

Support Initiatives North West Limited

Support Initiatives Northwest Ltd

Inspection report

37 Cypress Road
Southport
Merseyside
PR8 6HF

Tel: 07827889317

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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:

Support Initiatives North West Ltd is a domiciliary care agency, providing personal care to people in their own homes. The service operates from the registered address based in Southport. At the time of this inspection two people were using the service.

People's experience of using this service:

Safe Care and Treatment was not always consistently provided. Risk assessments did not always indicate the level of risk that needed to be managed or how to keep the person safe.

People's level of risk was not always assessed or reviewed.

Quality assurance processes were not always effectively monitoring the provision of care people received. Audit tools and checks were not always identifying areas of improvement that needed to take place.

Recruitment practices had improved since the last inspection, however pre-employment checks needed to be further strengthened.

People were protected from the risk of harm and abuse. Staff were supported with training in relation to safeguarding and knew how to report any concerns that presented.

At the time of the inspection people did not need support with medication administration. However, the registered provider ensured that staff were enrolled on to the appropriate medication administration training and there was also a medication administration policy in place.

People received support from consistent members of staff who were familiar with their support needs. Staff received training to help develop their skills, knowledge and development.

Staff understood and respected people's right to make their own decisions and supported people to make choices. People were involved in the decisions that needed to be made and consent was gained in line with the principles of the Mental Capacity Act, 2005.

People's privacy, dignity and independence was promoted. Positive relationships had developed between people who received supported and care from staff. We received positive comments about the quality and safety of care people received.

The registered provider had a complaints policy in place; information about the complaints process was provided to people from the outset.

We received positive feedback about the provision of care that was delivered. People also had the

opportunity to share their thoughts, opinions and suggestions and the provision of care they received.

Rating at last inspection: Requires Improvement (The last report was published in January 2017)

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

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

You can see what action we told provider to take at the end of report

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

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Support Initiatives Northwest Ltd

Detailed findings

Background to this inspection

The 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 checked whether the registered 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.

Inspection team:

The inspection was carried out by one Adult Social Care Inspector.

Service and service type:

Support Initiatives North West Ltd is a domiciliary care agency, providing personal care and support to people living in their own homes.

The service had a manager registered with the Care Quality Commission (CQC). This means that they and the registered 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 visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Before the inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views.

The registered provider had completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make. We used all this information to formulate a 'planning tool'; this helped us to identify key areas we needed to focus on during the inspection.

During the inspection we spoke with the registered manager, three members of staff and one person who was receiving support. We also looked at care records belonging to the two people receiving support, recruitment records for five members of staff and other records relating to the management and quality monitoring of the service.

Is the service safe?

Our findings

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

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.

Systems and processes; assessing risk, safety monitoring and management

- Care records indicated the level of support people required. However, not all risks were appropriately assessed or monitored. For instance, one risk assessment did not clearly evidence how the level of risk was assessed and what measures were in place to keep the person safe.
- People's level of risk was not appropriately reviewed. One risk assessment we reviewed indicated that the level of risk should've been reviewed every four months, however the area of risk had not been reviewed since May 2018.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had health and safety risk assessments in relation to their home environment and personal emergency evacuation plans (PEEPs) were in place.
- People were safeguarded from abuse and the risk of harm. Staff understood the importance of complying with safeguarding and whistleblowing procedures and knew how to report any concerns. One person told us that they felt 'safe' when staff provided support in their own home.

Staffing levels and recruitment

- Safe recruitment procedures were not always followed. Although improvements had been made since the last inspection, this area of safe care needed to be further strengthened.
- Application forms were not thoroughly completed by candidates, we found gaps in employment and there was no indication that periods of unemployment had been discussed.

We recommend that the registered manager reviews and further strengthens recruitment processes.

- People received care and support from the right amount of suitably skilled and experienced staff.
- People told us that the staff generally arrived on time for their allocated support visits and provided the required amount of support they needed.

Using medicines safely

- At the time of the inspection, people were not receiving support with medication administration.
- The registered provider ensured that staff received the appropriate medications administration training in the event that people needed to receive medication support.
- There was an up to date medication administration policy in place.

Preventing and controlling infection

- Staff were aware of the importance of complying with infection control procedures.
- Staff received personal protective equipment (PPE) such as gloves, aprons and hand gels.
- There was an updated Health and Safety policy in place which made reference to infection control management procedures.

Learning lessons when things go wrong

- The registered manager kept a record of all accidents/incidents and events that occurred. This meant that any trends could be established and risks could be mitigated.
- Action was taken to minimise the risk of repeat occurrences and to keep people safe.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough with choice in a balanced diet.

- Staff were familiar with people's support needs; however, care records did not always reflect the support people received. We discussed this with the registered manager at the time of the inspection; they appreciated the importance of improving care records and information that they contained.

- People were supported with choice and encouraged to make decisions around their nutrition and hydration.

Staff skills, knowledge and experience

- Staff had the right skills and knowledge to effectively meet people's needs.

- Staff were supported to complete The Care Certificate. This is a set of fundamental standards health care professionals are expected to complete when supporting people in health and social care settings.

- The registered provider observed the competency levels of staff to ensure they were providing safe, effective and compassionate care.

- Staff told us they received a good level of support from the registered manager. Staff received one to one supervision and expressed that support was offered on a day to day basis.

- The registered manager explored different training opportunities that needed to be provided based on the needs of the people they supported. For instance, manual handling training was being explored at the time of the inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; and staff working with other agencies to provide consistent, effective, timely care.

- Systems were in place to assess people's needs and choices in line with legislation and best practice.

- The registered provider completed an assessment of people's needs to make sure they could provide effective support.

- Care plans captured people's choices and preferences and included agreed outcomes and how they were to be met.

- Healthcare professionals were involved in people's care where necessary.

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 make 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 with appropriate legal authority. Applications to deprive people of their liberty in community services must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the time of our inspection, nobody was subject to a 'Deprivation of Liberty Safeguard' (DoLS) or any restrictions.
- People's consent to care and treatment had been obtained; they were involved in the decisions which needed to be made around the care and support they required.
- Staff had a good understanding of the MCA and knew the importance of gaining a person's consent before providing any care and support.
- People did not have their liberty restricted and no 'best interest' decisions were made on people's behalf.

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

- When people required support from healthcare professionals this was arranged. For instance, at the time of the inspection a referral had been made to Occupational Therapists and GPs were also involved in people's care.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with dignity and respect. One comment we received included, "Staff know my needs and treat me in a kind and caring way."
- Staff had a good understanding of people's needs as well as their likes and dislikes. One staff member told us, "We get to know them [people] and we can tailor the support they need."
- Staff knew people well and were given the opportunity to familiarise themselves with the people's support needs and to develop positive relationships.
- Staff understood the importance of treating people as individuals. Staff comments included, "The quality of care is very personalised" and "You get enough time to build positive relationships, you get to know their support needs as well as the risks."
- People's equality and diversity needs were assessed from the outset and measures were put in place to effectively provide the support that was required.

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

- People were asked their views and opinions about the care. Regular review meetings were taking place and people had the opportunity to share any feedback about the quality and safety of care they received.
- Quality questionnaires were sent out to people throughout the year, this also provided them with an opportunity to express their views and suggestions about the care they received.
- Records indicated that the care and support people received was tailored around their wishes, desires and preferences.

Respecting and promoting people's privacy, dignity and independence

- People's sensitive and confidential information was safely stored and protected in line with General Data Protection Regulation (GDPR).
- People were respected and their privacy and dignity was promoted.
- People were supported to remain as independent as possible. Staff ensured that people maintained a good quality of life and were encouraged to make decisions about the care they required. For instance, people were supported with employment opportunities and accessing the local community.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- People had the relevant person-centred care plans in place.
- Since the last inspection the registered provider had introduced new 'one-page' profile, this contained important person-centred information that staff could familiarise themselves with.
- People received support from consistent members of staff. Staff were familiar with the needs of the people they supported and provided care and support that was tailored around people's preferences and wishes.
- Staff were introduced to people before they began supporting them.
- Regular care plan reviews took place which enabled people to reflect on the care and discuss any changes they wished to make.
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. At the time of the inspection nobody required any specific support in this area of care. However, we discussed the importance of developing and providing accessible information to people who received support.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy in place.
- People were provided with information about how to complain and who to complain to if they needed to.
- No complaints had been made about the provision of care people received. However, there was a system in place for recording complaints if they were received.

End of life care and support

- No person using the service at the time of the inspection was receiving end of life care.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Manager's and staff are clear about their roles, understanding of quality performance, risks and regulatory requirements

- At the last inspection, which took place in October 2017 the registered provider was found to be in breach of regulation in relation to 'Good Governance.' Although improvements had been made, further improvements were still required.
- The systems that were in place to monitor the quality and safety of the service were not always effective.
- The concerns we raised during the inspection were not identified during routine audits and checks that were carried out by the registered manager.
- Quality performance was understood by staff and managers however audits and tools were not effectively robust enough and did not always monitor and assess the provision of care people received.

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- Improvements had been made since the last inspection.
- Breaches of regulation in relation to person centred care, fit and proper persons employed and staffing (inadequate training) had been met and the registered provider was committed to improving the quality and safety of care people received.
- Quality assurance questionnaires were circulated to improve the service people received.
- The registered provider kept up to date with current good practices and changes to the law to update their knowledge and learning.
- Staff told us that the registered manager was committed to improving the quality and safety of care people received.

Engaging and involving people using the service, the public and staff and working in partnership with others:

- The registered provider ensured that the views, opinions and suggestions of people were captured.
- Satisfaction surveys were circulated to gather the thoughts and opinions of people receiving support.
- Regular team meetings were taking place. Staff felt they were involved in the quality and safety of care people received. One member of staff told us, "[Manager] is supportive and I feel listened to."
- Feedback from people enabled the management team to identify areas of strength but also areas of improvement. Feedback we reviewed at the time of the inspection was positive.

Provider plans and promotes person-centred, high-quality care and support

- People received tailored care that was centred around their support needs and wishes.
- People were involved in the care they received; staff knew people's preferences and what people expected.
- The registered provider was committed to improving the provision of care people received. The quality and safety of care had improved since the last inspection.

Working in partnership with others

- The registered manager worked closely with other healthcare professionals to ensure good outcomes for people.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People did not always receive safe care and treatment; risks were not always appropriately assessed and/or managed.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider did not have effective monitoring systems in place to ensure people always received the provision of care that was expected.</p>