

4USupport Limited

# 4USupport Limited

## Inspection report

15 Billacombe Road  
Plymouth  
PL9 7HX

Tel: 01752710202  
Website: [www.4usupport.co.uk](http://www.4usupport.co.uk)

Date of inspection visit:  
11 October 2019  
14 October 2019

Date of publication:  
21 November 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

4USupport Ltd is a domiciliary care agency providing personal care. The service is operated from an office in Plymouth. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. Not everyone who used the service received personal care. The service was providing personal care to 85 people at the time of the inspection.

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

People did not always receive their calls at the time agreed, or for the length of time planned. People told us they did not always have support from a consistent staff team and sometimes felt rushed. They also told us that they were not always informed of staff changes and did not always feel issues they raised about the calls were resolved.

The registered manager had acted to improve the quality of the service since the last inspection. However, there was a lack of oversight of call times which meant identifying areas for improvement was difficult.

People told us they felt experienced staff were well trained and made them feel safe. Some people raised concerns about the knowledge of new staff. We have made a recommendation about this.

People received appropriate support with their medicines and health. People's wishes relating to eating and drinking were known and respected. Risks relating to people's care were known by staff but not all recorded in a clear risk assessment.

People were supported by staff to make decisions about their care. People were happy with the content of their care plans and told us their choices and preferences were reflected. There was a plan in place to ensure everyone's care plans were reviewed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People felt well cared for by staff. One person told us, "Nothing's too much trouble." Feedback received by the service showed examples of staff going beyond the remit of their role to ensure people's preferences were met.

New systems had been implemented to monitor the quality of the service and improvements had been made about most of the concerns identified as part of the last inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published

18 October 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made but the provider was still in breach of regulations. The service remains rated requires improvement.

Why we inspected This was a planned inspection based on the previous rating.

Enforcement We have identified breaches in relation to the way calls are planned, and the monitoring of the quality of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

**Good** ●

### Is the service caring?

The service was caring.

**Good** ●

### Is the service responsive?

The service was responsive.

**Good** ●

### Is the service well-led?

The service was not always well-led.

**Requires Improvement** ●

# 4USupport Limited

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

One inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 11 October 2019 and ended on 17 October 2019. We visited the office location on 11 and 12 October 2019.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local commissioning authority and reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 12 people who used the service and seven relatives about their experience of the care provided. We asked the registered manager to share a poster requesting feedback from people for the inspection. Six people contacted the commission to share feedback about the service. We spoke with one of these people. We spoke with eight members of staff including the registered manager, assistant managers, senior care workers and care workers.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and sought feedback regarding people's views they had shared.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

At our last inspection the provider had failed to ensure staff had sufficient time for people's visits. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 18.

- People and relatives told us they did not always receive their calls at the times they were expecting. People gave examples of staff arriving an hour or more late for calls. Data recorded by the service confirmed this was the case. Most people told us they didn't get informed of changes to staff or call times.
- Some people were put at risk when their calls were not at the agreed times. People and relatives told us when calls were late, this could mean their medicines were late or they had to remain in soiled clothing.
- People told us they received a rota, but most people and relatives told us it generally didn't reflect the call times and staff members they received in practice. Staff told us these problems were caused by staff sickness. The registered manager told us staff sickness was monitored and appropriate action was taken with staff. However, at the time of the inspection, this had not resolved the issue.
- Some people told us they did not see regular staff, which meant they were not familiar with their needs. People told us, "Regular carers are pretty good but sometimes other carers don't know what they are doing, so I have to explain to them what to do".
- Other people told us staff were rushed and did not always stay for the full call. One person told us they were afraid they would fall, when being rushed by staff.
- Some people told us when they had raised concerns about their call, they had not always been satisfied that lasting changes had been made. A relative told us they felt exhausted from constantly having to contact the office to resolve incorrect call times.

We found no evidence that people had been harmed however, the provider had not ensured staff were deployed in a way that ensured people's calls were delivered as planned. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had failed to follow safe recruitment practices. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- Recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe.
- Disclosure and Barring Service (DBS) checks and references were now received before staff were enabled to visit people.

#### Assessing risk, safety monitoring and management

- Clear risk assessments were not always in place regarding people's needs. Senior staff told us they were aware of what information needed adding and were updating everyone's care plans and risk assessments. In the meantime, they had ensured staff remained up to date with how to meet people's needs via communications from the office. However, people with higher risks or more complex needs had not been prioritised.
- People's safety was promoted by staff who understood how to help people feel safe. One person told us, "I have a perching stool in my walk-in shower and the carers always make sure that I am seated on it properly and not to one side."
- People told us staff helped ensure any equipment they used, remained safe to use. One person commented, "I use two wheelchairs one's electric. The staff always make sure it's plugged in for me at night. The other wheelchair in the house, they check over for me."
- Support plans provided details for staff about what had been agreed with the individual about staff entering their home.

#### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us staff made them feel safe. They told us they would know who to contact if they had any concerns.
- People were protected from the risk of abuse as staff knew and understood their responsibilities to keep people safe and protect them from harm.
- Staff were up to date with their safeguarding training

#### Using medicines safely

- People told us staff provided the support they needed to take their medicines. Comments included, "Staff are gentle and kind putting cream on my relative's skin" and "The carers record this on the notes every time they do this".
- A new system had recently been implemented which alerted office staff if someone's medicines had not been given at the correct time.
- Audits were completed of the medicines administration records (MARs) staff completed. Any concerns were addressed with the individual staff member concerned.

#### Preventing and controlling infection

- People told us staff wore personal protective equipment (PPE), such as aprons and gloves when providing care or preparing food.
- Staff told us they had received infection control training and had access to as much PPE as they needed.

#### Learning lessons when things go wrong

- Staff understood their responsibilities for reporting accidents, incidents or concerns. They were positive about a new system which meant that as soon as they reported any concerns, office staff could see it and respond promptly.
- Records showed incidents had prompted actions to help increase people's safety, such as referrals to the

appropriate health or social care professional.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they received support from the service. This helped ensure their needs could be met.
- Staff training and induction was then updated to reflect the range of needs staff supported people with.

Staff support: induction, training, skills and experience

- New members of staff completed an induction programme. This included shadowing experienced staff. Spot checks of new staff were completed before they were enabled to work alone.
- Most people said staff had the right knowledge and skills but also commented this did not always apply to new staff. Comments included, "The regular carers do a good job because they know his needs but this isn't always true of new staff."
- A senior member of staff told us the content of induction training sessions, depended on staff's previous experience. They explained, "The induction is tailored to staff, so if they have had a lot of care experience I will ask them to talk me through it and see if their knowledge is up to date. If they are new, I will go through it more slowly. I won't check it off if they don't know it."
- Staff told us they had the training and skills they needed to meet people's needs.
- Where concerns about staff performance were identified, either from feedback from people, or from the outcomes of spot checks, staff were informed and extra training or spot checks of their work, were arranged.

We recommend the provider reviews how they are assured staff are competent to meet everyone's needs, following their induction.

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

- Staff understood people's needs and preferences in relation to food and drink.
- When people had specific routines or preferences, these were recorded in people's care plans.
- Staff understood the importance to people's well-being of having access to food they enjoyed. Records showed staff had taken their own time to get fish and chips, or bake special cakes for people, to meet their preferences. One staff member regularly cooked meals to take to people. They told us, "I see them as family and I like to make sure they have a good meal."

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with commissioners and healthcare providers to help ensure people's needs were met.
- Staff used the knowledge of professionals who knew people, to help improve the care they provided.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to monitor their health and identify when they needed to contact a healthcare professional.
- A relative told us, "The staff are brilliant. If they notice any changes when providing my care, they tell me so I can follow this up with my GP"
- Staff had recently been enrolled on oral healthcare training to help improve the level of support people received.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- At the time of the inspection most people being supported by the service had the capacity to make their own decisions.
- Staff told us they had attended MCA training and understood the principles of the act.
- People told us staff asked for their consent before commencing any care tasks.
- When people had agreed to their care plans but could not physically sign their name; some people's relatives had signed consent forms on behalf of people. The registered manager told us they would ensure this information was recorded more clearly in the future.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness, compassion and respect. People and relatives gave positive feedback about how they were treated by staff. People told us, "My relative has dementia and the staff get them washed and changed. They are very calm and it goes smoothly" and "My relative died recently and everyone has been so thoughtful and have kept an eye out for me"
- People and relatives told us some staff went beyond the remit of their role to make sure people's needs were met. One person told us, "Nothing's too much trouble." Feedback received by the service described a staff member contacting multiple plumbers to get the best price for someone who needed their tap mending.
- Staff spoke about people in a caring way and told us how much they enjoyed supporting people. Comments included, "I love the clients we have. I love the fact that I'm making people's day better for them and got it off to a good start."

Supporting people to express their views and be involved in making decisions about their care

- People told us staff provided explanations about the care they were providing and listened to people's views and preferences. A relative told us, "They explain what's happening as they use the equipment."
- People also commented about the extra information staff provided them with, to help them make decisions; such as information about dementia or what financial help they could be entitled to.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. Comments included, "The carers always close the door to respect my privacy."
- People confirmed staff supported them to maintain their independence. One person told us, "I like to do what I can for myself and the carers do give me time to do just that." Staff confirmed they understood the importance of enabling people to do things for themselves.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Following the last inspection, the registered manager had tried various systems for recording people's care needs. These had then been reviewed and changed to make improvements. The service was now using a computerised system to record people's care plans. This meant staff in the office could see what care people had received and when. It also meant any changes to people's needs could be seen by relevant staff immediately.
- Some people's care plans did not yet contain individualised information about how people wanted their support providing. However, the office staff were in the process of reviewing and updating people's care plans as they were added to the new system. They had plans in place about how this would be achieved.
- People told us their care plans were reflective of their needs and that staff followed them. Comments included, "I know what's in my care plan. I can access this anytime via the internet and it gets reviewed regularly" and "Yes, what it says, happens!"
- When people had regular staff members, staff knew them well, their likes, dislikes and their needs. People told us, "We talk about my hobby all the time and share a lot of banter" and "They are a great support and sensitive to both our needs".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- A policy reflecting the AIS had been developed to ensure information was given to people in accessible formats when required.
- People received information in an appropriate format for their needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some people were supported by staff to follow interests or pastimes. Staff understood people's preferences and ensured they gave people choice over how they spent their time.
- Staff understood the importance of social occasions to people and provided support to ensure people were able to enjoy these. For example, one staff member returned to a person's house outside of their call time, to take the washing in for them. This enabled the person to wear the outfit they wanted, when going out with family later.

#### End of life care and support

- Where appropriate, people's end of life wishes were discussed with them and documented as part of their care plan.
- Staff understood the importance of also supporting people's families at this time.
- A compliment received by the service included, "Many thanks to all the carers who looked after mum so well and enabled her to stay in her own home right to the end."

#### Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to make a complaint. People gave examples of times when they had raised concerns, and these had been dealt with.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider's governance arrangements had failed to ensure risks were adequately assessed, monitored and mitigated. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 17.

- People continued to be unhappy about call times and staff consistency. There was no clear oversight of late calls, or why these were happening. Data showed call times were compared with the time they had been planned on the rota, rather than the time agreed with the person. This meant if a call was planned in on the rota an hour late, and the staff member attended at this time, it did not show as being late; even though it was an hour later than the time agreed with the person.
- Information about which calls had been cancelled or moved by a person, and which had been moved by the office staff was not clearly recorded. Records did not clearly evidence that people had been contacted about any changes to their expected call times.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate calls were planned and managed effectively. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the last inspection, the provider had made efforts to improve the quality of the service. Records showed staff were consulted about what changes were needed and encouraged to share ideas. For example, the registered manager told us, "We did a big piece of work and consulted about travel time and changed things." Staff now confirmed travel time had improved.
- Improvements to the oversight of the service had been made. Spot checks had been used to identify bad practice and senior staff meetings used to review and discuss staffing levels, training, staffing issues, quality assurance and complaints. Actions to improve the service had been recorded and actioned.
- A social care professional told us the registered manager attended local forums and meetings with a view

to improving the service.

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

- People and relatives said there was a positive culture in the staff team and staff confirmed they were happy working for the service.
- The registered manager and staff recognised care plans required more information to ensure they reflected people's needs in a person-centred way. Plans had been put in place to achieve this.
- When people or senior staff raised concerns about staff not supporting people to achieve good outcomes, disciplinary action was taken.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong.
- The local authority told us the provider had always been open and honest and was open to recommendations.
- The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager understood that people wanted to communicate in different ways, so they were developing a range of ways people could give feedback about the service.
- The registered manager had engaged staff members for their views about how to improve the service. They told us, "I had a focus group with staff and they had so many ideas and what to be involved in making the changes."
- Staff were positive about how the service was run. One member of staff told us "I have good support here. The office staff give a 100%."
- The service had an equality policy and we saw evidence of how this had been used to support people and staff.

Working in partnership with others

- The service worked in partnership with key organisations to support local care provision.
- A social care professional confirmed the registered manager was proactive in responding to concerns or complaints they raised.

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 17 HSCA RA Regulations 2014 Good governance<br><br>Systems were either not in place or robust enough to monitor and take action when calls were not planned and managed effectively. |
| Regulated activity | Regulation                                                                                                                                                                                      |
| Personal care      | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>The provider had not ensured staff were deployed in a way that ensured people's calls were delivered as planned.                         |