

Select Support Partnerships Ltd

Select Support Partnerships Ltd - Blackburn

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This was an announced inspection which took place on 26 and 27 February 2015. We had previously carried out an inspection in August 2013 when we found the service to be meeting all the regulations we reviewed.

Select Support Partnerships is registered to provide personal care to people in their own homes. The service specialises in providing support to people with a learning

disability or who experience mental health issues. Support is provided both to individuals and to people living in small group settings. At the time of our inspection there were 42 people using the service.

The provider had a registered manager in place as required by the conditions of their registration with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the

Summary of findings

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.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because restrictions were in place for some people without an assessment of their capacity to make the decisions involved being undertaken. You can see what action we told the provider to take at the back of the full version of this report.

People who used the service told us they felt safe with the staff who supported them. Staff had completed training in how to safeguard vulnerable adults and knew the action they should take if they had any concerns in order to protect people who used the service.

Recruitment processes were robust and should help protect people from the risks of unsuitable staff. People told us there were always enough staff to meet their needs and that staff respected their choices about the support they wanted to receive.

Systems were in place to ensure the safe administration of medicines. The registered manager was in the process of introducing a process of regularly checking that staff were able to administer medicines safely.

Staff received induction, training, supervision and appraisal to help ensure they were able to deliver effective care. Staff received training to help them meet the specific needs of the people they were supporting.

Although people were assisted to develop and review their own support plans, we found some care records did not always reflect how people said they wanted their support to be delivered.

There were systems in place to help ensure people's health and nutritional needs were monitored and met.

People who used the service provided positive feedback about the staff who supported them. During the inspection we noted warm, friendly and respectful interactions between staff and the people they were supporting.

Staff were aware of the interests and preferences of people who used the service. All the staff we spoke with demonstrated a commitment to promoting the independence of people they were supporting.

All the people we spoke with told us they would speak to a manager in the service if they had any concerns or complaints. They were confident they would be listened to and that action would be taken to resolve their concerns.

A number of quality assurance systems were in place. Both staff and people who used the service were encouraged to comment on the service provided and to identify where any improvements could be made.

Summary of findings

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 safe.

People who used the service told us they felt safe with staff who supported them. We saw that the culture of the service was one which supported people to take risks to promote their independence.

Staff had been safely recruited and there were enough staff to meet people's needs. Staff had received training in how to protect people who used the service from the risk of abuse.

Systems were in place to help ensure the safe administration of medicines.

Good



Is the service effective?

The service was not always effective. This was because we found there were restrictions placed on some people which did not take into account their ability to make decisions for themselves.

Staff received the induction, training and supervision they needed to help ensure they provided effective care and support. However, some care records needed to be improved to ensure they accurately reflected the support people had identified they wanted.

People who used the service received appropriate support to ensure their health and nutritional needs were met.

Requires improvement



Is the service caring?

The service was caring. People told us that staff provided the care and support they needed. Staff were said to be kind, caring and respectful of people.

Staff we spoke with were able to show that they knew people who used the service well. Staff demonstrated a commitment to promoting people's independence and choice.

Good



Is the service responsive?

The service was responsive to people's needs. People who used the service told us they had control over the support they received and that it was flexible to meet their needs.

Systems were in place to record and address any complaints received at the service.

Good



Is the service well-led?

The service was well-led. There was a manager in place who was registered with the Care Quality Commission.

Good



Summary of findings

Both staff and people who used the service spoke highly about the managers in the service. There were arrangements in place to involve staff and people who used the service in a process of continual improvement for the service.

The provider had in place a set of values on which the service was based and had communicated those values to the employees and people who used the service.

Select Support Partnerships Ltd - Blackburn

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 told the provider two working days before our visit that we would be coming. This was to ensure the registered manager and staff would be available to answer our questions during the inspection. On 26th February 2015 we visited the registered office and spoke with the registered manager, five staff and three people who used the service. With their permission we also visited three people who were using the service in a supported living environment and spoke with the two staff supporting them. On 27th February 2015 we again visited the registered office and spoke with one person who used the service and two staff.

The inspection team consisted of one adult social care inspector. We had not requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. However, before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the Local Authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain their views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The feedback we received about the service was positive.

During the inspection we looked at the care records for six people who were using the service. We also looked at a range of records relating to how the service was managed; these included staff files, training records and policies and procedures.

Is the service safe?

Our findings

All the people we spoke with who used the service told us they felt safe with the staff who supported them.

Comments people made to us included, “I definitely feel safe when out with my support worker” and “Staff help me to have a shower to make sure I’m safe.”

People who used the service told us they were able to raise any concerns they might have about their safety with any of the staff supporting them or the managers in the service and were confident they would be listened to. We noted that people who used the service regularly attended the office on both a planned and unplanned basis; this meant there were easily able to raise any concerns with the registered manager or other senior staff. One person told us, “If I had any worries I would speak to [the registered manager] and they would definitely listen to me.”

From the care records we reviewed we saw that people’s support plans included information about what staff should do to help them to stay safe. Risk assessments had been completed for activities people wanted to do such as swimming and horse riding as well as those relating to road safety and the management of medicines. We saw that risk assessments detailed the benefit individuals would gain from taking risks as well as any control measures which needed to be put in place. Risk assessments had been regularly reviewed and updated when people’s need changed.

We saw there were systems in place to ensure the properties in which people lived were safe and that regular checks were carried out by staff in relation to each home environment. This should help to keep people who used the service and staff safe.

Staff we spoke with told us they had received training in safeguarding vulnerable adults. Records we looked at confirmed this to be the case. Staff were able to tell us of the correct action to take if they had concerns about a person who used the service. They told us they were always able to contact senior managers when they were in the community or working in a supported living setting to discuss any safeguarding concerns. From the information we held about the provider we were aware that appropriate referrals had been made to the local authority in order to protect people who used the service.

People who used the service told us they always received the care and support they required at the times agreed on their support plan. They told us they were always aware of the staff who were going to visit to provide support; some people told us they had a copy of the rota which detailed the staff who would be visiting them. One person commented, “I’ve got a rota so I know who’s coming; I’ve got one for next week as well.”

We looked at three staff files and found the necessary pre-employment checks had been undertaken. However, we noted, the recruitment policy did not include the requirement to check why a person’s previous employment in any setting with vulnerable adults or children had ended; such checks are important to ensure people who were unsuitable to work with vulnerable adults were not recruited to work in the service.

The registered manager told us one person who used the service was involved in the recruitment of new staff. We spoke with this person who told us, “I do interviewing and training for new staff with the registered manager. I feel that they listen to what I have to say when I’m doing this.”

We were told agency staff were sometimes used to support people. The registered manager told us there was a contract with a particular agency and staff from the agency were always expected to undertake shadow shifts before they were allowed to work independently. The registered manager told us they always tried to use the same agency staff as this helped to ensure that they were aware of people’s needs, wishes and preferences before they provided any care or support.

We reviewed how medicines were managed in the service. We saw there were policies and procedures in place to help ensure staff administered medicines safely. All the staff we spoke with told us they had received training in the safe administration of medicines as part of their induction before they were allowed to work unsupervised with people who used the service. The registered manager told us they had recently introduced a system to regularly assess the ability of staff to handle and administer medicines safely and would be rolling this out across the service.

We looked at the medication administration record (MAR) charts for six people who used the service and found them to be fully completed. We saw that two people were prescribed medicines ‘as required’ but found there was no

Is the service safe?

information to direct staff as to when these medicines should be given. Staff we spoke with told us both individuals concerned were, at times, able to ask for their own 'as required' medicines but staff were unable to administer these medicines without the approval of the on-call manager. Although this protocol had been put in

place to safeguard people who used the service, the practice meant there could be a delay in people receiving the medicines they needed and wanted. We discussed this with one of the managers in the service who told us they would ensure the protocol was reviewed by the management team.

Is the service effective?

Our findings

People who used the service told us the staff who supported them knew what their interests were and what they wanted to achieve from the support they received. People told us that staff would always respect the choices they made and would support them to undertake activities which they were interested in. One person told us, “Staff are very important to me; without them I can’t be independent.” Another person commented, “Staff do what I want, I decide.”

We spoke with one person who had been supported by the service, in partnership with the local authority, to make use of assistive technology to promote their independence. They told us they had found the use of this technology to be beneficial in working toward their goal of living independently.

When we looked at the care records for people who used the service we found there was a lack of evidence that individual’s capacity to make particular decisions for themselves had been assessed. We saw one protocol which stated that staff should only allow a person to have one can of carbonated drink each day due to their diabetes but there was no evidence as to whether the individual concerned could understand the risks involved in choosing carbonated drinks and the potential effect on their health. Another protocol we reviewed stated that staff should not allow an individual to go out unaccompanied if they had lost their telephone and bus pass. It further stated that the person concerned had to save up for another phone. We discussed this with staff who told us they were concerned about the person’s vulnerability if they were to go out alone without any means of contacting staff but no assessment had been completed of the person’s ability to assess for themselves the risks involved in this action.

One record we reviewed showed staff were restricting the amount of cigarettes an individual could have each day with no evidence that the person had agreed to this course of action. When we discussed this arrangement with the person concerned they told us they understood it was in their best interests and they were in agreement with the plan. Another record we reviewed showed that a family member had signed to refuse consent for photographs to be taken of the person who used the service. We were told this person had no legal authority to act on the person’s behalf.

We saw that one person was being given medicines in food or drink on the advice of a GP in 2008; advice which had not been reviewed with the GP to check if it remained current. We also found that no assessment had been made of the person’s capacity to make their own decision about taking their prescribed medicines and no best interest meeting had taken place involving relevant family members and professionals to decide what action should be taken to ensure the person received their medicines as prescribed. This is not in accordance with the requirements of the Mental Capacity Act (MCA) 2005

The lack of evidence that staff sought and acted in accordance with the consent of people who used the service or assessed people’s capacity to make particular decisions before any restrictions were put in place is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014..

Staff told us they received induction and training to help ensure they were able to provide effective care. This was confirmed by the records we reviewed. We saw that all staff had completed training in a range of topics including the MCA 2005, safeguarding vulnerable adults, safe administration of medicines, health and safety and first aid. Staff had also received training to help them meet the specific needs of the people they were supporting. One staff member told us new staff were always closely monitored and observed before they were allowed to work independently with people who used the service.

There was a system in place to ensure staff received regular supervision and appraisal. This should help ensure they were supported to continue their learning and development. We were told there was also a system of ‘spot checks’ in place to ensure staff were carrying out the requirements of their role effectively, although these checks were not formally recorded. One staff member told us, “We are told to work the right way with no short cuts.”

Support plans we looked at were personalised and contained good information for staff about how each individual wished to be supported and the goals they wished to achieve. However, on two of the care files we looked at separate protocols had been developed for staff

Is the service effective?

to follow, which did not accurately reflect what the person who used the service had included in their support plan. This meant there was a risk people might not receive effective care.

We saw that, where necessary, arrangements were in place to assess and monitor the nutritional needs of people who used the service. In addition staff told us they would always try and support people to make healthy food choices when they accompanied them to do their shopping, although they respected the rights of people to make their own decisions about the food they wanted to eat.

We noted people who used the service had health action plans in place. These are documents which record the support an individual needs to stay healthy. We saw that these had been reviewed regularly with people to ensure they remained up to date.

People who used the service told us staff would accompany them to health appointments if necessary. One person commented, “[The team manager] will always contact the doctor for me. Staff go with me but I talk to the doctor though.”

Is the service caring?

Our findings

People who used the service were all very positive about the attitude and approach of staff. Comments people made to us included, “Staff are good; they do everything for me,” “Staff are really kind; all of them are really kind” and “Staff are good to me; they are kind and friendly.”

Our observations during the inspection showed that the interactions between staff and people who used the service were friendly and caring. We noted that staff always spoke respectfully to people and supported them to make choices.

All the people we spoke with who used the service told us staff always treated them with respect and listened to what they had to say. Staff we spoke with were able to show that they knew people who used the service well. They all demonstrated a commitment to providing high quality care and support to people. One staff member told us, “We bend over backwards to make sure people get the care they need and want.”

Staff told us they would always promote the independence of people who used the service. One staff member commented, “It’s good to see the resources people have within themselves.” This positive approach by staff was confirmed by one person we spoke with who told us, “My support plan says I want to be independent and staff support me to achieve this. I want to be able to live independently.”

We asked staff about their understanding of person centred care. One staff member told us, “Every person has different needs.” Another staff member commented, “There is an understanding through the team about people’s individual needs.”

We looked at the comments made on the most recent satisfaction survey completed by people who used the service and their relatives. We saw that positive feedback had been given about the approach of staff. Comments included, “Care workers are very friendly and approachable and seem genuinely caring”, “I can’t praise the staff highly enough; they are all wonderful” and “It’s been a great relief to know that my relative is being well cared for and supported.”

Is the service responsive?

Our findings

People we spoke with who used the service told us they received the support they needed to be able to follow their interests, develop their independence and maintain contact with those people important to them. They told us they could always decide what they wanted to do when staff supported them. One person we spoke with had just returned from a visit to a local seaside town where they had asked staff to take them. They told us, “Staff do what I want them to.”

We saw that assessments were completed with people before they started to use the service. The registered manager told us this assessment was used to determine if the service could offer the appropriate level of support a person needed and also to find out about their interests and personality so that staff could be matched to these as far as possible. One person who used the service told us they particularly liked the support they received from one member of staff who was very organised and helped them to develop their own organisational skills which would be helpful in their search for voluntary or paid employment.

Support plans we reviewed included information about the level of support people needed to meet their needs; this included personal care, physical health, finances and maintaining contact with family and friends. We saw that support plans had been created using pictures to help people understand and contribute to what was included in them.

Records showed that people who used the service had been involved in agreeing their individual support plan and

regularly reviewing whether it continued to meet their needs. One person told us, “I have review meetings; I had one last week with [my family member]. I know what’s on my support plan. I can please myself what’s on there.” We saw that one person had written their own evaluation of the support they received. This stated, “I have got a regular support team who have read my support plan and know about me and my needs.”

We asked the registered manager if they were using recognised person centred planning tools to help ensure people who used the service were able to lead the process of creating and reviewing support plans. The registered manager told us they were aware of some of these tools and would consider whether these could be introduced in the service in the future.

Two people who used the service told us how they had been supported by staff to become involved in the running of the service. One person was volunteering in the office on a weekly basis to develop their employability skills. They and another person who used the service were also involved in developing a service user newsletter with support from staff.

All the people we spoke with who used the service told us they knew how to make a complaint and were confident they would be listened to by any staff member they spoke with about their concerns. We saw that complaints and compliments about the service were recorded. Where concerns had been raised we saw that action had been taken to investigate and provide feedback to the complainant. Records we looked at showed no complaints had been received by the service since July 2014.

Is the service well-led?

Our findings

The service had a manager in place who was registered with the Care Quality Commission (CQC). The registered manager had been in post for over two years.

The registered manager informed us that they considered the key achievements of the service since the last inspection had been that standards had improved. They told us the service had also been successful in gaining the Investors in People award; this award recognises strong leadership and a commitment to continuous improvement.

We looked at the report produced by the assessor for the Investors in People award and saw that it referred to the positive culture of the service and the fact that staff felt valued and recognised for their contribution to the service. The report also noted that the involvement and empowerment of staff in the service had improved over the 12 months prior to the report being produced in September 2014.

All the staff we spoke with told us they enjoyed working in the service and found the managers to be approachable and always available for advice or support. Comments staff made to us included, "I love my job; we get good support from managers", "I feel the service is well-led. They [managers] want people to approach them and put suggestions forward" and "I feel listened to. I've never had an issue which they [managers] haven't sorted out." Where staff had decided to leave the service we were told exit interviews were completed to gather feedback about their experience of working in the service and find out any improvements they considered could be made.

Records we looked at showed regular staff meetings took place. We saw that issues such as safeguarding, policies and procedures and communication were regularly discussed and that staff had the opportunity to put forward their views. We saw that positive feedback was also given to staff during the meetings."

Supervision we looked at showed staff were encouraged by the registered manager to develop their skills in reflective practice in order to help ensure they were always delivering a high quality service.

We saw that there had been a process of consultation with staff to develop a vision for the service. This was on display in the registered office in a visual format which meant it was easy for people to read and understand. The vision included the values of honesty, integrity, professionalism and respect. We found the service had put those values into practice and communicated them to staff and people who used the service. This was demonstrated by one person who used the service who, when asked about staff told us "We are all equal."

We found that regular consultation meetings were held with staff representatives from each part of the service. These meetings had discussed a continuous improvement plan for the service. They had also created an incentive award scheme for staff which clearly demonstrated that staff suggestions were listened to and rewarded.

There were a number of quality assurance systems in place in the service, including the analysis of incidents which occurred and audits in relation to health and safety. We saw that actions had been taken where necessary in order to continue to drive forward improvement in the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Regulation

Personal care

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered person did not have suitable arrangements in place to obtain and act in accordance with the consent of people who used the service in relation to the care and treatment provided for them.