

Support 4 Independence Limited

Marchwood Close

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?	Good ●

Summary of findings

Overall summary

This inspection took place on the 4 and 9 August 2016 and was announced. The service supports people with learning disabilities, mental health difficulties and brain acquired injuries. The service is registered to provide personal care to people living in their own homes or shared accommodation when they are unable to manage their own care. At the time of the inspection there were 2 people using the service.

There was a registered manager in post at the time of our inspection. 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.

People who could verbally communicate told us that they felt safe and secure in their own home with the staff that supported them. Staff understood the need to protect people from harm 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 and by the staff they had chosen. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home and people were involved in choosing which staff supported them.

Support plans contained risk assessments to protect people from identified risks and helped to keep them safe; they provided information for staff about the identified risk and informed staff of the measures to take to minimise any risks.

People were actively involved in decisions about their care and support needs. Staff understood their role in caring for people with limited or no capacity under the Mental Capacity Act 2005.

People participated in a range of activities both in their own 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 supported and were passionate about promoting people's independence and ensuring people lived as fulfilled a life as possible. Staff had the skills and knowledge to provide the care and support people needed and were supported by a registered manager who was receptive to ideas and committed to providing a high standard of care and support. The registered manager was approachable and had systems in place 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.

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 were safe with the staff that supported them. Staff understood their responsibilities to keep people safe and were confident that any issues of concern would be appropriately managed.

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)

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 were supported to access relevant health and social care professionals to ensure they received 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 support was provided and their privacy and dignity were

Good 

protected and promoted.

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

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

Is the service responsive?

Good ●

The service was responsive.

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.

Is the service well-led?

Good ●

The service was well-led.

People using the service, their relatives and staff were confident in the management of the service.

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

The registered manager monitored the quality and culture of the service and strived to lead a service which supported people to live their lives as they chose and as independently as possible.

Marchwood Close

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 announced inspection took place on 4 and 9 August 2016 and was undertaken by one inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure a member of staff would be available.

Before the inspection we sent out questionnaires to some of the people who used the service, their families, staff and other health professionals. We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with one person who used the service, two relatives who had agreed to be contacted, three care staff and the registered manager.

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

Is the service safe?

Our findings

People were supported by staff who knew how to keep them safe and understood their roles and responsibilities to safeguard people. Staff told us that they felt able to raise any concerns around people's safety with the registered manager and were confident that any concerns raised would be appropriately reported and managed. We saw from records that notifications in relation to safeguarding issues had been made to the local authority. One person we spoke to told us "I have no worries with the staff they are all lovely people." The person appeared to be comfortable with the staff that supported them. A relative commented "[Name of relative] is always happy and relaxed with the staff; I feel I can relax knowing they are safe and secure."

Peoples' individual support plans contained risk assessments to reduce and manage the risks to people's safety; for example people had risk assessments around the management of their medicines which provided staff with guidance about what to do if a person refused or was unable to take their medicines. Risk assessments were also in place to manage other risks within the environment including the risk of using equipment to support people's personal care needs. The support plans were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred. One member of staff told us "We tell [registered manager] if there are any changes in the risks for people and they will make sure the risk assessment is updated. We can access them electronically which is helpful as we can view them at any time."

Any accidents or incidents were recorded and the registered manager and staff took appropriate action to ensure that people received safe treatment. Training records confirmed that all staff had received health and safety and first aid training.

Each person receiving support had their own personalised budget which included the cost of the staff support they had been assessed to meet their needs. We could see that there were enough staff to support people and that staff were organised so that they regularly supported the same person; the times they worked reflected the needs of people that used the service. Further funding was sought if the provider identified someone's needs had changed.

People could be assured that they were supported by staff that were suitable and the recruitment processes were safe. Pre-employment checks had been carried out on all staff which included obtaining two references, ensuring that satisfactory clearance from the Disclosure and Barring Service had been sought and confirming staff's identity.

Medicine administration was safely managed. We observed that medicines were stored securely and that staff recorded the medicines they administered on Medicine Administration Record sheets. Staff received training before taking on the responsibility of administering medicines and their competencies had been assessed. Yearly observational competency reviews of staff were undertaken by the registered manager which was recorded within staff training records.

Is the service effective?

Our findings

People received support from staff that had received the training they needed to do their job. Staff told us that when they were first employed by the provider they spent time with the registered manager and other experienced staff shadowing them to enable them to get to know the people they were to support. They also had to complete a set of mandatory training courses which included safeguarding, manual handling and First Aid. New staff undertook the Care Certificate; the Certificate is based on 15 standards and aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The staff training program was focused on ensuring they understood people's needs and how to safely meet these. All staff had completed the training they needed and there were regular updates of the training available to help refresh and enhance their learning. The registered manager told us that all the staff were currently refreshing their skills and knowledge through undertaking the Care Certificate.

Staff were confident in the registered manager and were happy with the level of support and supervision they received. They told us that the registered manager was always available to discuss any issues with and that they felt able to highlight their own further training needs. One member of staff told us "If we identify any training which would help us with our job, [registered manager] will ensure we get it." We saw that the registered manager had a programme in place for staff supervisions and that they worked alongside staff on a regular basis. This helped provide an opportunity for informal supervision and to maintain an open and accessible relationship.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff were aware of their responsibilities under the MCA. Capacity assessments had been undertaken and we observed staff seeking people's consent when supporting people with day to day tasks.

People's care was regularly reviewed and people and their families were involved in decisions about the way their support was delivered. One person told us that they felt listened to and enabled to contribute to any changes that were needed to the way in which they were supported. A relative told us "[Name of relative] care plan changes all the time to meet [name's] needs, the staff discuss it with us and we will always speak to [registered manager] if we have any concerns or queries."

People were supported with their meals and drinks when necessary. The level of support they needed was recorded in the support plan. For example in one plan we saw information about supporting the person to maintain a healthy balanced diet to help them with their aim to lose weight. The person was supported in choosing a healthier option when planning their meals. The staff had sought advice from a dietitian and we could see that the person was making good progress in their weight loss programme.

People's healthcare needs were monitored. Records showed that people had access to arrange of health professionals, including community nurses and GP's. One professional who was visiting at the time of the inspection told us "The staff communicate well with the GP; we can rely on them to contact the GP if they have any concerns. The staff have a good understanding of people's healthcare needs."

Is the service caring?

Our findings

People were supported by staff that were passionate and committed to enabling them to live a fulfilled life and as independently as they were able. One person told us "The staff are lovely people, they know me well." A relative commented "The staff are brilliant, they do their job well and they enjoy their job and care, it's not just a job to them."

During visits to people's homes we saw staff interact well with people and engaged them in conversation and decisions about their activities of daily living. People appeared happy and contented in their homes and staff offered support to people if they wanted it.

Staff knew people well. One member of staff described to us how they had got to know the various actions and sounds a person with limited communication made to express them self. They spoke about the activities the person enjoyed. The relative of the person was able to confirm how well the staff understood their relative and were able to interact with them. We saw one person being supported to go on a bike ride which was one of the activities they had chosen to do to help them live a healthier lifestyle.

Staff explained to us how they ensured that they protected people's privacy and dignity and that they respected that they were coming into people's own homes to provide their care and support and acted accordingly. The staff also explained to us how they would protect people's privacy and dignity while being supported in the community and undertaking leisure activities. They understood not to discuss individual's needs with the public and demonstrated how they would speak to people discreetly if they needed help when they were out. One person told us that they felt that the staff always treated them with respect.

As part of the 'Welcome pack' given to people as they started to have support from the agency there was information available about an advocacy service. The people currently using the service relied on their families to advocate on their behalf if needed. The registered manager explained that if someone needed an advocate that they would speak to the person's care manager to arrange this for them. Staff were aware of the different types of advocates available if someone needed one.

Is the service responsive?

Our findings

People were assessed to ensure that their individual needs could be met before the service was provided. We saw that support plans were in place which detailed the support people needed. Where people had different ways of communicating plans were designed to support their communication needs; for example pictures were used in one support plan to aid communication about the support people wanted and how they wished it to be delivered. The registered manager recognised that the plans required further review to ensure they were person centred. The plans contained life histories of people and detailed significant people and friends in their lives. They included detailed instructions to staff as to what support people needed, for example we read in one plan that the person needed to be prompted to use a spoon when eating and needed help sometimes to ensure they ate their meal. Health professionals had been consulted to ensure that the staff were equipped and had the knowledge and understanding of how to meet specific individual needs.

The support plans were reviewed on a regular basis with people using the service and, where appropriate, their relative to ensure they were kept up to date and reflected each individual's current needs. We saw that the support plans had been regularly updated and details of any meetings with the people being supported were recorded. This included where other professionals had been consulted. One relative told us "The care plan moves on all the time to suit [Name of relative], we are kept informed."

The staff we spoke to and observed demonstrated a good knowledge and understanding of the person they supported. A number of the staff had supported some of the people for a number of years and spoke of how they had developed an understanding of people's needs and recognised when people's needs were changing. We could see from the support plans that where people's health and wellbeing had been a concern that plans had been put in place to monitor them and other professional advice had been sought. One relative told us "[Name of relative] has come on leaps and bounds, the staff have a good rapport with them and they now live life to the full."

People had been given information about how they could raise a complaint if they needed to. The information was available in various formats such as easy read and pictorial information to ensure everyone was enabled to make a complaint or give their feedback. One person told us they would just speak to the staff if they were unhappy about anything. Relatives told us they would speak to the registered manager if they had any concerns. One relative commented "The service is brilliant, they do their job so well, we love them; I can't remember when we last had any problems." No one had had cause to make a complaint over the last twelve months. There was a complaints procedure in place which staff confirmed they were aware of.

Is the service well-led?

Our findings

The registered manager was visible and often worked alongside the staff team. People knew who the registered manager was and relatives told us that they would not hesitate to contact the registered manager at any time. People felt informed about the service and staff felt listened to and involved in the service.

Feedback as to how the service was run and how it could be improved was sought and the registered manager spent time with people to ensure that the service met their individual needs. People were encouraged to take part in the recruitment process to ensure that any new staff appointed were compatible with the person they would be supporting.

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 the registered manager. One relative told us "They have worked wonders with [relative]; we are very very pleased with the support they get from everyone."

The staff were committed to fulfilling the aims of the service, which were to promote independence and support people to stay in their own homes and live their lives as they chose. The people and relatives we spoke to commented positively about the impact the service had had on individual lives.

Staff met with the registered manager on a regular basis which ensured staff were kept informed of the developments within the service. The meetings gave the staff the opportunity to raise suggestions and share good practice. One member of staff told us "We realised we needed to be more organised as a team when supporting one person with their goal to lose weight so we agreed to all work with [name of person] to put a menu plan together." The registered manager told us that staff meetings gave them the opportunity to celebrate with the staff what had gone well for people they supported and to share ideas and practice. Staff told us they felt well supported and informed.

Records relating to the day-to-day management of the agency were up-to-date. 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. Staff were encouraged to gain further qualifications and specialised training was provided.

There were policies and procedures in place which covered all aspects relevant to operating a personal care service which included safeguarding, whistleblowing and recruitment procedures. Staff had access to the policies and procedures whenever they were required and were expected to read and understand them as part of their role. The registered manager was able to monitor whether staff had read policies through an electronic monitoring system and their understanding of the policies was checked at supervision.

Quality assurance audits were completed by the registered manager to help ensure quality standards were maintained and legislation complied with. Through regular supervision with staff the registered manager reviewed risk assessments and care plans and ensured staff were keeping records up to date.

The registered manager and staff strived to provide people with the care and support they needed to live as fulfilled a life as possible and the way they chose. The registered manager was committed to providing well trained and motivated staff.