

365 Support Limited

# 365 support services

## Inspection report

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Date of inspection visit:

19 July 2017

20 July 2017

Date of publication:

15 August 2017

### 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 ●

# Summary of findings

## Overall summary

The inspection took place on 19 and 20 July 2017 and was announced.

365 Support Services is a domiciliary care agency based in Southport. The agency provides personal care and support to people with learning disabilities and mental health needs in their own homes and supported accommodation within Merseyside and Wirral. The manager in post was in the process of applying to be the registered manager with the Commission. 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 said they felt safe when being supported by the 365 Support Services staff.

Comprehensive risk management plans had been completed for everyone who was receiving support to help ensure people's needs were met and to protect people from the risk of harm. Staff understood how to recognise abuse and how to report concerns or allegations. There were processes in place to help make sure people were protected from the risk of abuse.

Medication was administered safely by suitably trained staff and was recorded correctly. People received their medication on time.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable people. There were appropriate numbers of staff employed to meet the needs of people who received a service and to ensure they received their support at a time when they needed it.

Staff had the necessary skills and knowledge to support people in the way they needed and had a good understanding of people's needs. They received training on a regular basis. Staff received regular support through monthly supervision, appraisals and regular staff meetings.

People were supported to maintain good health. Staff sought the input of health and social care professionals if people's needs changed.

People said staff were caring and kind and always treated them with respect and dignity.

People were involved in decision-making about their care and support needs and were involved in the writing and reviewing of assessments, risk management plans and support plans. Support plans were completed to identify people's needs and the support required. We found people's preferences had been recorded to ensure person centred care and support was provided.

The service had a complaints procedure. People knew how to make a complaint and said they would feel comfortable raising a concern or complaint should it become necessary.

The service was not aware of incidents that required the Care Quality Commission (CQC) to be notified of. This meant that CQC were unable to monitor information and risks regarding the service.

The registered manager had left their position in January 2017. A new manager had been appointed and was in the process of applying for their registration with the Commission.

The management structure of the service had increased to meet the needs of the business. Managers were supported by a HR manager, an assistant, a quality assurance manager and a receptionist.

Quality assurance systems and processes were undertaken to monitor how the service was operating and to drive forward improvements.

Systems were in place to gather the views and opinions about the service from the people who received the service, staff and healthcare professionals. Questionnaires were sent out regularly throughout the year. Feedback was positive.

The ratings awarded at the last inspection were displayed in the office.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Medicines were managed and administered safely to people.

Risk assessments had been undertaken to support people safely and in accordance with their individual needs.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

There were enough staff to provide support to people when they needed it.

The provider had robust recruitment procedures in place to ensure staff were suitable to work with vulnerable people.

### Is the service effective?

Good ●

The service was effective.

Staff worked with health and social care professionals to make sure people received the support they needed.

Staff were trained to ensure that they had the appropriate skills and knowledge to meet people's needs. They were well supported by their manager.

People said the staff had a good understanding of their support needs.

### Is the service caring?

Good ●

The service was caring.

People's individual needs and preferences were respected by staff.

People were listened to and their views taken into account when deciding how to support them.

People told us staff were kind, polite and maintained their privacy and dignity.

### Is the service responsive?

The service was responsive.

Support plans provided information to inform staff about people's needs, routines and preferences.

A process for managing complaints was in place. People knew how to raise a concern or make a complaint.

**Good** ●

### Is the service well-led?

The service was not always well led.

The service did not have a registered manager.

Notifications of incidents that required the Care Quality Commission (CQC) to be notified of were not completed.

Feedback from people, relatives and staff was positive regarding the management of the service.

People were able to share their views and were able to provide feedback about the service.

Systems and processes were in place to assess, monitor and improve the safety and quality of the service.

**Requires Improvement** ●

# 365 support services

## **Detailed findings**

### **Background to this inspection**

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the 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 19 and 20 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone was available.

The inspection was carried out by an adult social care inspector.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the notifications and other intelligence the Care Quality Commission had received about the home. Questionnaires were sent out for feedback about the service. We received comments from seven people who received a service, one relative, seven staff and eight community professionals.

During the inspection we spoke with one person who received support with personal care. This was because the support provided to many people by the agency did not require CQC regulation. We spoke with a total of seven staff, including the director, manager, quality assurance manager and the administration manager.

We looked at the care records for three people who received a service, four staff personnel files, staff training records and records relevant to the quality monitoring of the service.

# Is the service safe?

## Our findings

People said they felt safe when being supported by the 365 Support Services staff. Six people who completed a questionnaire said they felt safe from abuse or harm from the staff who supported them. A person we spoke with also said they felt safe.

Staff understood how to recognise abuse and how to report concerns or allegations. There were processes in place to help make sure people were protected from the risk of abuse. Training for staff took place every three years. A 'safeguarding vulnerable adults' policy was available to support staff with aspects of abuse and the procedure to report suspected abuse.

The PIR states, "Through the service's assessment and care planning process, any risks to a person's safety or wellbeing are carefully assessed. Assessments have been completed for everyone who accesses our services to ensure people's needs are met. Some people who access our services are people who have been discharged from long stay hospitals. We ensure that any assessments have been 'checked' by the hospital clinicians, to ensure information has been correctly recorded and that the support to be provided would meet people's needs. Directors/Area Managers have attended meetings as part of the discharge process to gather information needed to know how to support and keep people safe in the community once discharged. Risk Management Risk management plans are implemented, which are followed by staff to help ensure people receive safe and effective care. These management plans are reviewed each month by either the Registered/Nominated Manager or a Director. This helps to ensure they are kept up-to-date, relevant and support provided does meet people's needs. Crisis Management plans are also completed which record signs and symptoms people may display which would indicate deterioration in their mental health."

We found comprehensive risk management plans had been completed for everyone who was receiving support to help ensure people's needs were met and to protect people from the risk of harm. Assessments were reviewed regularly to help ensure any change in people's needs was reassessed so they received the appropriate care and support.

Incident forms and an action plan were completed by staff and forwarded to the 'On Call' manager for review. The provider had recently recruited a Quality Assurance manager to work with managers to review these forms to see if more information could be gathered to improve the support people received when unwell. The provider worked closely with health care professionals to closely monitor incidents involving people who had complex mental health needs to ensure their safety in the community.

We reviewed the storage and handling of medicines as well as many of the Medication Administration Records (MARs), stock checks and other medicine records for people. Medication was administered safely by suitably trained staff and was recorded correctly. The company director and a manager told us training for administering medication was robust due to the complexity of people's need and drug concerned. A competency assessment was completed by senior staff to ensure staff were administering medication correctly and people received their medication safely. A person we spoke with said they received their medication on time.

Medicines were stored in individual locked cabinets within a large secure cabinet. Some medicines were required to be stored in a medicine fridge which was kept in the office. Records of temperature monitoring of the office and the fridge were not kept. If medicines are not stored at the correct temperature, it can affect how they work.

Some people were prescribed controlled medication. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation. A record was kept as required.

Individual MAR charts we viewed identified people by name and flat number. A photograph of the individual would further assist safe administration. We asked the director about this. They said, "Only staff who have worked with a person for a while and know them would administer their medication." They said they would look at adding a photograph to the MARs. A list of sample signatures for staff who administered medicines was held in the office.

We looked at a number of MARs and saw that staff had signed the MAR charts to say they had administered the medicines. We saw that medicines were given safely as prescribed. Quantities of medicines received into the home must be checked to provide an accurate stock check. We saw that a check was carried out each week.

The provider had completed protocols for PRN (as required) medication to advise staff when such medication should be given, with the reason when with any triggers and symptoms to alert staff. Two of the completed protocols for people did not contain some information. The company director said they would rectify it. There was a medicines policy in place. We found it was in date and regularly reviewed.

Staff were recruited safely as the provider had a robust recruitment process. We found copies of application forms and references. Staff had been subject to a Disclosure and Barring (DBS) check, to ensure they were entitled to work in the UK and police checks had been carried out. We found they had all received a clear Disclosure and Barring (DBS) check. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable people.

There were appropriate numbers of staff employed to meet the needs of people who received a service and to ensure they received their support at a time when they needed it. Staff worked in teams in a geographical location to support people in supported living accommodation. Staffing rotas were managed by the service managers. Staff sickness or holiday cover was managed from within the teams. Bank staff were recruited to join the teams when required.

## Is the service effective?

### Our findings

The person we spoke with was very positive about the staff in terms of their level of knowledge and competence to care for them. Feedback from the questionnaires we sent to people who received a service was 100 % positive regarding staff having the necessary skills and knowledge to support them in the way they needed.

Everyone we spoke with or who completed a questionnaire said that they received support from familiar, consistent staff and staff completed all of the tasks that they should do during each visit. A person we spoke with told us the visits by the staff were at a time they wanted. They told us staff always supported them "for the full amount of time they were supposed to."

We found that the staff were well trained and had a good understanding of people's needs. Staff we spoke with told us they were given the opportunity through handovers or time before they started a shift to read care plans and updates to help ensure they were aware of people's support needs or any changes in health needs.

Staff training was provided through 'face to face' training sessions and through the use of 'social care TV'. Training was refreshed on a regular basis. A system was in place to ensure staff were informed when training courses needed to be completed. A training matrix was kept up to date to show when staff had completed each training course and when they were due to an update. We found that all staff members had completed training in subjects relevant to the needs of people they supported. This included subjects considered mandatory by the provider such as, Equality & Diversity, Fire Safety, Food Hygiene/Infection Control, Health & Safety, Challenging Behaviours, Safeguarding, Mental Capacity Act and First aid. Staff were encouraged to attend other training courses such as epilepsy awareness, diabetes awareness, drug and alcohol awareness and moving and handling. This helped staff to understand and support the needs of the people they supported.

New staff completed an induction as well as completing the Care Certificate, if it was appropriate to do so. The Care Certificate is an identified set of standards that health and social care workers, who may not have any previous experience in care, work towards and have their practice assessed and signed off by a senior member of staff.

We spoke with two new members of staff who confirmed they had completed an induction, which they found very helpful. An induction period included 35 hours of shadowing other worker's. One staff member was completing the Care Certificate as they had started their employment with no previous experience in the care sector.

Staff received training regarding people's mental capacity to consent to care during their induction. The Mental Capacity Act 2005 is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Everyone who received a service from the agency at the time of our inspection had capacity to consent to personal care and support so

mental capacity assessments were not required.

Staff received regular support through monthly supervision and bi annual appraisals, to look at performance. Supervisions are regular meetings between employee and their manager to discuss any issues that may affect the staff member; this may include a discussing about on-going training needs. Staff team meetings were held within each area to enable open communication and passing on of important information. Staff we spoke with told us they were very happy working for the service and 'loved their job' and their colleagues were 'very supportive'.

We saw from care records that some people were supported to eat and drink regularly by staff. Their care plans documented what should be provided. A person we spoke with confirmed staff made meals to their liking.

Where appropriate staff supported people to maintain good health. Staff sought the input of health and social care professionals if people's needs changed.

## Is the service caring?

### Our findings

We asked people who received support from the service if staff were caring and kind by speaking to them face to face and in our questionnaire we issued before our inspection. Their responses were positive. They agreed the staff always treated them with respect and dignity. They were happy with the support they received from the service.

A relative who completed a questionnaire we sent said they were happy with the care and support their family member received.

We asked community health care professionals for their views and they said the staff they had met were kind and caring towards the people they supported.

People who received a service, who lived in supported accommodation, were allocated a key worker to help ensure continuity of support and to give the service user a specific staff member to go to if they need help or 'a time to chat'. Meetings between people and their keyworker are held every month to discuss their welfare and support.

Staff we spoke with demonstrated a genuine positive regard for the people they supported. They told us they were able to develop good relationships with the people they supported as they worked in the same supported living accommodation on a regular basis.

People who completed a questionnaire said they were involved in decision-making about their care and support needs. People who received a service were involved in the writing and reviewing of assessments, risk management plans and support plans. We saw they had signed the documents to evidence this.

Staff we met told us about holidays that were being organised for people who lived in supported accommodation and were supported by the service. They said this was the second year a holiday had been arranged. Destinations had been chosen in discussion with service users and two locations, one in the UK and another in Europe had been booked. A manager said it was a great thing as it meant that some people were going away on holiday 'for the first time in their lives.'

The provider was aware of the use of the advocacy service for people who had no family or friends to represent them or those in need of independent support. The director told us that some people currently had a representative from the advocacy service working with them.

## Is the service responsive?

### Our findings

A person we spoke with told us they received care when they wanted it and staff did what was required of them.

In feedback given in a questionnaire a community health care professional said, "The service is responsive to any concerns I have and communication from staff is good – utilising email where appropriate." Another said, "There has always been regular two way contact if there are concerns about individuals. It is a service I could use more of as they have excellent relationships with social landlords, local amenities, versatile support staff and a good mix of age and skills. There will always be problems/ concerns when working with service users families and employing staff but as far as I am aware I have always been kept informed."

Care records we looked at showed people's needs were assessed before receiving a service. Support plans had been developed with each person, identifying the support they required.

There was evidence of people being involved in their care planning. A range of support plans were completed to identify people's needs and the support required. For example, support plans were completed for health, medication, personal care, community participation and budgeting.

We found people's preferences had been recorded in respect of personal routines, hobbies and interests in an 'All about Me' document. This information helped to ensure person centred care and support was provided to people. Support plans were reviewed and updated each month to ensure the information was accurate, reflected achieved goals and people received the support they needed

People were supported to be independent in their own home and support plans for long and short terms goals reflected this. Some people accessed their local community with staff support for example shopping, social activities and health appointments.

The service had a complaints procedure. We spoke to a person who received a service and they said they knew how to make a complaint if they were unhappy. They told us they would feel comfortable raising a concern or complaint should it become necessary and would speak to the service manager or the director. We looked at the complaints file and saw that there no complaints had been made.

People who completed a questionnaire said staff at the agency responded well to any complaints or concerns they raised. Staff said their managers were 'accessible and approachable and dealt effectively with any concerns they raised'. The PIR recorded that the service had received 34 compliments during the last year.

## Is the service well-led?

### Our findings

The service maintained records of safeguarding referrals but in the absence of a registered manager other managers were not aware of incidents that required the Care Quality Commission (CQC) to be notified of. Following discussion it was determined that safeguarding referrals had been made to the local authority and incidents reported to the Police which required the Care Quality Commission (CQC) to be notified of. This meant that CQC were unable to monitor information and risks regarding the service. This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager had left their position in January 2017. A new manager had been appointed and was in the process of applying for registration with the Commission.

The company director told us how the management structure of the service had increased to meet the needs of the business as it had expanded significantly since the last inspection. Each supported living scheme was managed by a service manager and deputy manager. Two area managers were responsible for a geographical area. They reported to the registered manager. The managers were supported by a HR manager, an assistant, a quality assurance manager and a receptionist.

The director was the provider (owner) and was an active presence in the organisation and spent a lot of their time visiting the people they supported and providing clinical advice to staff. They were responsible for undertaking an initial assessment to decide if the organisation could support a person safely in a community setting. They had set up the company because of their passion to provide people with a home in the community with the right support.

We looked at the quality assurance systems and processes to monitor how the service was operating and to drive forward improvements. A range of audits and checks were undertaken to help assure the service; these were completed by the service managers and the quality assurance manager. Areas included care file audits, accident and incident forms and medicines. Medicines were subject to several audits, which included, a weekly audit of individual's medicine stock and medicine administration records (MAR). We saw that actions had been completed on all matters found during the auditing process. This ensured that process was effective and the service was safe. Service managers completed inspections of another supported living scheme for quality assurance purposes. Scheme managers completed reports about the people they supported; information included people's welfare and any incidents. These reports were sent to monthly managers' meetings. Outcomes from the inspections are discussed at these meetings and action plans drawn up as to how managers can better lead each service. This process also ensured the managers and director were fully informed of any current concerns.

The recent appointment of a quality manager has improved oversight and clinical input into the analysis of incident and accident reports.

There were systems in place to monitor the quality of the service provided. The organisation had systems in place to gather the views and opinions about the service from the people who received the service, staff and

healthcare professionals. Questionnaires were sent out regularly throughout the year. Feedback was analysed and issues addressed, where identified. We saw from the questionnaires that had been returned in 2017 that feedback was all positive. The service had recently put 'Comments boxes' in all the supported living services and in the Southport office as additional way for people to give feedback or make suggestions.

People who received a service had additional opportunities to discuss any issues they had at monthly meetings with their keyworker or at Service User Forums. The PIR states, "However, although in place not all take advantage of this (attending Service User Forums); this will be re-looked at by the Directors/Area Managers to see if alternative ways of obtaining direct feedback can be obtained."

The PIR states, "We work closely in partnership with Care Co-ordinators, CPNs, Social Workers etc. to maintain a supportive and open culture where constructive feedback which will then be discussed and used to formulate plans on how best to make improvements going forward." Feedback from the inspection confirmed this.

The provider had a number of policies and procedures which were easily accessible to staff. Many policies were recorded in the staff handbook, with a copy of all policies held in each office within the supported living accommodation as well as the office in Southport. We found the policies were current and reviewed regularly to ensure the information was in accordance with current guidelines and best practice.

The agency was awarded the Disability Committed Award from Job Centre Plus. A manager told us, "The scheme is a great way of letting everyone know that we are serious about equal opportunities for disabled people. To be recognised as Disability Confident Committed we had to agree to the Disability Confident commitments and identify at least one action that we will carry out to make a difference for disabled people. The commitments include: - inclusive and accessible recruitment, communicating vacancies, offering an interview to disabled people, providing reasonable adjustments and supporting existing employees. The activities we must be committed to include work experience, work trials, paid employment, apprenticeships, job shadowing, traineeships, internships, student placements and sector-based work academy placements. "

CQC requires providers to display the ratings awarded at their last inspection. We found the ratings displayed in a prominent position on a noticeboard in the hallway of the office.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The service had not notified CQC of events and incidents that occurred in accordance with our statutory notifications