

Frontier Support Services Ltd

# Frontier Support Services Limited - 27-29 Brighton Road

## Inspection report

27-29 Brighton Road  
South Croydon  
Surrey  
CR2 6EB

Tel: 02086037230

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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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We inspected Frontier Support Services Limited on 26 February, 1 March and 2 March 2016. The inspection was announced 48 hours in advance because we wanted to be sure the registered manager would be available to speak to us during our inspection. At our last inspection of the service on 7 January 2014 we found that the provider was meeting the regulations we checked.

Frontier Support Services Limited provides support and personal care to adults who may have learning disabilities, mental health difficulties or an autistic spectrum disorder in their own homes. At the time of our visit there were 58 people using the service.

The service had a registered manager. A registered manager is a 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.

People told us they were safe. This was also the view of their relatives. Staff were knowledgeable about how to recognise the signs of abuse and report any concerns. Care was planned and delivered to help ensure people were protected against abuse and avoidable harm. People had personalised risk assessments which gave staff sufficient information on how to manage the risks identified. People received their medicines safely.

Staff were recruited using a thorough recruitment process which was consistently applied. Appropriate checks were carried out on staff before they began to work with people. Staff arrived on time to care for people and stayed for the time allotted. There was a sufficient number of suitable staff allocated to each person to keep them safe and meet their needs. Staff understood their roles and responsibilities.

People were satisfied with the quality of care they received. Care plans provided information to staff about how to meet people's individual needs. People were supported by staff who had the training, knowledge, skills and experience to deliver their care effectively. Staff worked with a variety of healthcare professionals to support people to maintain good health.

People spoke fondly about the staff and said they were kind and caring. People were treated with respect and felt valued. People were supported and encouraged to be as independent as they were able to be. People were enabled to spend their time day to day in the way they preferred and had many opportunities to socialise.

People's personal information was protected because it was securely stored and only accessible by staff. People's care and medical records were well organised and up to date.

The provider had not effectively communicated to people that their tenancy could not be ended if they

stopped using the service. This meant that some people did not feel comfortable making a complaint as they feared this could lead to them losing their home.

There were systems in place to assess, monitor and improve the quality of care people received. The registered manager and senior management team had worked in the adult social care sector for many years and understood what was necessary to provide a quality 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.

The service had policies and procedures in place to minimise the risk of abuse. These were effectively implemented by staff. Staff had good knowledge on how to identify abuse and report any concerns.

Risks to individuals were effectively assessed and managed. People received the medicines they had been prescribed at the right time and in the correct dosage. Staff were recruited using appropriate recruitment procedures. There was a sufficient number of staff to help keep people safe.

### Is the service effective?

Good ●

The service was effective.

Staff had the necessary skills, knowledge and experience to care for people effectively. The provider ensured staff received regular, relevant training and specialist training where necessary, to help them meet the needs of people using the service.

People were supported to have a variety of nutritious meals and had enough to eat and drink. People received care and support which assisted them to maintain good health.

The registered manager and staff understood the main principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DOLS).

### Is the service caring?

Good ●

The service was caring.

People received care from a committed staff team who enjoyed their role. Staff were caring and treated people with kindness and respect. Staff had formed meaningful relationships with people using the service and were comfortable in their interaction.

People received support at a pace that suited them and staff

provided care in a way that maintained people's privacy and dignity. Staff acted promptly to comfort people when they were in distress.

### **Is the service responsive?**

The service was responsive.

People were satisfied with the quality of care they received. Staff knew people well and how to meet their needs.

People's health and social needs were taken into account in their care planning. People were supported to spend their time day to day in the way they preferred.

People knew how to make suggestions and complaints about the care they received and who to complain to.

**Requires Improvement** ●

### **Is the service well-led?**

The service was well-led.

People using the service and their relatives told us the service was well-led.

There were systems in place to regularly monitor and assess the quality of care people received. Where areas for improvement were identified during internal audits, we saw that changes had been implemented.

People's care files, staff files and other records were securely stored, well organised and promptly located.

**Good** ●

# Frontier Support Services Limited - 27-29 Brighton Road

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 26 February, 1 March and 2 March 2016. The inspection was announced 48 hours in advance because we wanted to be sure the registered manager would be available to speak to us during our inspection. The inspection was carried out by a single inspector.

Before the inspection, we looked at all the information we held about the service. This included notifications the provider is required to submit to CQC. Notifications outline significant events which occur within the service.

During the inspection we went to the provider's office on two days. We also visited a space called the Buzz Hub where people using the service participated in a variety of activities and staff received training. We spoke to the registered manager and the Director of Operations. We spoke with seven people using the service and two of their relatives. We spoke with 12 staff members and a representative of a local authority which commissions the service.

We looked at the care records of six people using the service, five staff files and a variety of the service's policies and procedures.

# Is the service safe?

## Our findings

People told us they felt safe using the service and were treated well. One person told us, "I love [the care worker] she is nice to me." Another person told us, "They help me." A relative commented, "I think [the person] is safe and looked after well." People using the service and their relatives knew how to report any concerns and who to report their concerns to. People commented, "I feel safe. I would tell [the registered manager] if I didn't" and "If I had any bad treatment, I'd tell [the registered manager].".

There were appropriate arrangements in place to ensure staff knew how to keep people safe. Staff had received safeguarding training and had good knowledge on how to protect people from abuse. The service had a safeguarding policy and procedure which staff were familiar with and knew how to apply in practice. They knew how to identify abuse and the action to take if they had any concerns about a person's safety. Staff knew who to report their concerns to within the service and how to escalate their concerns outside the service if necessary. Staff told us they were willing to report other staff members if they had concerns that the way they supported people was inappropriate or unsafe. One Staff member told us, "I would definitely report another carer if I saw them mistreating someone. My job is to support and protect [people using the service] they're vulnerable." Another staff member told us, "I couldn't sit back and do nothing if I knew staff were abusing someone. I'd go straight to [the registered manager], I'd report it to the police and call the CQC if necessary." The service had clear staff disciplinary procedures in place which were followed when it was identified that staff were responsible for unsafe practice.

There were effective recruitment and selection processes in place to minimise the risk of the service recruiting staff who were unsuitable for a role supporting people. The registered manager told us job vacancies were advertised and applicants were required to complete an application form detailing their previous employment, experience and qualifications. Job applicants were required to attend a formal interview where they were asked questions about their suitability for the role for which they had applied. We saw evidence of the recruitment process described in the staff files we reviewed and that the process was consistently followed.

We saw evidence that appropriate checks were undertaken before staff began to work with people. These included criminal record checks, obtaining proof of their identity and their right to work in the United Kingdom. References were obtained from applicant's previous employers which commented on their character and suitability for the role.

People had personalised risk assessments. Care plans gave staff sufficient information on how to manage identified risks. Records and our observations confirmed staff delivered care in accordance with people's care plans. For example, we saw that people who were at risk when alone in public, were escorted when they left their home.

People's needs were assessed before they began to use the service. The number of staff required to deliver care to people safely was also assessed. The service had a shortage of employed staff but was actively recruiting. Agency and bank staff were used to provide care and ensure that people were supported by the

number of staff they had been assessed as needing. People told us they received care and support from the right number of staff. The number of staff a person required was reviewed when there was a change in a person's needs. A senior staff member was available to provide guidance or support to staff if required, when people displayed behaviour that challenged others.

People received their medicines safely because staff followed the provider's policies and procedures for ordering, storing, administering and recording medicines. This helped to minimise the risk of people being given the wrong medicine. Staff were required to complete medicine administration records. Records we reviewed were fully completed and confirmed that people received their medicines as prescribed.



## Is the service effective?

### Our findings

People were cared for and supported by staff who had the knowledge, skills and experience to carry out their roles and responsibilities effectively. People commented, "They look after me good" and "They [staff] are very good. They help us out a lot." A relative commented, "They [staff] are very experienced."

Before staff began to work with people they had an induction which introduced them to the main policies and procedures of the service but also gave them the opportunity to meet the people they would be working with. Staff told us and records confirmed that they received regular training in the areas relevant to their work such as safeguarding people, medicine administration and dealing with behaviour which challenged others. Staff also had the opportunity to undertake specialist training that was specific to the needs of the person they were supporting such as, epilepsy training. Records indicated that staff had asked for training in Tourette syndrome and this was arranged by the provider.

Competency checks were carried out by senior staff members to confirm that staff understood their training and knew how to apply it in their role day-to-day. Staff also attended group sessions led by a senior staff member where they discussed their understanding of their training and how to apply it in practice. We observed one of these sessions on the administration of medicines. A staff member told us, "They give us a lot of training. I really appreciate that." Other staff members told us, "We are lucky, they are hot on making sure our training is up to date" and "I can't fault them on the training they offer." The provider supported staff to obtain further qualifications relevant to their role. A staff member commented, "I've been encouraged and supported to get higher qualifications." This helped staff to provide safe and appropriate support.

There was a system of regular house meetings where staff met as a group to discuss the people they were supporting and any issues affecting their role. Records indicated that staff received supervision in the months before our inspection but supervision had not taken place consistently throughout 2015. Six staff members told us they had attended regular supervision meetings where they discussed issues affecting their role and their professional development. Three staff members told us they had not had regular supervision. The inconsistency in staff supervision had been identified during an internal audit. An action plan had recently been implemented to minimise the occurrence of staff not receiving regular supervision and to ensure that when staff did not receive regular supervision this was quickly identified. The lack of consistency with staff supervision had not impacted the quality of care people received but had contributed to low morale amongst some staff. One staff member commented, "I can't remember the last time I had one to one supervision." The registered manager was aware that staff supervision was inconsistent and was supporting the compliance managers to adopt a more consistent approach to staff supervision. We will check this at our next inspection.

People told us and we observed that staff asked for their consent before providing care and acted in accordance with their wishes. 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. We checked whether the service was working within the principles of the MCA.

Records confirmed that people's capacity to make particular decisions was assessed. The registered manager and staff were familiar with the general requirements of the MCA. Although no applications had needed to be made, there were procedures in place to get the support of the local authority to apply to the Court of Protection if they considered a person should be deprived of their liberty in order to get the care and treatment they needed.

People received the support they needed in relation to nutrition and hydration. Records demonstrated that the support people required to eat and drink a sufficient amount was part of the assessment process. Staff knew what represented a balanced diet. People told us they decided what they wanted to eat and that staff supported them to prepare their meals or prepared their meals in the way they preferred.

Staff supported people to maintain good health. People were registered with a GP. Staff supported people to attend appointments with their GP, hospital consultants or other healthcare professionals. People whose health needs required it were weighed regularly to check they maintained a healthy weight. People had Hospital Passports in an easy read format. These gave healthcare professionals information on the person, what was important to them, their personal preferences and routines, and how best to communicate with them. People had Health Action Plans. These are people's personal plans setting out what they have to do to keep healthy.

## Is the service caring?

### Our findings

Staff had formed meaningful relationships with people. People spoke fondly about the staff and told us they were kind and caring. Comments included, "I love [staff member] she is nice to me", "The staff are nice", "They are good when [the person] gets a bit worried and upset", "I can call [the staff member] at any time if I'm a bit worried and [the staff member] always calms me down" and "I like living here and I like the staff". A relative commented, "The staff are patient and caring."

We observed staff interacting with people using the service in the office and in people's homes. People and staff were comfortable and relaxed in their interaction. We observed that staff supported people at a pace that suited people using the service. Staff spoke to people in a kind and respectful manner. All the staff we spoke to told us they enjoyed their job and working with the people they supported. One staff member told us, "I really enjoy my job and supporting [the person] I work with." Other staff members told us, "I have to say I love my job. I am helping people to have a better life", "I'm proud of the difference I am making to people's lives" and "I enjoy my job. It's very rewarding".

People had the privacy they needed in their own homes. One of the provider's core aims was to encourage independence and we saw many examples of staff supporting people to be as independent as they wanted to be. We spoke to one person using the service who had been given paid employment by the provider. The person told us, "I like my job." People were supported to have holidays abroad in a destination of their choice. A person commented, "We can do most things for ourselves but they help us if we need it."

People's diverse needs in respect of their age, disability and gender were understood by staff and were met by staff in a caring way. Staff communicated with people in a way they could understand. Staff knew people well, how they preferred to be supported and what mattered to them. One person liked their hair and make-up to be done every day whether they were leaving the house or not. This was important to the person and staff ensured that their hair and make-up was done in accordance with their wishes. This contributed to people feeling they mattered and were listened to.

We observed instances of staff acting to comfort and reassure people who showed signs of distress or discomfort. For example, when a person was anxious and wanted to speak with someone, staff acted promptly to listen and support the person. This included enabling the person to speak to a senior staff member. Another person, who was upset about an event which was due to take place the next day was comforted and reassured by the registered manager.

## Is the service responsive?

### Our findings

People's care plans demonstrated that they (and where appropriate their family) contributed to the assessment and planning of their care as much as they were able to. Care plans were in an easy read format and contained information about the level of support people required. Care plans contained sufficient information to allow staff to deliver personalised care. This included details of people's personal history, family relationships, individual preferences and interests. However, the service was not following national guidelines on the information that should be recorded in relation to people's medicines. There was no evidence on the files we reviewed that the rationale for the person taking the medicine had been explained to the person using the service and everyone involved in their care. Consequently, although staff were aware of the medicines people were required to take and in what dosage, they were not always aware of what the medicine was for.

There was continuity of care. Only staff employed by the service or regular agency staff who knew people well supported people. People told us they regularly received care from the same staff. People commented, "[The staff member] always helps me" and "We have the same carers. We know them". Staff were familiar with the needs of the people they cared for and knew how people preferred their care to be provided.

The registered manager told us, "Our goal is to encourage independence, enable people to lead fulfilling lives and achieve their goals. We saw that the service worked well in meeting this goal. People were well supported to follow their interests and take part in social activities. People told us they were involved in a variety of activities that they were personally interested in but also had the opportunity to regularly meet with other people using the service at an activity centre the service had established called the Buzz Hub. People using the service had worked with staff to decide which activities should be offered. People had the opportunity to participate in several activities which they enjoyed and some activities such as, the IT club which also supported their personal development. People were encouraged and supported to develop and maintain relationships with people that mattered to them. One person was assisted to plan and travel abroad to visit a close relative. Other people were encouraged and supported to travel abroad on an exchange trip with other young adults. This helped to ensure people avoided social isolation.

Although the registered manager told us people's care plans were regularly reviewed, there was no evidence of this on people's care files or evidence that there was a system in place to ensure this was done with any consistency. However, all the care plans we looked at had been reviewed recently. The registered manager was looking at the most effective way to demonstrate that people's care files were regularly reviewed.

People knew how to share their concerns and who to make their complaints to. There were arrangements in place to make sure that information and concerns received about the quality of care were investigated and recorded. Complaints were promptly responded to. People felt able to express their views or complain. However, two people we spoke with told us they did not feel comfortable making a complaint because they feared that doing so would lead to them losing their home. We observed that after an incident of behaviour that challenged others, a person involved repeatedly asked staff, "I won't have to leave will I? Can I still live here?" Staff acted quickly to calm the person but did not reassure the person that their rights as a tenant

were not tied to them using the service. A relative told us, "[The person] wants to use a different service but cannot leave this service because she will lose her home." Frontier Support Service works closely with a charity which provides the accommodation for many people using the service. Services such as Frontier Support Service are responsible for the care people receive but not people's accommodation. As such, Frontier Support Service cannot end people's tenancy. This information had not been communicated to people as effectively as it could have been and this caused unnecessary anxiety to some people.

## Is the service well-led?

### Our findings

People using the service and their relatives were of the view that the service was well organised and well led. People told us the registered manager was approachable. One person told us, "I can speak to [the registered manager] if I want to. I'm always in the office." Another person told us, "It's a good set-up." A relative told us, "I think it's a good service."

Staff told us the service was well managed in respect of the care people received but some staff felt the service was less well organised in relation to the way staff were treated. Over half the staff members we spoke with told us that communication from senior management was not as effective as it could be. One staff member told us, "We look after people well. There have been a lot of changes recently and often the first we hear about what is happening is through rumours." Other comments we received included, "People here get good care but the staff not so much" and "We don't have any contact with senior management. My impression is that it's a bit us and them."

Staff felt well supported by other care workers. One staff member told us, "The carers all get on and we support each other." Another staff member told us, "The junior staff are very supportive and we can call [the clinical lead/ assistant] if we need more support or guidance." We observed that care staff worked well as a team. This helped to ensure people's needs were met and that they received continuity of care.

The service had recently undergone a staff restructuring and a new role of compliance manager had been created. The compliance manager's role was to conduct regular checks and audits of staff practices to ensure staff were adhering to the provider's policies and procedures and to check that staff were delivering care in accordance with people's care plans. There was a clear management structure in place at the service which people and staff understood. Staff knew their roles and responsibilities within the structure.

There were appropriate arrangements in place for checking the quality of the care people received. As part of their regular checks, the compliance managers observed staff interaction with people. They also checked people's care and medicine records, staff training and supervision. There was a system of regular house meetings where staff discussed any issues affecting people using the service and the quality of care they received. The senior management team also conducted audits of a variety of aspects of the service to check that they were meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. Where areas for improvement were identified such as, the lack of consistency in staff supervision, an action plan was drawn up and implemented.

The registered manager had worked in adult social care for many years and had a good understanding of what was required to provide people with good quality care. The registered manager and staff were constantly striving to maintain and improve the experience for people receiving care from the service. Senior staff sought the advice of experts where appropriate and supported staff to obtain specialist training if staff requested it or they felt that people using the service and staff would benefit from it.

We requested a variety of records relating to people using the service, staff and management of the service.

People's care records, including their medical records were fully completed and up to date. People's confidentiality was protected because their records were securely stored and only accessible by staff. The staff files and records relating to the management of the service were well organised and promptly located.

Registered providers such as Frontier Support Services Limited must notify CQC about certain changes, events or incidents. A review of our records confirmed that appropriate notifications were sent to us in a timely manner.