

Friendly Support Services Limited

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

This unannounced inspection took place on 17 & 20 July 2015. This domiciliary care service is registered to provide personal care support to people living in their own homes. At the time of the inspection the service supported four people in 24 hour care packages.

At the time of our inspection the service had been without a registered manager for three months. There was a recently appointed manager in post who was

completing the registration process to become a 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.

Summary of findings

People told us that they felt safe in their own home. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed. We observed that on the day of our inspection there were sufficient staff to meet the needs of the people they were supporting. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their own home.

Care records contained risk assessments to protect people from identified risks and help to keep them safe. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People were actively involved in decision about their care and support needs. There were formal systems in place to

assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People felt safe and there were clear lines of reporting safeguarding concerns to appropriate agencies and staff were knowledgeable about safeguarding adults.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People participated in a range of activities both in their home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

Staff had good relationships with the people who they cared for. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. The manager was accessible and made monthly visits to people using the service to monitor the quality of the service provided. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

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 felt safe and comfortable in their own home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Good



Is the service effective?

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People's physical and mental health needs were kept under regular review.

People were supported to relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

Good



Is the service caring?

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people receiving care and support and staff.

Staff had a good understanding of people's needs and preferences.

Staff promoted people's independence to ensure people were as involved and in control of their lives as possible.

Good



Is the service responsive?

This service was responsive.

Good



Summary of findings

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and complaints were responded to appropriately.

Is the service well-led?

This service was not always well-led.

At the time of our inspection there was not a registered manager in post . A manager had been recruited to and was in the process of applying for the registration.

There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

The manager monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

People using the service, their relatives and staff were confident in the manager. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

Requires improvement



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 & 20 July 2015 and was unannounced and was undertaken by one inspector.

Before the inspection we contacted health and social care commissioners who place and monitor the care of people living in the home. We also reviewed the information we

held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with two people in their own homes, one family member and seven members of staff including care staff and management.

We spent some time observing care to help us understand the experience of people who lived in the home.

We reviewed the care records of two people who used the service and four staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People felt safe where they lived. One person said “I’m safe here, It is my own home.” One relative told us “[my relative] is absolutely safe here, they are a great team of people and provide really good care.” The service had procedures for ensuring that any concerns about people’s safety were appropriately reported. All of the staff we spoke with demonstrated an understanding of the type of abuse that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. Staff said they had not needed to report any concerns but would not hesitate to report abuse if they saw or heard anything that put people at risk. Staff had received training on protecting people from abuse and records we saw confirmed this. They were aware of the whistle-blowing procedure for the service and said that they were confident enough to use it if they needed to.

People were enabled to take risks and staff ensured that they understood what measures needed to be taken to help keep safe. A range of risks were assessed to minimise the likelihood of people receiving unsafe care. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred. Staff said “Risk assessments are important because it means [name] gets to do all the things he wants to do because we know how to manage that risk”. When accidents did occur the manager and staff took appropriate action to ensure that people received safe treatment. Training records confirmed

that all staff were trained in emergency first aid. Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks.

People thought there was sufficient staff available to provide their care and support. Each person was individually assessed and a care package was developed to meet their needs. Some people required two staff to support them at all times and other people one person. We saw that the staff rota’s reflected people’s needs. Throughout the inspection we saw there was enough staff to meet people’s needs.

People’s medicines were safely managed. The staff confirmed they had received training on managing medicines, which was refreshed annually and competency assessments were carried out. Records in relation to the administration, storage and disposal of medicines were well maintained and monthly medicines management audits took place. There were detailed one page profiles in place for each person who received medicine detailing any allergies, behaviours that may challenge and how a person takes their medicine.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in people's own homes. The staff recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

Is the service effective?

Our findings

People received care which was based on best practice, from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively.

New staff received a thorough induction which included classroom based learning and shadowing experienced members of the staff team. The induction was comprehensive and included key topics on learning disability and person centred care planning. The induction was focussed on the whole team approach to support people to achieve the best outcomes for them. One staff member told us “The induction was really good, I completed all of the core training and shadowed other staff until I felt I knew the service well.”

Training was delivered by face to face workshop sessions and the providers mandatory training was refreshed annually. Staff were provided with the opportunity to obtain a recognised care qualification through the Qualifications and Credit Framework (QCF). Training was also available from district nurses for specific conditions. Staff had received training on managing behaviour that challenged the service. We saw in training records that this was delivered to staff in general and also in more depth for those staff working directly with people who had the potential to challenge the service. The team also provide specific training on peoples individual needs. Staff we spoke with were positive about the training received.

People’s needs were met by staff that received regular supervision and received an annual appraisal. We saw that supervision meetings were available to all staff employed at the service, including permanent and ‘bank’ members of staff. The meetings were used to assess staff performance and identify ongoing support and training needs. Staff said “We have supervision regular and we use the time to discuss any issues with our work and any training we want and new ideas.”

The manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) code of practice. Best interest decisions had been recorded in care plans and people had been included in these decisions. We saw that applications had been made for people who required a DoLS to be in place and they were waiting for the formal assessments to take place. We observed staff seeking people’s consent when undertaking day to day tasks.

People were supported to eat a balanced diet that promoted healthy eating. Meals and mealtimes were arranged around peoples own daily activities. People had time and space to eat in comfort and at their own speed and liking. People were relaxed at mealtimes and had made choices about their own menu. People were supported to shop for their own food and choose what they wanted to purchase.

Staff were knowledgeable about people’s food preferences and dietary needs, they were aware of good practice in relation to food hygiene. People were referred to the Speech and Language Therapy Team if they had difficulties with swallowing food and if required referrals were made to the NHS Dietician. Care plans contained detailed instructions about people’s individual dietary needs, including managing diabetes, dysphagia [swallowing difficulties] and maintaining adequate hydration.

People’s healthcare needs were carefully monitored and detailed care planning ensured care could be delivered effectively. Care Records showed that people had access to community nurses, GP’s and were referred to specialist services when required. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments.

Is the service caring?

Our findings

People were cared for by staff that were passionate about providing good quality care. Staff showed a compassion for the people they cared for and gave examples of how they communicated with people who could not verbally communicate.

During visits to people's homes we saw staff interacted well with people and engaged them in conversation and decisions about their activities of daily living. People were listened to and their views were acted upon.

Care plans included people's preferences and choices about how they wanted their care to be given and we saw this was respected. Care plans were detailed and covered every aspect of a person's life and the care they required. Staff understood the importance of respecting people's rights and people were supported to dress in their personal style. We saw that some people had been supported to apply make-up and have their nails painted.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a staff communication book which was a confidential document or discussed at staff handovers which were conducted in private.

People's privacy and dignity were respected by the care staff. Care staff made sure bedroom and toilet doors were kept closed when they attended to people's personal care needs. People also demonstrated how they would protect people's privacy and dignity while being supported in the community and undertaking leisure activities.

There was information on advocacy services which was available for people and their relatives to view. No-one currently using the service used an independent advocate but staff we spoke with knew how to refer people and gave examples of when people may be referred in the future.

Is the service responsive?

Our findings

People were assessed to ensure that their individual needs could be met before the service was provided. The assessments formed the basis for a new format of individual plans of care developed specific to the person concerned and these contained information about their previous lifestyle so that their values and interests could be supported. Care plans contained detailed information for staff about how people liked to be supported and how to meet people's assessed needs. People's daily records and charts demonstrated that staff provided the support according to the care plan and people's wishes.

Care plans were reviewed on a regular basis to help ensure they were kept up to date and reflected each individual's current needs. The manager told us when any changes had been identified this was recorded in the care plan. This was confirmed in the care plans we saw. People also had reviews of the service they received by the local authority and this was documented in their personal files.

People were encouraged and supported to follow their interests and people had a variety of social opportunities that they were involved with. The service supported people with planning day trips ensuring appropriate staffing was available and risks had been assessed. One person showed us their planned activities for the week and it included a variety of activities such as accessing the gym and sauna

and meals out and opportunities to meet with family and friends. One person said "Meeting up with my friends is really important to me and these guys [staff] come with me." Another person was keen to show us their raised vegetable patch which was accessible for them to tend to and water from their wheelchair.

Staff spent time with people and responded quickly if people needed any support. They were always on hand to speak and interact with people and we observed them checking that people were comfortable and asking if they wanted any assistance.

When people started using the service they and their representatives were provided with the information they needed about what to do if they had a complaint. One person said "I know how to complain I would say something to the new lady [manager]." There were appropriate policies and procedures in place for complaints to be dealt with. There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern. Those acting on behalf of people unable to complain or raise concerns on their own behalf were provided with written information about how and who to complain to. One family member told us about a concern they had raised with the manager and said it was addressed straight away and they were given the outcome the same day.

Is the service well-led?

Our findings

The service had been without a registered manager for three months. At the time of our inspection there was a manager in post who was recently recruited and is completing the registration process to become a registered manager.

People told us the manager and staff were very good and that they could speak with them at any time. One person said “We have a new manager and I like her, she is getting to know me.” We saw that people were relaxed around the manager and people and staff were at ease in conversations they had with them.

Communication between people, families and staff was encouraged in an open way. Relative’s feedback told us that the staff worked well with people and there was good open communication with staff and management. The manager told us they had an open management style and wanted to involve people, relatives and staff in the day to day running of the service as much as possible. Staff said the manager was very approachable and proactive.

People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. Regular audits and surveys were undertaken and these specifically sought people’s views on the quality of the service they received. People were generally happy and content and we saw letters and cards from relatives that complimented the standard of care that had been provided.

Staff worked well together and as a team were focused on ensuring that each person’s needs were met. Staff clearly enjoyed their work and told us that they received regular support from their manager. One staff member said “The manager is very approachable, she gives us feedback and lets us know if we need to improve things” Staff meetings took place and minutes of these meetings were kept. Staff said the meetings enabled them to discuss issues openly and was also used as an information sharing session with the manager and the rest of the staff team. The manager regularly worked alongside staff so were able to observe their practice and monitor their attitudes, values and behaviour.

Quality assurance audits were completed by the manager to help ensure quality standards were maintained and legislation complied with. Where audits had identified shortfalls action had been carried out to address and resolve them.

Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment, and training were fit for purpose. Training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to attend ‘refresher’ training or were taking a qualification in care work. Where care staff had received training prior to working at the home they were required to provide certificated evidence of this.