

Mr James Andrew Buckley

Friends Together

Inspection report

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Inadequate ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

Friends Together is registered to provide personal care. Support is provided to people living in their own homes throughout the city of Sheffield. The office is based in the day centre provided by the service in the S6 area of Sheffield, close to transport links.

At the time of this inspection Friends Together was supporting 3 people within the provision of the regulated activity 'personal care'.

There was a registered manager at the service who was also the registered provider and registered with CQC. 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.

This was Friends Together first inspection. The inspection took place on 20 September 2016 and short notice was given. We told the registered manager two working days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office and we needed to be sure that the registered manager would be available. We also wanted to make sure we would be able to meet with or speak to the three people who were receiving personal care.

People supported by the service and their relative's spoke positively of the personal assistants (PA's) that supported them. People said they felt safe with their PA's.

We found systems were not in place to make sure people received their medicines safely.

Risk assessments had not been undertaken to identify and minimise any risks to the person supported.

Full and safe staff recruitment procedures were not in operation to ensure people's safety was promoted.

Staff were not provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff had a good knowledge of the people they were supporting.

Staff were not provided with supervision or appraisal for their development and support.

People supported said the service was reliable because they arranged their schedule directly with their PA's.

Systems were not in place to ensure staff were familiar with the principles and codes of conduct associated with the Mental Capacity Act 2005 to help protect the rights of people who may not be able to make important decisions themselves.

People had not been provided with a copy of their care plan to keep at their home. The care plans seen at the office base were incomplete and brief. Care plans had not been dated or reviewed to ensure they remained relevant and up to date.

People told us they had not been provided with information on how to make a complaint. Full and detailed complaints records had not been kept. People supported said they could speak with their PA's if they had any worries or concerns and felt they would be listened to.

There were ineffective systems in place to monitor and improve the quality of the service provided. No checks and audits were undertaken to make sure full and safe procedures were adhered to.

People using the service and their relatives had not been asked their opinion via surveys to identify any areas for improvement. The policies and procedures seen were very brief and did not contain full and relevant information. Records seen were incomplete and held gaps.

We found 11 breaches of seven regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in; Regulation 9: Person centred care, Regulation 11: Need for consent, Regulation 12: Safe care and treatment, Regulation 16: Receiving and acting on complaints, Regulation 17: Good governance, Regulation 18: Staffing and Regulation 19: Fit and proper persons employed.

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

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Procedures for the safe administration of medicines were not in operation.

Risk assessments had not been undertaken to identify and minimise risks.

Full and safe staff recruitment procedures were not in operation to ensure people's safety was promoted.

Staff had not been provided with safeguarding adults training.

People told us they felt safe with their PA's.

Is the service effective?

Inadequate ●

The service was not effective.

Staff were not provided with relevant induction and training to make sure they had the right skills and knowledge for their role.

Staff were not provided with supervision or appraisal for their development and support.

Staff had a good knowledge of the people they were supporting.

People supported said the service was reliable because they arranged their schedule directly with their PA's.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Concerns identified meant that staff were not provided with full information to care for people .

Staff respected people's privacy and dignity and knew people's preferences well.

People said staff were caring in their approach.

Staff knew to always maintain confidentiality.

Is the service responsive?

The service was not responsive.

People's support plans were very brief and incomplete. People had not been provided with a copy of their plan to keep at their home. Care plans had not been reviewed to ensure they were up to date.

People had not been provided with information on how to make a complaint. A full record of complaints was not maintained.

Inadequate ●

Is the service well-led?

The service was not well led.

Staff said they had minimal contact with the registered manager. No staff meetings were held.

There were no quality assurance and audit processes in place to make sure the service was running well. The management of the service had not identified or acted upon some issues where improvement was required.

The written policies and procedures seen were very brief and did not contain a full range of information. Records were incomplete and held gaps.

Inadequate ●

Friends Together

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 checked whether the registered provider was 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 asked provider to complete a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed PIR as requested.

Prior to our inspection we spoke with the local authority to obtain their views of the service. Information received was reviewed and used to assist with our inspection.

This inspection took place on 20 September 2016 and short notice was given. We told the registered manager two working days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the registered manager would be available. This inspection was undertaken by two adult social care inspectors.

As part of this inspection we spoke in person with all three of the people supported by Friends Together. We visited one person in their own home to speak with them and check the Friends Together records held at their home. Two people supported by Friends Together visited the day centre where the office is based so we could speak with them. We spoke over the telephone to a relative of one person supported by Friends Together, to obtain their views of the support provided.

We visited the office and spoke with the registered manager. Three PA's visited the office base so we could speak with them. In addition, we telephoned three support workers and were able to speak with one of them about their roles and responsibilities.

We spent time looking at records, which included three people's support plans, three staff records and other records relating to the management of the service, such as training records.

Is the service safe?

Our findings

We found two of the three people who used the service had support with their medicines. One person told us that their PA's took their medicines out of their medicines holder [nomad cassette] as they were unable to break the seal on the compartments. The tablets would then be placed into a cup for them to take. The person's care plan stated "I occasionally miss some of them [tablets] so need to be encouraged to try again."

We found no medicines administration records [MAR] in the person's home we visited. One PA spoken with told us this person's PA's had set up a 'communications book' a few weeks prior to this inspection. We saw some entries stating 'Meds given'. However, some entries were not signed so it was not possible to determine which staff had given the medicines to the person supported. We found a nomad cassette was used to store this person's medicines. We checked the medicines in the cassette against those listed in their care plan kept at the office (as no care plan was available at the person's home.) The care plan held details of the medicines taken and listed seven additional tablets that were not held in the person's cassette. This showed that inaccurate information regarding medicines was recorded.

Another person's care plan stated that the person needed staff to dispense weekly medication into an organiser so the person didn't 'drop small tablets' or 'didn't muddle up' which tablets to take.

This showed that PA's handled some medicines for people.

We found no appropriate policies were in place for the safe administration of medicines so staff had access to important information. No medicines risk assessments had been undertaken to identify and minimise any risks to the person supported.

Staff spoken with said they had never been provided with safe administration of medicines training from this provider and they had never been asked to complete a MAR chart or other record to show what support had been provided in relation to medicines. Staff also told us they had never been observed supporting a person with their medicines so that their competency was assessed.

We checked three people's care records kept at the office. Staff told us that no records from Friends Together were kept at people's homes and we found no records in the person's home we visited. No risk assessments had been undertaken to identify any risks and the staff actions required to minimise risks. This meant that people's safety had not been considered.

This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

We checked the recruitment records of three PA's. They all contained an application form detailing some employment history and some proof of identity. However, all three of the files did not include all of the information required by regulations. None of the three files checked held any references. The registered

manager said that he had obtained some references but had not filed them. No references were available for us to view. Two of the three files checked held gaps in employment history that had not been explored and one file did not contain a photograph.

We found that most staff had a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. This information helps employers make safer recruitment decisions. However, we identified that one PA providing support to people had not had a DBS check. We discussed this with the registered manager who confirmed that this person would not work with people unsupervised until an enhanced DBS check had been completed. The registered manager provided a written statement confirming this.

This demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed.

Staff spoken with said they had not been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Two PA's told us they had been provided with this training from a previous employer.

Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. Staff told us they would report any concerns to the registered manager.

At the time of this inspection six PA's were supporting people with personal care. People supported told us they never had a missed visit and their support was always provided by someone they knew. This showed that appropriate staffing levels were provided.

People told us they felt safe with their PA's. Comments included, "They are brilliant" and "I feel very safe with the three [PA's] that visit me."

Is the service effective?

Our findings

All of the staff spoken with said that they had not been provided with the full range of mandatory training, such as moving and handling, safeguarding adults and food hygiene training from Friends Together.

One PA spoken with told us they had completed training with their previous company and had asked the registered manager for first aid training as they thought they needed this. They told us this training had not been provided. Another PA told us they had not had any training from Friends Together and had sourced training independently on moving and handling, safeguarding and first aid from an external training provider as they felt they needed these skills.

The three training records seen showed that staff had not undertaken any training in Safe Administration of Medicines, Safeguarding Vulnerable Adults, Person Centred Care, Principles of Care and Confidentiality and the Role of the Care Worker as identified in the training record list. One staff had been provided with Diversity and Equality, Fire, Food Hygiene and Moving and Handling Theory training two days before this inspection took place. Another staff had been provided with Equality and Diversity and Fire training one day before this inspection took place, but had not been provided with any other training. The other staff record checked showed that they had not undertaken any training.

The registered manager acknowledged that insufficient training had been provided to staff and provided copies of emails to evidence that two training organisations had been approached to provide relevant training to staff.

We asked for the policy on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. The registered manager provided us with a 'Lone Working Policy' which held a paragraph on 'Lone workers supervision policy'. The policy stated 'Procedures must be put in place to monitor lone workers to ensure they remain safe and to provide supervision on a regular basis.' No other policy on supervision was provided. One PA told us they had been informed supervision should take place every three to four months but they had only been provided with one supervision in the seven months they had been working for Friends Together. A further PA told us they thought they 'might have had' a supervision meeting but could not remember if this had been recorded. Other PA's spoken with said they had not been provided with any supervision meetings.

We found one record of a supervision meeting in the records checked. The minutes of the meeting were very brief and recorded on a piece of scrap paper held loosely in the persons file. The paper was not dated or signed by either the registered manager or the member of staff. The registered manager acknowledged that staff were not being provided with regular, formal supervision meetings.

A policy on appraisal was provided which stated, 'Every member of staff will have an annual appraisal meeting with the registered manager.' The records checked held no evidence of appraisal meetings. All of

the staff spoken with who had been employed for over a year said they had not been provided with an annual appraisal. The registered manager acknowledged that appraisal meetings had not taken place.

This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

Each person supported had a small team of PA's who they arranged their schedule with. Staff then completed a timesheet and forwarded this to the registered manager. All people spoken with said they were happy with their PA's and found them reliable.

Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. Where someone is living in their own home, applications must be made to the Court of Protection. We saw the provider included MCA and DoLS training in its arrangements for staff induction and safeguarding training.

We found the service was not acting within the Mental Capacity Act 2005 (MCA) legislation. The care records seen at the services office held no signatures or agreements of the people supported to show their consent. No care records were held in people's homes and no risk assessments had been undertaken to show that full information had been provided to people about the support to be provided and associated risks. The care records seen held no reference to capacity, mental health or assessments so it could not be determined if a person lacked capacity to make some decisions. Staff spoken with said they had not been provided with training in the MCA so they were familiar with the principles and codes of conduct associated with the MCA.

This demonstrated a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for consent.

People spoken with said they were happy with the support provided by their PA's and they agreed to their support.

Is the service caring?

Our findings

People supported spoke positively about their PA's and told us they were always treated with dignity and respect. Comments included, "They [PA's] are all very good" and "They [PA's] are brilliant."

A relative told us, "I think they [PA's] are great. I have no concerns at all and I am very happy with them."

We were able to observe how PA's related to people who were supported by the service. We saw that people were receiving support from PA's that they knew well. We saw the PA's treat the person they were supporting with respect. We observed a caring attitude and conversation was shared which showed they had a good rapport with the person they were supporting.

People told us that PA's respected their privacy and they had never heard PA's talk about other people they supported. This showed that staff had an awareness of the need for confidentiality to uphold people's rights.

Staff confirmed they had been provided with a handbook about the company and their role. We saw a copy of the staff handbook and found it contained information on confidentiality and the Data protection act 1998 so that staff were provided with some important information. Staff spoken with could describe how they respected people's privacy and maintained their dignity, for example, making sure they followed people's preferred routines for bathing.

We spoke with PA's about people's preferences and needs. Staff were able to tell us about the people they were supporting, and could describe their involvement with people. Staff also described good relationships with the people they supported.

Whilst people told us they were happy with the support provided from their PA's, all of the concerns identified and reported on throughout this report, for example lack of staff training, meant that caring requires improvement.

Is the service responsive?

Our findings

We looked at three people's care records. The care plans seen were very brief and consisted of three pages of information. They contained limited information about the support people needed, the person's history, hobbies, likes and dislikes so that these could be respected. The plans gave limited details of the actions required of staff to make sure people's needs were met. The records contained no needs assessments so that appropriate levels of support could be identified. The frequency and times of visits had not been identified in the care plans seen. The plans did not identify that the visit times and frequency should be agreed directly with the person supported and their PA. The care plans held no evidence that they had been reviewed to make sure they contained accurate and up to date information which was relevant and reflected people's current needs and wishes. The care plans had not been signed by the person receiving support or their relative and representative to evidence that they had been involved and agreed to the plan.

We found risk assessments had not been written so that any potential risks, and the actions needed to reduce risk, had been identified.

The PA's spoken with said that no copies of care plans or information about the support required was kept at the person's home so that this was available to them. One staff commented, "[Name of person supported] doesn't have any papers from Friends Together at their home. They only have some old records [from the predecessor support organisation]. Two people supported told us they did not have a copy of a care plan at their home. No records from Friends Together were available in the person's home we visited.

We found no records of each visit were kept at the person's home to show what support had been given. Staff confirmed that they did not undertake records of any visits apart from a sentence on their timesheets. We looked at three staff timesheets which provided very limited information about the visits, for example, 'Meds taken, had supper' and 'usual routine, nipped to the shop to get [name of person supported] some bits.' This meant that there were no systems in place to ensure people received the support as identified as needed.

One person told us, "I don't have a care plan or any records from Friends Together. A few weeks ago [Name of a care worker from another organisation] started a 'communications book' themselves to keep here so that they all knew what they were doing. They all use it now." We saw the communications book kept with the person's medication and found no other records from Friends Together.

This demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person centred care.

We found a full record of complaints was not maintained and there was no clear system to record and act on people's complaints. People were unsure if they had been provided with information on how to make a complaint. No information regarding the Friends Together complaints procedure was found in the person's home we visited. We asked the registered manager for the complaints record and policy. They provided us with a copy of a recent complaint from a person supported. They explained the actions they had taken to

address and resolve the person's complaint. However, no record had been kept of the actions taken in response to the complaint and the outcome of the complaint.

This demonstrated a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Receiving and acting on complaints.

People supported and their relatives spoken with said they had been involved in planning their care so that the support provided could meet their needs. People said the registered manager had visited them to discuss their support needs and introduce them to their PA. Relatives spoken with confirmed they were involved in discussions about the care provided to the person supported so that their opinions were considered. One section of a care plan seen held very specific and clear details about how a person wanted to be supported with a specific area of need. This showed that the person had been consulted and involved with this aspect of their care planning.

One relative commented, "[Name of registered manager] came to talk to us about what help we needed. It was really helpful."

People told us that they knew the PA's that visited them and always had the same small group of two or three staff to support them. One person told us, "I have one main carer [PA] who comes for the majority of visits. Then there are two others that come. They all cover each other's holiday so I know them all. They are very good." People told us that staff knew what support was needed. Comments included, "They are regulars and have got to know me and what I need."

People told us they had been provided with telephone numbers for Friends Together and could ring the office if they needed to.

Staff spoken with said people's support was discussed and agreed with the person directly. Staff spoken with had a good knowledge of people's individual needs and could clearly describe the history and preferences of the people they supported.

Is the service well-led?

Our findings

We found there had been no quality or monitoring processes of the service carried out by the registered provider, to ensure they were well informed of the services performance and that they had oversight of the quality and safety of the service. There were no records of visits to people's homes to observe PA's and speak to the person supported (spot checks) available. Staff told us spot checks had not been undertaken.

There were no audit processes in place to make sure the service was running well. No records seen held any evidence that they had been audited to make sure they were fully completed and up to date, for example care plans and medication records.

The management of the service had not identified or acted upon some issues where improvement was required, for example, staff supervision and appraisal.

No staff meetings were held to share information and develop a positive culture and transparent leadership of the service.

No questionnaires had been sent to people supported by the service and their representatives to obtain and act on their views as part of the quality assurance process.

The written policies and procedures seen were very brief and did not contain a full range of information. Required records had not been undertaken or were incomplete and held gaps. For example, MAR charts had not been used, care plans did not contain a full range of information regarding all of the person's needs and preferences, risk assessments had not been undertaken and timesheets held very brief detail of a visit record.

This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

The manager was registered with CQC.

People supported and their relatives or representatives had met the registered manager and knew their name. Staff said they had minimal contact with the registered manager but found him approachable.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Systems were not in place to ensure the carrying out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment which includes all of the person's needs. 9 (3) (a).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Systems were not in operation to ensure people were provided with full information about the proposed care and treatment in order to give their consent. 11 (1)</p> <p>Systems were not in operation to ensure staff were familiar with the principles and codes of conduct associated with the Mental Capacity Act 2005. 11 (2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Procedures for the safe administration of medicines were not in operation. 12 (2) (g)</p> <p>Risk assessments had not been undertaken to identify and minimise risks. 12 (2) (a)</p>
Regulated activity	Regulation

Personal care

Regulation 16 HSCA RA Regulations 2014
Receiving and acting on complaints

An accessible system to handle complaints effectively was not in operation. 16 (2)

Regulated activity

Regulation

Personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

Systems were not in operation to assess, monitor and improve the service. 17 (2) (a)

An accurate, complete and contemporaneous record in respect of each service user was not maintained 17 (2) (c)

Systems were not in operation to seek and act on feedback from relevant persons. 17 (2) (e)

Regulated activity

Regulation

Personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Full and safe staff recruitment procedures were not in operation to ensure people's safety was promoted. 19 (2)

Regulated activity

Regulation

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff had not been provided with appropriate training, supervision and appraisal. 18 (2) (a)