

Support 4 U Healthcare Ltd

Support 4 u healthcare

Inspection report

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12 December 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right support, right care, right culture, as it is registered as a specialist service for this population group.

About the service

Support 4 u healthcare is a domiciliary care service that provides personal care and support to people living in their own homes. The service provided personal care and support to 11 adults at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Quality audits were not carried out to monitor the quality of the service provided. Improvements were found to be required in relation to the accuracy of people's care records and gaps in recruitment checks. As such, the governance monitoring system in place had not identified all areas needing improvement.

Potential new staff to the service had a series of checks carried out to ensure they were suitable to work with the people they supported. However, we found areas for improvement were needed to ensure these checks were robust.

Staff had access to information in peoples' care plans and risk assessments that helped guide them to care and support people effectively. However, these records could be more detailed to help guide staff.

We have made a recommendation about improving the level of detail within people's care records and risk assessments to guide staff on people's health conditions and known risks.

Staff were trained to administer people's prescribed medicines safely. However, information to guide staff on 'as required' medicines such as pain relief could be more detailed.

We have recommended that the provider and registered manager follows medicines best practice guidance.

Whilst there was no one currently using the service with a learning disability or autism. The registered manager had not read the CQC guidance for supporting people with a learning disability called 'Right support, right care, right culture'. Their registration with the CQC had stated they may support people with a learning disability and or autism in the future.

People, and their relatives had positive opinions on the communication of the office staff and management team. They told us the various ways staff requested feedback on the service. This included verbally during staff spot checks and via a survey. Staff were trained and had some spot checks undertaken to check they were working in line with their training. However, catheter care spot checks had not been completed to ensure staff followed this training. Staff were encouraged to discuss and review their performance through supervision and team meetings.

Staff were kind and respectful towards people. There were enough knowledgeable and trained staff to meet people's care and support needs. They understood how to keep people safe from poor care and harm. Staff told us they would whistle-blow any concerns they may have to their registered manager or the CQC. Where people wanted to discuss their end of life wishes this information would be recorded to guide staff.

Staff told us they were trained in infection prevention and control and followed good practice guidance in relation to this. Systems were in place to learn lessons when an incident, accident or near miss occurred or there was a risk of this.

Staff encouraged people to drink and eat plenty. People were encouraged to make their own choices and these choices were respected. Staff helped promote and maintain people's privacy and dignity. They also encouraged people to be as independent as possible and with the support from staff, people were able to remain in their own homes. Staff also encouraged people and their relatives, where appropriate, to be involved in discussions around their support and care needs.

The registered manager worked with external health and social care professionals. This would help people to receive joined up care and support. There was a process in place to investigate and resolve complaints where possible. Actions were taken as a result of learning to try to reduce the risk of recurrence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 09 October 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service. This inspection also was based on the service being unrated since it registered with the CQC.

Enforcement

We have identified breaches in relation to recruitment and governance. Please see the action we have told the provider to take at the end of this report.

Recommendations

We have made some recommendations for the provider around medicines and people's care plans and risk

assessments.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of recruitment, quality monitoring and CQC notifications. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Support 4 u healthcare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 November 2022 and ended on 12 December 2022. We visited the location's office on both dates.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 24 October 2022 to help plan the inspection and inform our judgements. We reviewed information we had received about the service since they registered with the CQC. We sought feedback from the local authority who work with the service. We used all this information to plan our inspection.

During the inspection

We used technology such as telephone calls to enable us to engage with people using the service, relatives of people and staff, and electronic file sharing to enable us to review some of the documentation requested. We also reviewed documents and spoke to some staff during our visits to the office.

We spoke with two people who used the service and three relatives of people who used the service about their experience of the care provided. We received feedback from the local authority.

We spoke with six members of staff including the registered manager, operations manager, a care coordinator and three care staff.

We reviewed a range of records using electronic file sharing and during our site visit. This included four people's care records and we looked at medication and mental capacity assessment records. We looked at four staff files in relation to recruitment, and copies of right to work permits during our office visit.

We also looked at staffs training, spot checks and staff supervision. A variety of records relating to the management of the service were also reviewed. This included staff training records, incident and accident records, complaints, quality assurance processes and policies.

After the inspection

We spoke with the registered manager to establish their understanding of notifying the CQC of incidents and safeguarding they were required to do so.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Checks were undertaken on potential new staff. However, records we looked at showed there were gaps in some staff recruitment records and checks. School, college and university attendance dates were not recorded so it was unclear if there were any gaps in the staff members employment history after leaving education and starting work.
- The recruitment policy said that staff should supply two references, one from their current employer. One member of staff only had one reference documented and no risk assessment around the decisions to employ a staff member with only one reference.
- References were not verified. One reference was not on headed paper to try to ensure authenticity and another staff member reference was not dated or verified.
- Two staff had gaps in their employment record, one staff member had been asked to explain the gaps, the other had not. Proof of UK addresses was not always sought or verified as part of the recruitment checks. This failure to follow guidance meant there was an increased risk that new staff employed were not suitable to work with the people they supported.

Whilst there was no evidence of risk of harm to people, potential new staff recruitment checks needed to be more robust to help ensure safe staff recruitment. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff employed from overseas had checks in place and right to work permits to work in the UK.
- People and their relatives told us they had not experienced any missed care call visits. They told us staff stayed the amount of time they should and if running late informed them. A relative confirmed to us, "Two staff always turn up. Punctuality is very good. No missed care calls. They phone if they are running late."

Assessing risk, safety monitoring and management

- Staff had information to follow in people's care plans and risk assessments on how to support people safely with their individualised risks. However, this information lacked detail to guide staff. In one person's care record we found the persons gender changed part way through, and there was an incorrect health condition listed. A risk of potential financial abuse had been dealt with, with actions taken to reduce the risk. However, an individual risk assessment around this had not been put in place. There was also conflicting information for a person as to whether they wished to be resuscitated.
- Staff had access to information recorded in people's care plans this included any equipment the person used to move and reposition, and or walk safely.
- People and relatives were confident staff could support them safely. A relative confirmed, "(It) gives me

peace of mind that the carers are there (supporting family member)."

- Staff had access to people's personal emergency evacuation plans. This personalised internal environment assessment guided staff on what to do when present in the event of an emergency such as a fire.

We recommend that the provider considered current guidance and health professional advice to update people's care plans and risk assessments in more detail. This would inform and guide staff on people's health conditions and known risks.

Using medicines safely

- Staff used people's medicine administration records (MARs) including 'as required' medicine information to guide them to administer medicines safely. However, 'as required' medicine information for medicines such as pain relief, lacked enough detail to guide staff. The information did not inform staff of the maximum dose that could be taken within 24 hours and the time gap between each dose.
- Staff supported people to remain as independent as possible with their medication. Where staff assistance was needed, people and their relatives voiced no concerns about this support. A relative told us that even though they administered their family members medicines, staff also checked that the medicines had been given. The relative told us how they appreciated this additional prompt.
- Staff were trained to administer people's prescribed medicines safely and had their competency to do so spot checked. Where a staff member had made an error such as not administering a person's medicine, they were asked to have a spot check undertaken by a more senior staff member. This additional check would ensure they were following their training.

We recommend the provider follows medicines best practice guidance to ensure that there was detailed information in people's care records to inform staff and for staff to refer to when needed.

Systems and processes to safeguard people from the risk of abuse

- Staff described how they would safeguard people from poor care or harm, in line with their safeguarding training. They told us they would whistle-blow if they had concerns. A staff member said, "I would immediately inform my superior and I could make social services aware."
- Staff supported people and this assistance enabled them to carry on living as independently as possible in their own homes. People told us the support from staff gave them reassurance. A relative said about the staff supporting their family member, "They always know what they are doing (re skills). I did watch what they were doing in the beginning to make sure." Another relative described staff as a, "Godsend."

Preventing and controlling infection

- Staff had training in infection control. They told us they had plenty of personal protective equipment (PPE) to help keep themselves and the people they supported safe. A person confirmed, "Staff wear everything they should do (PPE) facemasks, gloves, etc."
- Staff had assessed people for any increased risks to COVID-19. This information would guide staff on how to promote good infection control practices.

Learning lessons when things go wrong

- Staff were updated with actions to take to reduce the risk of recurrence when complaints were raised, and incidents or near misses had occurred.
- Staff talked us through examples of how information was shared with them and learning. This included contacting an occupational therapist.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff delivered people's care in line with their agreed and individualised care and support preferences. A person told us that staff had given them assurances by saying, "We are here to care for you."
- A staff member told us potential new people to the service had their needs assessed to make sure staff were appropriately skilled to meet their needs in line with current guidance and legislation. The staff member said at this assessment the care plan was written with the person and the relative where appropriate.

Staff support: induction, training, skills and experience

- Staff completed an induction of mandatory training before they could provide care. They told us they had supervisions and competency spot checks to review and discuss their performance. However, although we saw evidence of spot checks on medicine administration, infection control practices and timekeeping, spot checks had not been completed in areas such as catheter care.
- Staff were trained to support people. A staff member said, "The training has really helped me." A person confirmed, "Training? Yes, staff seem skilled, yes all good."
- A relative told us how staff skills had improved their family members well-being. They said, "Staff member [named staff member] is cleaning [family members] skin so thoroughly we don't need to use creams anymore. It is under control which I can't thank them enough for." However, the records did not always contain evidence of all staff training they said they had completed, such as catheter care training. We fed this back to the service.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink enough where this assistance was needed. A person told us, "[Staff] help me with my meals as I can't feed myself. They are brilliant."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff respected people's independence to make their own health and social care appointments or to be supported by friends or family. Relatives told us staff communicated any health or well-being concerns to them. A relative said, "[Staff] ring me re welfare calls which is appreciated."
- A relative told us how staff updated their family members care record following their stay in hospital. They went on to tell us how staff supported their family member who had been referred to the district nurse team.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff understood the MCA and how to support people in line with the standards of this. Staff sought consent from people in a variety of ways, so people's choices were listened to and respected. A staff member explained, "Go through your routine with the person, and if they have forgotten your name introduce yourself. Give people verbal and visual reminders to help them make choices."
- Staff promoted and maintained people's rights to make their own choices. This included what to eat, drink and what to wear. A relative told us, "[Staff] use moving and handling equipment to transfer [family member] into the lounge. But if [family member] does not want to be moved as they are not up to it this is respected. Choice is respected by staff."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's individual preferences and protected characteristics were supported by staff. A person told us, "I just need a little extra support."
- Staff got to know the people they supported and knew people's likes, dislikes and how they wished to be cared for. A person told us of an example when staff had given them reassurance about something they were very worried about. They told us how staff had taken the time to talk it through with them.
- Feedback received about the service provided by staff was very positive. A relative said, "I don't know what I what do without them. They are a godsend to me. I wouldn't be able to cope without them." Another relative told us, "It is going really well, amazing even. I don't have to worry anymore."

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

- The registered manager encouraged people and their relatives to be involved in their or their family members care and support decisions. A relative confirmed, "I am involved in care plan updates and reviews."

Respecting and promoting people's privacy, dignity and independence

- Staff maintained and promoted people's privacy and dignity. A relative told us, "[Staff] always support [family members] privacy and dignity when in the shower or when having a shave. They use towels to cover [named person]." Another relative said, "[Staff] respect privacy and dignity and [named persons] private areas are covered whilst other areas are being cleaned."
- Staff promoted and encouraged people's life skills where the person wished to remain independent wherever possible. Support from staff meant that people could continue living in their own homes as they wished.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- A staff member told us that nobody currently using the service was on end of life care. However, we could not evidence that staff had been trained in end of life care.
- People's end of life wishes, for those people wishing to discuss these, including a wish to not be resuscitated, were documented to guide staff.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff supported people with personalised care and support. A person told us, "It is going very well. I get the service I require. My carers do everything I need."
- Staff understood people's individual needs and wishes on how they wanted to be supported.
- The registered manager involved people and their relatives in discussions that agreed their care and support needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- No one currently using the service required information in a different language or format such as large print to help aid with their understanding. A staff member told us how on request, they could make this information available in a different format when needed.

Improving care quality in response to complaints or concerns

- Staff took complaints about the service seriously and complaints and concerns raised were investigated and resolved where possible. Actions were taken to try to reduce the risk of recurrence.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Data analysis was carried out to monitor the quality of the service. This looked at staff's timekeeping and any missed care calls. It also looked at whether there were any medicine administration gaps by monitoring people's electronic medicine administration records. However, the registered manager told us that audits to look at the accuracy of people's care plans and risk assessments and daily note records were not looked at as part of the governance monitoring systems.
- Language used by staff in their daily notes, on occasion could be misleading. For example, for a person who staff administered their medicines, daily notes sometimes recorded that staff had prompted their medicines. This is a different level of support.
- Some risk assessments for catheter care support and hoisting were not detailed enough for staff to refer to for guidance if needed.
- 'As required' medicine protocols such as for pain relief, did not guide staff on the gap required between each dose. Nor was the maximum dose in 24 hours recorded. The medicines audits check had not established whether this information was sufficient to guide staff.
- People's care plans, risk assessments and daily notes were not audited to ensure they held correct and up to date information. We found errors in some people's records. As audits of these records were not undertaken these errors had not been identified and there was a lack of management oversight that these errors existed.
- Staff records had not been audited to identify areas of improvement in the recruitment process and records held.
- The registered manager had not familiarised themselves with the CQC guidance of 'Right support, right care, right culture.' This sets out expectations around the care and support provided to people with a learning disability and autism. It meant they did not ensure governance systems reflected the guidance to ensure that there was up to date knowledge on how people with a learning disability and or autism should be supported and empowered by the service provided.
- The governance monitoring system had failed to identify that a safeguarding allegation had not been notified to the CQC using the correct notification form. This is a legal obligation.

Whilst there was no evidence of risk of harm to people, quality monitoring systems were not robust enough to accurately monitor and identify areas found requiring improvement. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff understood their roles and responsibilities towards the people they supported. A staff member said, "Management always listens, and I feel supported. If you have a suggestion they listen, this always happens."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager and management team had a record of complaints and concerns raised including any actions taken.
- The registered manager talked us through their understanding of the incidents, deaths, and safeguarding they were required to legally inform the CQC of via a notification. After the inspection they said they would notify the CQC of a safeguarding allegation retrospectively.
- As the service had not yet been rated, there was no current requirement for them to display any ratings.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff supported and cared for people helping them to remain in their own homes, as was their wish to. People and relatives gave us positive feedback about the registered manager and staff. A relative told us, "We are very happy, they are very caring." A person confirmed, "I can't praise them enough for what they do."
- Staff told us they felt supported by the registered manager and that communication was good. Staff understood what would be expected from them should an incident, accident or near miss occur. Staff told us how they would learn from incidents and that these would be discussed. A staff member said, "I think we have a good close relationship (with the office team) if I raise concerns these are always taken care of. I'm good. I'm happy."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team and staff communication were good. A relative said, "Staff use the care call time to also have social interactions with [family member]. They telephone me for feedback on how things are going. They are communicative."
- Staff asked people and their relatives to feedback on the service provided through various ways. This included verbal feedback during spot checks on staff and a survey. Most of the responses were positive. Where improvement was needed actions were taken to try to reduce the risk of recurrence.

Working in partnership with others

- The registered manager and staff team when needed would work with external health and social care professionals, such as district nurses, to help people receive joined up care and support.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Whilst there was no evidence of risk of harm to people, quality monitoring systems were not robust enough to accurately monitor and identify areas found requiring improvement. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Whilst there was no evidence of risk of harm to people, potential new staff recruitment checks needed to be more robust to help ensure safe staff recruitment. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>