

Supporting You Services Limited

No 12 Arden Centre

Inspection report

Unit 12, The Arden Craft Centre
Little Alne, Wootton Wawen
Henley In Arden
West Midlands
B95 6HW

Date of inspection visit:
16 October 2017

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Website: www.supportingyou-ltd-services.com

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 16 October 2017 and was announced. No.12 Arden Centre, Supporting You Services, is registered to provide personal care to people in their own homes and was registered with us in November 2016. At the time of this inspection, one person received personal care. The two owners of the service provided the person's care and support alongside working for other providers of care while their own agency became established.

This was the first inspection of this service following registration with us. Before providers are registered, part of our registration process is to check those providing care, are of suitable character and have effective systems and processes to provide people with a service that meets their needs. At this inspection visit we found improvements were needed to their quality assurance systems and how they retained important information that supported their regulatory responsibilities.

One of the owners was the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The owners knew how to keep the person they supported safe. There were processes to minimise risks to the person's and staff safety. They understood how to protect people from the risk of abuse and how to report any concerns.

We found the systems and processes for staff recruitment required further improvements. There was insufficient information for us to check their recruitment process was complete and followed their regulatory responsibilities. Records for themselves were not readily available for us to check.

Training was provided by an external contractor. However neither of the owners had completed training with them, so they were unable to assess the quality of the training, even though they expected their staff (when recruited) to be trained with them. We were unable to see the effectiveness of this training. Both owners had been trained through separate businesses that they worked for. There were no available records that showed what training each owner had completed or when refresher training was planned or completed to show they continued to have up to date knowledge and skills to provide care to people.

The owners understood the principles of the Mental Capacity Act (MCA) and the person's consent was sought prior to any care being provided.

There were enough staff to support the person and plans were in place to support extra care packages.

The owners knew the person well and knew how to respond to the person's needs. Care plans and risk assessments contained relevant information for staff to help them provide the care people required. Copies

of care plans were available in people's homes for staff to refer to.

No complaints had been raised with the owners.

Systems to monitor and review the quality of service people received required further improvement. This was to ensure when additional people used the service, supported by more staff, the owner's quality assurance would identify improvements and demonstrate actions were taken.

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.

The owners understood their responsibilities to protect the person they supported from the risk of abuse and they knew how to report any concerns about the person's safety and to minimise risks to the person. There were enough staff so that the person received support at the agreed times. However, we could not be confident recruitment processes were effective and we could not be confident those who administered medicines, were trained and competent in safe medicines management.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Limited evidence meant we could not be confident the owners were trained and were up to date with current practice and techniques. There was no effective system to monitor training and when refresher training was required. Both owners providing people's care understood their responsibilities in relation to the Mental Capacity Act 2005 and worked within the principles of this Act.

Requires Improvement ●

Is the service caring?

The service was not always caring.

The owners knew how to show respect and promote privacy and dignity to the person they supported. Because of the lack of evidence from people's experiences, and systems that did not always support safe practice, we could not be assured the service remained caring.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

The person was involved in the planning of their care and support. Care plan information was detailed, personalised and contained information to enable staff to work with the person in the way they preferred. When changes in their care occurred, risk

Requires Improvement ●

assessments did not always reflect the changes that would ensure staff provided consistent care to limit potential risk.

Is the service well-led?

The service was not always well led.

Systems to monitor and review the quality of service people received required further improvement. This was to ensure when additional people used the service, supported by more staff, the provider's quality assurance systems would be robust enough to identify improvements and demonstrate actions were taken.

Requires Improvement 

No 12 Arden Centre

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.

We gave the owner 48 hours' notice that we would be visiting their premises on 11 October 2017 to carry out our inspection. When we arrived on 11 October 2017, no one was available to meet with us. The owners told us communication issues with the office internet and mobile telecommunications meant they failed to receive our communication. The inspection was rearranged and went ahead on 16 October 2017, conducted by one inspector.

We reviewed the information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people, and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

Prior to this inspection visit, we asked the provider to send to us a provider information return (PIR). The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. Our records showed that the PIR was unable to be submitted because the email address held for the provider was not correct. We wrote to the provider requesting the PIR to be submitted, but this was not completed and returned. On the day of our inspection visit, the owners acknowledged their contact details needed to be resolved to ensure communications would be received so they could fulfil their legal obligation.

We were unable to speak with the person who used the service as we were told by the registered manager they did not want to speak with us. However, the registered manager said when they asked the person if they wanted to speak with us, the person said they were satisfied with the service they received. During our inspection visit, we spoke with owners, one who was the registered manager, and the other who was a co-owner. (In the report we refer to both these people as registered manager and owner). We reviewed one

person's care plan, to see how their care and support was planned and delivered. We looked at other records related to people's care, and how the service operated to check how the provider gathered information to improve the service. This included medicine records and the provider's quality assurance audits. During this inspection, we found limited records and evidence that demonstrated how the service effectively operated.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

Is the service safe?

Our findings

People were protected from the risk of harm and abuse. The owners understood their responsibility to keep people safe and deliver care as recorded in people's care plans. Because they were the only people supporting one person, we asked them how they would respond if they knew the other staff member had caused a person harm. One owner said, "Just because [person] is the owner, I would still report them." The registered manager told us, "Regardless who it was, I would inform the Police and CQC. I would do the investigation and report to the authorities."

There was insufficient information available to demonstrate their recruitment processes were thorough and safe. Part of our registration process includes criminal record checks, however when we asked to see them for both owners at this visit, they had not retained evidence to show us. There were no records retained to show references had been obtained, identity checks were completed, or employment histories to show if the owners were capable and experienced in this type of work. When additional staff would be recruited, we were not confident the owners would keep important evidence to demonstrate staff were suitable to support people as they had not retained and kept their own.

Both owners provided care and support for the one person they cared for and said they could support another person, without it affecting the quality of delivery. The registered manager said they were recruiting for care staff so when additional people needed support, they had the staff to supply. The registered manager said if they had a care package they could not safely support, they would not take it.

Both owners knew about individual risks to people's health and wellbeing and how these were to be managed. Where people were at risk of skin damage, mobility or keeping hydrated and nourished, care plans instructed staff how to manage people safely.

We asked the registered manager how people who required assistance to take their medication were supported. They told us medicines were in a blister pack so they only had to put them in a pot, and prompt the person to take them, which they did. Both owners told us they had received medicines training but had no records to support this. Neither of them had been assessed as competent and had not checked each other's competency to ensure they administered medicines safely. Following our inspection visit, the registered manager did not send us evidence that either of them had been medicines trained as they couldn't access their own training records to send us. This meant we were not confident staff were trained and competent to administer medicines safely.

Both owners recorded in people's records when medicines had been given by signing a medicine administration record (MAR) sheet. MARs were checked and the registered manager said there were no errors, however there were no records to show what was checked and when. The person receiving care did not want to speak with us, so we could not ask them if they received their medicines as prescribed. The registered manager told us MAR records in people's homes would be returned to the office every three months for checks. We discussed the benefits of checking this more regularly so any discrepancies could be dealt with sooner, minimising potential risks to people. The registered manager agreed to strengthen their

audit to review monthly. We checked MAR records for the last month and found no gaps.

Is the service effective?

Our findings

The registered manager told us each new member of staff when recruited, would complete the Care Certificate during their induction. The Care Certificate is a nationally recognised qualification that helps new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with quality care.

We discussed with both owners what their own training included as they each worked for a different domiciliary care agency alongside working for this agency and as such, received training directly through them. Both told us they had received all of their necessary training, however could not demonstrate this to us because they did not retain records of their own training. We asked for training certificates to be sent to us. Following the inspection visit, the registered manager was unable to send us copies of their completed training and could only locate two certificates for completed training for the other owner. Neither of them knew what each other had completed. Neither owner had undertaken training with their own training provider to assess the quality and effectiveness for when they sent their own staff (when recruited). The registered manager agreed they would complete training through their own contractor and keep records of completed training to demonstrate they were trained.

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.

Both owners knew they could only provide care and support to people who had given their consent. We asked them if they knew what the MCA meant for their practice. The registered manager said, "Its decision and time specific, an unwise decision is not a bad decision." They understood it was part of their role to support people in making their own decisions. Both owners said the person they visited had capacity to consent to their care and could make every day decisions in regard to how they wanted their care provided. The registered manager said the person they supported had a relative who had a Lasting Power of Attorney (LPOA). However, they did not hold a copy of the document and from our conversation, they were unsure what authority the relative did have regarding their family members decision making. We recommended they sought a copy of it which they agreed, so they could be sure decisions and requests made from family regarding the persons care and treatment were in their best interests.

The owners supported the person with mealtimes, usually prompting and offering assistance with preparation. They both monitored food and fluids but this was precautionary as there were no concerns around their hydration and nutrition. If concerns were found, support from other health care professionals would be sought. Other healthcare professionals were involved in this person's care, such as support from a GP.

Is the service caring?

Our findings

The registered manager and owner said they knew the person well and recognised the importance of promoting independence. They told us the person they supported was able to make their own decisions and supported them in line with their wishes.

The registered manager told us they cared for the people they supported. Because of this, they did not want to grow their business at the cost of not supporting the person currently using their service. The registered manager told us, "With extra work, we wouldn't let this affect the service for [name]."

Both owners recognised the importance of balancing people's care needs, against taking on new staff and new care packages. Their priority was to understand people and what the job entailed, before asking staff to do it. The registered manager said, "We should do things ourselves before we ask staff to. We are not leading by example if we don't." The registered manager said, "I have seen poor practice and thought if we can pull it all together, this would keep us more personal." Their objective was to know what people's caring needs were before they asked other staff to provide it, which would help them match the right staff to the right person.

Because we could not speak directly with the person receiving care and the lack of available and completed records, we could not be confident people received a caring service. The owners were unable to demonstrate through completed records that a caring service was being provided. When we asked for examples of completed care records and evidence that information was handed over from each shift, this was not given to us. Both owners were experienced which they said was their strength but they acknowledged that because, "There is only two of us, we have overlooked this (referring to record keeping)."

The owners understood the importance of maintaining confidentiality and said they would only discuss personal information with those people authorised to share it with. During our inspection visit, when we asked to see this person's care records, the registered manager checked with us to make sure we were able to see people's sensitive and confidential information.

Is the service responsive?

Our findings

At the time of this inspection, only one person was receiving care and we were told by the registered manager, they did not wish to speak with us directly. The registered manager told us when they asked the person if they wanted to speak with us, they said, "There is no need to speak to anyone as there's no issues."

Care records kept at the office were secure and were only accessible to both owners. We saw one care plan which we were told, was a copy of the care plan kept in the person's home. A pre assessment recorded the persons known health conditions and the support they needed from the service. When changes in health conditions were known, the registered manager said the care plan was updated. We saw a recent change in the person's mobility meant they used a wheelchair to help them with their mobility outside of the home. The care plan had been updated, however risk assessments had not been updated to reflect and support this change. When we asked the registered manager why this was not updated, they said, "I don't know why." The registered manager said they involved people and their family in care decisions so the care they provided, was focussed on the individual.

The registered manager said they wanted to increase their care packages, but only when they felt confident they could meet people's needs. We asked how annual leave or sickness was covered at present and if this affected the service. The registered manager said this had not been an issue and all shifts had been covered. If there was an unexpected absence, agency staff could be sought to ensure care continued.

No complaints had been made since the service started delivering care from August 2017. The registered manager said because they and the owner always provided the persons care, if there were any concerns, these were swiftly dealt with. We were told people were issued with a service user guide that informed them how to make a complaint, however when asked for a copy, we were not provided with one because they could not locate one in their offices. There was a complaints policy, but the owner and registered manager acknowledged it was generic and not personalised to their service. Following our inspection visit, the registered manager sent us a 'complaints protocol' advising people how to make a complaint and what to expect by way of a response and timescales.

Is the service well-led?

Our findings

The registered manager and owner did not fully understand their legal responsibilities to CQC. When inspecting this type of service, we often notify the provider 48 hours in advance to let them know the date of our office visit. This is so they can, ensure someone from the service is present, that records are available for us to review, and to seek people's consent so we can speak with them to get their experience of the service.

We telephoned and sent an email to the service in advance of our visit, advising them of our inspection visit on 11 October 2017. We arrived on 11 October 2017 and no one was present. Whilst outside the services office, we were able to speak with one owner, however they were supporting a person who used the service and could not meet with us. We contacted the registered manager but they did not answer our telephone call, so we left the service. Following this, we returned later on 11 October 2017 and hand delivered a letter giving them notice of our second inspection visit.

We returned on 16 October 2017. At this visit, the registered manager told us about the limited internet connectivity and poor mobile reception which made contact difficult. Prior to the 16 October 2017, we had sent text messages, and left voice messages to confirm this visit and the previous appointment but did not always receive a response, so could not be sure messages were received in a timely way.

The provider had not completed and returned their PIR which they are legally required to do as part of their registration with us. Our records showed we contacted the service by email, but the registered manager told us the email address we held was incorrect. Because of this, we wrote out to the provider requesting the PIR, but the registered manager said problems receiving the post meant they did not return their PIR in time. It is the provider's legal responsibility to ensure the contact information we hold about the service is accurate and up to date information.

The registered manager and the owner were confident in their ability to deliver care, within a service that was well led and well organised. The registered manager said, "We need to have the framework in place... we want to prove ourselves first." We looked at the audit and checking processes and found their systems were not embedded or thought through.

Throughout this inspection visit, there were minimal records or ineffective systems in place that assured us their governance processes were robust. We asked the registered manager why records were not available to us, they said, "We didn't think you wanted to look at those." We asked to see copies of documentation around people's care. The owner went to the person's home to get us examples of records they completed, but not all records we asked for were given to us. We did not see records for daily logs, handover information or records for other healthcare professionals. The registered manager said they checked MAR's but there was no record of what had been checked and whether improvements or action was required.

There were no available records to show recruitment processes were safe, and those providing people's care were effectively trained. There were limited records and checks to support a thorough evaluation of the service they provided.

We asked what information people had that told them how to complain. The registered manager said there was complaints information within their service guide, however they were unable to provide a copy of this guide. They had a complaints procedure from an external consultant, the owner told us they wanted this to be more personalised to their business. Following our inspection visit, they sent us a 'Complaints protocol' which advised people how to make a complaint. Policies and procedures were held, however these had not been personalised and adapted to the service they provided by their own admission.

The provider did not have effective arrangements in place to monitor and improve the quality and safety and welfare of people using the service. This is a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 Systems and processes were not robust, established and operated effectively to ensure risks to people were reduced and to provide a good quality service to people. Regulation 17 (1)(2)(a)(b)(c).