks (competency assessments) to ensure medicines were administered safely. Staff we spoke with confirmed that training and competency assessments had been carried out. Support workers completed a medicine administration record after medicines had been given – these were returned to the office on a monthly basis and audited by the registered manager.

The service had a medicines policy and a copy of this was given to all support workers. Support workers had to complete a medicine administration record after medicines had been given. These were returned to the office on a monthly basis and audited by the registered manager. Because of the measures in place we found that people were protected against the risks associated with medicines.

Is the service effective?

Our findings

People were provided with support in their own homes and to use community facilities. At the time of our inspection there was a small team of support workers and they were generally employed to work with specific people. This meant that people were looked after by a small number of support workers. The registered manager was committed to ensuring their aim of continuity of care was maintained as the business grew in numbers.

The registered manager and senior support worker also covered visits to people which meant they had a good understanding of the person's specific needs. All staff talked to us about the people they supported and were knowledgeable about their individual preferences and daily routines. One member of staff said, "We all want to do a really good job and ensure that people get the service they need". From speaking with the staff it was evident that people were looked after by staff who were familiar with their needs.

People were supported by support workers who were appropriately trained and able to fulfil their role. New support workers completed an induction training programme when they first started working for the service. The induction programme met the skills for care common induction standards and was now being aligned to the care certificate requirements. The registered manager said there were 15 modules to be completed. Support workers would need to work through them all but would complete the more relevant modules first. All modules had to be completed within 12 weeks and the registered manager monitored progress at five, seven and nine weeks.

There was a programme of staff training that all support workers had to complete and then refresher training after specified periods of time. Examples of this mandatory training included safeguarding awareness, health and safety, first aid, safe medicines administration and moving and handling. Individual training records were maintained for each support worker. The registered manager told us that 'person specific' training would be arranged where needed to equip support workers with the required knowledge and skills to meet that person's needs.

Support workers were encouraged and supported to complete a health and social care qualification after six months working for the service. The care coordinator was

working towards achieving a level three award. One other support worker had a level two and one other a level three award (formerly called a National Vocational Qualification (NVQ)).

Staff were well supported and could contact the office or the on-call person at any time. The registered manager had a programme of regular supervision meetings, spot checks and annual appraisals in order to ensure staff delivered the service that was expected of them. Annual staff appraisals were used to discuss work performance and any training and development needs. Due to the small number of support workers employed at the time of our inspection staff meetings had not been scheduled. However as the business grew the registered manager planned to introduce regular staff meetings.

Support workers gained people's consent before starting to provide support. They had a good understanding of consent issues and had completed Mental Capacity Act 2005 (MCA) training as part of their mandatory training programme. The MCA sets out what must be done to make sure the human rights of people who lacked mental capacity to make decisions were protected. The registered manager said that none of the people they supported lacked capacity. A person's ability to give consent was assessed as part of the overall assessment process.

The level of support each person required to eat and drink was determined in their assessment and care plan. People were provided with support to prepare their meals and drinks and supported to eat their meals where necessary. Where a risk of choking was identified this was detailed on their care plan with instructions on how to reduce or eliminate that risk. Support workers said they would report any concerns they had about people's eating and drinking. The registered manager would pass these concerns on to healthcare professionals.

People were registered with their local GP and support staff helped them make appointments and arrange for repeat prescriptions as part of their care package. Where people were also supported by other health and social care professionals, the service and support workers worked alongside them to make sure people were well looked after. Examples included working with community psychiatric services and communication with other community based services.

Is the service caring?

Our findings

People said, “The staff are very kind to me”, “The staff are a great help to me. They treat me like family”, “I get on very well with the staff” and “The staff are friendly and efficient”. One relative said, “It is hard letting carers come in to your house but the two carers who come along to X have built up a very good rapport with him”. It was evident support workers had positive working relationships with the people they supported. People were treated as individuals and said they were treated with respect and dignity at all times.

People were looked after the same support workers or a small group of support workers. This meant they could get to know the person well and were knowledgeable about how they liked things done. Support staff demonstrated a genuine caring attitude towards the people they looked after. Staff told us that one person would only accept support from one particular member of staff and whilst the person was, “Getting used to having help” the service was accommodating this.

Support staff spoke about the importance of developing good working relationships with the people they

supported. They spoke knowledgeably about the people they supported and did so in a respectful and caring manner. They said it was important to treat people well. One support worker said, “All of the staff are very passionate and caring. The person is at the centre of everything we do”.

People were involved in the assessment process and had a say in how they wanted to be looked after. They were asked by what name they preferred to be called and this was recorded in their care plan. Each person received care and support based upon their specific identified needs and the service provided was ‘bespoke’ for them.

The registered manager and the senior support worker were familiar with the needs of each person supported because they were also part of the support team. Those people we spoke with told us they always knew who was going to be supporting them. Some people were always supported by the same support worker. Others who received more than one visit per day, were informed by the support workers who was helping them at the next call.

Is the service responsive?

Our findings

People said they received the service that had been agreed upon when the service was first set up. They made the following comments, “The manager came and saw me and we agreed what help I needed and when” and “Time keeping is good and they (support workers) stay the agreed length of time”. One relative said, “The service is absolutely fantastic. The staff can be flexible if we ask for changes and they do everything expected”.

People who were supported by the service had an assessment of their care and support needs and these were undertaken by the registered manager or the senior support worker. Where people were part funded by the local authority, they would gather copies of the care plan and other information that was relevant to the person’s support package. Risk assessments were also undertaken to determine the level of risk and a management plan put in place to reduce or eliminate the risk.

Care records were kept both in the office and also in the person’s own home. The care records included the support plan and a weekly timetable showing when the support was provided. For one person who had very specific needs there were lists of the tasks to be completed each time the support workers visited. This meant that the support workers had clear direction on what they had to do.

All care and support packages were reviewed six weeks after set up and then at six monthly intervals. The

registered manager explained the support provided was reviewed with the person involved and with other relevant parties as required. This review programme was amended if a person’s care and support needs changed and the support provided needed adjustment. Where the care package was commissioned by the local authority, a request was made for a review of funding. This meant people would be provided with the support they needed to remain in their own homes where this was possible.

In addition to formal reviews, telephone quality monitoring calls were made. On one record the reviewer had written that the person said, “They turn up when they are supposed to”. The registered manager and senior support worker undertook ‘spot checks’ of the support workers whilst they were supporting people. These quality checks ensured staff were delivering the service correctly. These measures also ensured that people were able to feedback their views about the service they received and make any suggestions.

Each person was provided with information about the service. This included the statement of purpose and the service user guide. There was also an information leaflet about the Care Quality Commission and our purpose to regulate and inspect the service. The service user guide informed people about the complaints procedure. All those people we spoke with confirmed they had this information in the care folders and said, “I would have no hesitation about raising any concerns”, “We have no concerns” and “I have never had any complaints”.

Is the service well-led?

Our findings

People said, “This is a very well organised company”, “We have had issues with other care companies but this service is managed well” and “I would recommend this service to others because it is very well organised”. Support workers said, “I have worked for other care companies. This is a much better company to work for” and “The manager is very well organised”.

The service had clear visions and values. Fourways Care was a family business and the registered manager had many years experience in the care sector. The aim of the service was to provide an excellent standard of care to those needing support to live independently in their own homes. Their values were to put people first, to provide a bespoke package of care to meet the needs and preferences of each person and to empower people to maximise the quality of their life. From speaking with the registered manager and support workers it was evident that these values were shared by all. One of the support workers said, “It is instilled in all staff to treat the person as if they were a family member”.

Office staff included the registered manager and the senior support worker. Both covered care visits as well as completing the administrative and management tasks. There were plans in place to recruit full time office staff. The registered manager organised the day to day service provision and had a good knowledge of each person’s needs and requirements. Both the registered manager and the senior support worker were responsible for monitoring the work performance of support workers and people’s care reviews.

Out of office hours there was an on-call system for management support and advice. Staff said the arrangements worked well. The on-call cover was currently provided by the registered manager but this role would be shared by senior staff once the service was bigger.

Support workers were able to make suggestions about how things could be done better and were listened to. Feedback from the staff about how things were going was encouraged. Support workers said their views and opinions were valued and respected. The service had a whistle blowing policy and there was an expectation staff would report any bad practice. Staff were able to call into the office at any time and the registered manager planned to introduce formal staff meetings on a quarterly basis once the staff team was greater.

A variety of different methods were used to assess the service and check it was meeting it’s aims and purpose. These included staff supervisions, spot checks of work performance, and the collation of feedback from people using the service and their relatives. Care and support plans were regularly reviewed. The registered manager had not received any complaints and no accidents and incidents were recorded. They said that any complaints, accidents or incidents would be analysed to look for trends. This would enable them to make improvements and prevent similar reoccurrences.

We have not received any notifications since our last inspection. The registered manager was aware when notifications had to be sent in to CQC. These notifications would tell us about any events that had happened in the service. We use this information to monitor the service and to check how any events had been handled.

All policies and procedures were kept under review by the provider and updated where necessary. Staff were issued with key policies in the staff handbook. Examples of key policies included safeguarding adults and whistle blowing, lone working and safeguarding peoples money.