

Fourways Care Limited

Fourways Care

Inspection report

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Date of inspection visit:
19 March 2018

Date of publication:
26 April 2018

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 office is located in Coalpit Heath. The services provided include companionship services, home help services and personal care. People can receive one visit or continued visits and overnight support can be provided. The service provides support for older people, some who are living with dementia, as well as people with physical or learning disabilities. The service is a privately owned company and the providers were involved in the day to day management of the service.

At the time of the inspection the service was providing personal care to 70 people.

There was a registered manager for the service, who was also the registered provider. 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 and associated Regulations about how the service is run. We refer to the provider and registered manager as the registered manager throughout this report.

People remained safe in their homes. Staff and the office team knew how to keep people safe from abuse and avoidable harm. People were protected by detailed risk assessments in place. The provider managed risks associated with people's homes, to help them and staff stay safe. Recruitment practices remained safe. Medicines management continued to be carried out safely. Checks confirmed that people were receiving their medicines when needed.

Staff were providing support in line with the Mental Capacity Act 2005. People were supported to eat and drink sufficient amounts to meet their needs. Staff also supported people to access the support of a range of healthcare professionals.

People and relatives told us staff were caring, kind and supportive. People also said staff respected their privacy and treated them with dignity. People's needs were assessed before they started to use the service and care was planned and delivered in response to their needs.

People were supported with their needs by a team of staff with a very in-depth knowledge of how to support people with their needs. Staff were supported to use innovative approaches to deliver personalised and very flexible care.

People were actively encouraged to be involved in all aspects of their care and support was planned. The service was run in a very flexible way and responded quickly to people's changing needs or wishes.

People were fully involved in deciding how they wanted to be cared for and supported. This process began from the first meeting with the registered manager or a senior member of staff. Care plans were written in a person centred way and reflected how people wanted to be supported with their range of needs. People's

care plans set out their full range of care needs and were updated after care reviews and when people's circumstances changed.

People felt very able to raise concerns or make a complaint. The provider took concerns and complaints seriously. People's views and opinions were sought. Feedback was used to drive improvements.

There were systems for staff training and supervision. These systems continued to help ensure people received the care they needed in a safe way and to a high standard. All staff completed full induction training and they worked alongside experienced staff when they first started work. Staff had their competency assessed. This was to make sure they were safe before could be allowed to work on their own.

Staff we spoke with felt that the management was very open, approachable, and positive. They said that the registered manager who was one of the provider's was easy to get on with. Systems were in place to check and improve the quality of the service.

People who used the service, relatives and healthcare professionals we spoke with all gave us very high praise of the leadership of the service. The registered manager and staff we spoke with understood the values of the service. Staff were passionate and committed to their work and to caring for people.

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 remains good

Is the service effective?

Good ●

The service remains good

Is the service caring?

Good ●

The service remains good

Is the service responsive?

Good ●

The service remains good

Is the service well-led?

Good ●

The service remains good

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 and 19 March 2018 and was announced. The provider was given 48 hours' notice of the inspection as they needed to be available during the inspection.

The inspection team consisted of two inspectors and an expert 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. Our expert-by-experience had personal experience of caring for an older person.

Before the inspection we looked at previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law.

During our inspection, we spoke with the provider/registered manager, and a senior manager. We spoke on the telephone with eight staff who provided personal care to people. We spoke with 16 people who used the service, and three relatives of people who received personal care.

We also reviewed a range of documents and records. These included three people's care records and four staff recruitment files.

We looked at records relating to the management of the service, such as staff visit plans and training programmes; staff supervision records, incident forms audits and medicines records. We also looked at a number of policies and procedures for the service.

Is the service safe?

Our findings

People who used the service said they felt safe with the staff who supported them. People said they never had cause to worry about their safety, or how they were treated by staff. One person said, "Yes, very safe, they are very good". Another person told us, "I feel safe with the staff", and "Yes, it is safe".

To help ensure people and staff were safe before a care package commenced, a manager carried out risk assessments of the person's home. Environmental risk assessments were in place and included risks inside and outside the person's home. For example, they carried out a check of electrical appliances that staff may use during their visits, such as the fridge or cooker. They also included checks of gas and electrical appliances, and safe storage of cleaning materials. They also assessed the care and health needs of the person concerned.

People's individual risk assessments contained guidance about action staff should take to minimise the chance of harm occurring. For example, some people had reduced mobility and information was provided to staff about how to support them safely. The staff understood the risk assessments and the action they needed to take when supporting people.

Staff visits were planned in a way that ensured people's needs were met. The service provided, as a minimum, half hour calls. A computerised system supported the service to plan the levels of staff support and how many staff was needed to meet their individual needs. All of the feedback we received confirmed that there were sufficient numbers of staff to cover all calls and meet people's needs. Staffing levels were adjusted according to the needs of people, and the number of visits staff provided a person could be increased as required.

Each person had an assessment of the support they would need to manage their medicines on their own. Some people were able to manage the whole process independently and others needed assistance. The registered manager and senior manager sometimes recommended additional support. This included automatic dispensing pill boxes.

Where needed people were supported to manage their medicines safely and at the times they needed them. One person told us that the system worked well and they were supported well. Staff had been trained to administer medicines to people safely. Staff were informed about action to take if people refused to take their medicines, or if there were any errors. Records showed that people were given the medicines they needed at the correct time and as prescribed by their GP. Checks were carried out to make sure medicines were stored appropriately. Staff signed to confirm when they had supported and assisted people to have their medicines.

The risks to people from unsuitable staff were minimised. This was because the service had robust staff recruitment practices and procedures in place. These helped ensure that only staff who were suitable to work with people in their own homes were taken on. Employment procedures were carried out in accordance with equal opportunities. Interview records were kept and these showed the process was

thorough. Applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment, and their own copy of the staff handbook. New staff were required to complete an induction programme during their probation period. This was to help them understand their role and ensure they were trained to care for people safely. Checks on new staff included checking prospective employees' references, and carrying out Disclosure and Barring Service (DBS) checks before successful recruitment was confirmed. DBS checks identify if prospective staff had a criminal record or had been barred from working with children or vulnerable people.

Is the service effective?

Our findings

.People's needs were met by staff who provided them with care that was effective and supportive. One relative told us "The staff are all good they have become familiar with my relative and they understand his needs. Even if he says no to food they will get it and help him eat it". Another person told us "The staff are so good and they are like family."

Staff were competent about people's different needs and how to support them. They said they had to know people very well. They said they always read the care plans regularly to ensure they knew how to provide them with effective care and assistance.

People were supported to consume sufficient food and drink to stay healthy. Staff understood people's nutritional requirements and how to support them. They told us about how they worked closely with people who needed extra support in this area of their life. This was to ensure they were provided with a suitable and varied diet. Two people told us staff helped them to cook their food. Care plans clearly explained how staff should to support people with meals and drinks. Dietary guidance was available and kept in people's homes to assist staff to meet these needs. There were risk assessments in relation to how much people were eating and drinking. This information was used to help ensure people were supported in the most suitable way to eat and drink enough.

People were supported to be fully involved in the monitoring of their health and wellbeing. Staff clearly spotted any concerns about people's health swiftly. These were reported to the managers or other senior staff. They would then contact their GP, community nurse, or other health professionals. Each person had full details of their medical history in their care plan, as well as information about their health needs. Care plan records showed people were well supported to contact their GP if there were any concerns about their food and fluid intake or if they had lost weight.

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.

The staff demonstrated they were knowledgeable about how to ensure that the rights of people who were not able to make or to communicate their own decisions were upheld in their own home. Care records demonstrated that the principles of the Mental Capacity Act 2005 Code of Practice had been used when assessing an individual's ability to make a particular decision.

Care plans explained where people could not give consent and what actions were needed so they received care and support in a way that maintained their rights. For example, always clearly communicating with people to help them understand what care staff wanted to offer them.

The staff told us and records showed the team had regular one to one meetings with their line manager and an annual appraisal. Annual appraisals are a chance for staff to assess their work and plan their future development needs.

Staff received regular supervision both through an observation assessment while supporting people in their home and one to one supervision. These processes helped to ensure staff continued to be happy and feel confident in their role. During the different types of supervision the managers reviewed all areas of care provided and recorded their observations. Their observations were fed back to the staff member and additional training was given if needed.

Is the service caring?

Our findings

People and relatives all felt staff provided a service that was y caring. One person said "The staff are fantastic". Another person told us "They are really great nothing is too much trouble and I look forward to seeing them." Further comments included "They are all very nice to my relative, they talk to her and interact with her very well " and "I have found them like family " and "nothing is ever too much trouble for any of them "

One professional told us in an email that 'All of their staff are compassionate, caring, understanding and keen to learn. I have found them to be knowledgeable about the people that they work with, genuinely caring about those they work with and very good at developing trusting relationships with the people they work with. They have been good at promoting people's independence, choice and control they have over their lives. They have worked with some of the most challenging clients that I have worked with and have done this with patience, compassion and endless positivity.

The team have worked well with me and have been able to provide accurate information when I have needed or requested it and have been very professional when in meetings with other professionals or outside agencies such as the Police; Solicitors; Voluntary agencies and Social Workers.

The service was extremely proactive in the way they cared for people. A great deal of time and effort was put into their matching and introduction process. This was so that positive and caring relationships could be developed which promoted people's well-being. The registered manager and senior manager conveyed that they were passionate about providing a service of a very high standard. This passion and commitment was clearly shared by the whole staff team. They told us how they matched staff with people, taking into account if people would like someone 'outgoing' or 'quiet' as well as skill matching hobbies and interests.

One staff member who worked on a farm as well was matched with a person who was a famer. They had been able to build a relationship up because the person has continuity of care with someone who shared a special understanding and empathy for who they were. Another staff member with a specialist training and background in drugs and alcohol services supported someone with addiction issues. They were able to build up a close and trusting, non-judgmental relationship with the person they supported.

Is the service responsive?

Our findings

People received care that was highly flexible and met their needs, aspirations, choices and preferences. Staff promoted people's self-esteem and quality of life by exploring ways for them to continue to be involved in their hobbies and interests at whatever level they were able. We found that the service was extremely responsive and often went the extra mile to ensure people's needs were not only met but also exceeded. One person told us, "They always go the extra mile for me and can't do enough", and another person said "They willingly change if I'm going out for the day." People described how the service was flexible and responsive to their individual needs and preferences to enable them to live as full a life as possible. For example, in the recent snow staff and walked considerable distances and worked in a very flexible way to ensure people still received the service.

People were supported by staff to engage in activities to stimulate and promote their sense of wellbeing. In response to people's needs the service and staff have developed activities to suit each person. There were examples of staff encouraging people to re-engage with an activity they had loved. One person had, with lots of support returned to being able to go out and go shopping and to the bank. The staff told us the person enjoyed the experience of being independent again. Another person was supported to re-engage with family after a long gap of time. The staff told us it was a very positive experience to see the person so animated and alive when engaging with family members.

The staff used an automated logging in system when arriving and leaving a person's home. They called a Freephone number from their mobile phone. This then logged the time of the call in the office. This information was then seen on a large screen in the office and could be seen by staff at any time. An alert was also sent to the scheduler's mobile and email system, so that action could be taken swiftly if a staff member was going to be late.

Staff see their weekly schedule on a smartphone app, and are told what time they need to leave home to reach their first client. As they leave, they record this on the app and an alert is sent to the person (or their family) to let them know they're on the way. The person's care needs are on the app, so the staff can know exactly what they are supposed to do and records when they've done it. If staff saw a problem, such as an illness, a notification will be sent to the managers so any issues and or problems can be identified and acted on.

The registered manager told us they offered higher wages than other services like theirs. They say they gained a greater commitment from all the staff, to quality, in part as a result of this. They said they also worked with staff and people and had a flexible model of working wherever possible. This helped make the role of working for the service more attractive to potential new employees.

The registered manager said the service cared for and supported people to remain at home through illness and at the end of their lives. Staff received end of life care training to continue to care for people at this time: they knew it meant a lot to people to remain at home. One person at the end of their life was cared for by the same group of staff. Another person whose health had deteriorated following a death of a family member

was provided with emotional and spiritual support during their grieving process. The service liaised with district nurses for another person to arrange appropriate pain relief and equipment and ensured that the communication between the multi-disciplinary team was working well as it helped the service to provide good and effective end of life care. There were always staff available throughout the night to offer support to the family.

One staff member completed a reflective practice for us about their support of a person who was receiving end of life care from the service. The staff member said "During the sitting service, it was important that we completed oral care, to ensure that the person's mouth was moist and not becoming dry. I prompted fluids and engaged the person when they were awake. I was aware of their hobbies and interests, so we often spoke about those. If they were asleep during the sitting service, which became often as their condition deteriorated, I would complete light household duties and tasks".

Another staff member told us about a recent experience where they had been supporting a person and their family who was receiving end of life care from the service. The staff member told us "I could see from our training on end of life care and experience that the person was very unwell. We followed our care plan, gave oral care and personal care". The staff member also called the local GP and requested that a visit was needed. They also supported the family with some of the funeral arrangements. The staff member went on to say that 'we took great pride in looking after this person and supporting their family and feel it was a privilege to do so".

Communication was promoted by the service and was provided in a way that was tailored to meet people's needs. For example, one person was matched with a staff member who could speak their language. Another person had signs and pictures added to their care plan to aide communication between them and staff. One person living with dementia and whose first language was not English was now using their native language to communicate.

Written survey feedback about the services and care provided included, "excellent" and "they are all fantastic". People and relatives told us that they felt comfortable raising any concerns with the staff they saw or office staff. People said they had not needed to raise a concern or complaint. People said if and when they did need to raise an issue they were immediately responded to.

Is the service well-led?

Our findings

People benefited because the service had a clear management structure including a registered manager who was also one of the provider's, since the service began operating. People and their relatives told us the service was managed very well. One person told us, "I find all of the staff in the office very easy to deal with ". Another person added, "All of the office staff are very good ". A further comment was, "I recommend this service to others as it is very good."

Many of the office staff had started working as support workers. These staff still continued to go out to support people. They told us they enjoyed that aspect of the job and it helped them to keep in touch with people and to have a good insight into the work of the support staff.

People who used the service told us they were asked for their views about the service. One person told us, "They are always asking you how you feel and what you think". We saw records of the contacts that were made with people and their families. These showed that people were asked for their views and the action that had been taken in response to people's comments. For example visit times and care plans had been fully reviewed and updated.

People were also regularly asked for their views. This was part of the quality checks of the service they received to make sure the care they received was meeting their needs and achieving their objectives agreed with them as part of their care plans. Office staff told us that when a new person started with them they telephoned the person when they first received support to see if everything had gone well. They then telephoned again after two to six weeks. They then call each person as part of the spot check of staff practice every six weeks.

The staff expressed a high degree of satisfaction with the service. Many staff had remained with the service since it first opened. The organisation was planning a staff survey. Any comments or suggestions made in the feedback were to be used to look for ways to improve. People told us this continuity led to a high degree of satisfaction for them because staff did not leave that often. People repeatedly told us they really valued the continuity of having the same staff.

The provider had quality assurance systems in place to monitor the services people received. The managers also reviewed all staff training needs to highlighted any further training requirements for staff. They also had one to one supervision records that gave dates of meetings in advance for the year.

The registered manager formed links with the local community to help raise awareness with people who used the service about a range of safety issues. As part of a local initiative up to date guidance around fire safety and crime prevention was sent to people who may benefit from it from the office