

365 Support Limited

365 support services

Inspection report

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Date of inspection visit:

20 March 2023

21 March 2023

Date of publication:

26 April 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

365 support services is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The service also provides care and support to people living in 11 'supported living' settings, so that they can live in their own home as independently as possible.

People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using 365 support services receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The service currently provides a service to 82 people and supports 1 person with a regulated activity.

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

Although, risks to people were identified and managed and mitigated by staff to lessen the risk of harm to people, further information was required in peoples' support plans, to ensure sufficient guidance to staff. We have made a recommendation about this.

Accidents and incidents were recorded appropriately and analysed for any patterns or trends to help prevent the risk of recurrence.

People received their medications as prescribed and by staff who were trained and competent.

Staff recruitment processes ensured staff were safe to work with people. In addition to mandatory training, staff received more specialised training, to help deliver care to people which was tailored to their specific health and support requirements.

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; the policies and systems in the service supported this practice.

We observed staff support and interact with people in a respectful way. It was evident staff enjoyed close relationships with the people they supported.

The management team was committed to delivering high-quality and individualised care to people, staff understood, shared and practiced these values. However, governance processes required review to ensure their efficiency. We have made a recommendation about this.

Although people were invited to provide feedback on the service, improvements were required to quality

assurance arrangements. We have made a recommendation about this.

The service worked in collaboration and partnership with other relevant organisations to help achieve better and more positive outcomes for people.

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

Rating at last inspection

The last rating for this service was good (report published 29 August 2018).

Why we inspected

We received concerns in relation to potential incidents and staffing. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 365 Support on our website at www.cqc.org.uk

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

365 support services

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 1 inspector.

Service and service type

This service provides care and support to people living in 11 'supported living' settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service, the registered manager, the director of business management, the training co-ordinator, 1 unit manager and 3 members of care staff.

We looked at records in relation to people who used the service including 1 care support plan, medication records and systems for monitoring the safety and quality of the service provided. We looked at staff training and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with a relative on the telephone to help us understand their experience of the care and support their loved one received. We also received written feedback from a visiting professional.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Although we were assured staff were knowledgeable about risks to people, further information was required in peoples' support records. See the well-led section of this report for further detail.
- A positive approach was adopted when it came to risk management, people were not simply told they could not do something because it was too risky, staff worked with the person to help manage risk and respect the person's choice.
- People told us they felt safe when being supported by staff. One person told us, "I feel safe, I am happy and at home here." One person's relative confirmed, "I have no concerns about the care here."
- Staff had received training in how to record accidents and incidents. Both the registered manager and provider had oversight of accident and incidents, meaning patterns and trends were identified so appropriate action could be taken to help minimise the risk of recurrence.
- Practices and protocols were in place for identifying lessons that could be learnt following incidents or events. Reflective discussions and analysis took place to help identify where improvements could be made in the future.

Preventing and controlling infection

- We were assured that the provider was supporting people living at the service to minimise the spread of infection. However, one person did not have a Covid-19 risk assessment in place. We spoke to the registered manager about this who advised this was an oversight and reinstated a risk assessment shortly after the inspection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of harm and abuse. Although the safeguarding policy was out of date, staff had received safeguarding training and understood how to safeguard people from abuse and how to report any safeguarding concerns. One told us, "I wouldn't

hesitate to raise any concerns."

- The registered provider began work to update policies at the time of our inspection.

Using medicines safely

- People received their medicines from staff who were competent to administer them. There was information to guide staff on the administration of 'when required' medicines and those with a variable dosage.
- People's medicines were kept in a secure cabinet in peoples' rooms. Where people expressed a wish to manage their own medicines, and had been assessed as competent to do so, they were empowered by staff to self-medicate safely.

Staffing and recruitment

- Although the service sometimes used agency staff, the same staff were used so they were familiar with people's needs, which is important for continuity of care.
- Recruitment of new staff was safe. Pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- A system was in place for ensuring staff were provided with induction and training to meet the specific needs of people using the service. This included a mix of face to face and online training. Staff also carried out 'shadow shifts' where they shadowed an experienced member of staff to help them become familiar with the people they would be supporting and prepare them for the role.
- The staff training matrix identified some gaps in training, but the service had recognised this and had booked staff on the next available course.
- Staff told us they were able to select training which helped them better meet and understand the needs of the people they supported. The service employed a training co-ordinator, who visited the service's various sites and engaged with staff to determine what training needs they required. The co-ordinator confirmed, "The training links in with what staff want."
- Information about incidents was shared with the training co-ordinator so they were able attend at the individual service and deliver further enhanced training on how to support and respond to any incidents.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff were working within the principles of the MCA. They had received training and understood that they could not deprive a person of their liberty unless it was legally authorised.
- Staff recognised the importance of seeking a person's consent before providing care or support.

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

- At this inspection, we found records showed people's needs, risks and choices had been assessed before they started using the service to ensure staff were able to meet their needs and fulfil their goals. An external health care professional told us, "Service users are central to decision making."

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

- People were afforded maximum choice over their nutrition and hydration. For people who required some support, staff supported people to shop for food, helping them to make healthy choices in line with their dietary needs, for example, a diabetic diet.

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

- Although people were largely independent, for people who required support, staff supported people to access external healthcare professionals such as GPs and social workers.
- Feedback from health care professionals in relation to staff seeking and following professional guidance was positive. One told us, "The care delivered to people at 365 support services is person centred, safe and meets their needs."

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Although we were assured leaders and the culture they created supported the delivery of high-quality, person-centred care, this was not always consistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Although the provider operated systems and processes to help ensure sure they assessed and monitored their service against regulations, it was not always evident what action had been taken.
- For example, where shortfalls had been identified, it was not always clear what action was planned to address the shortfall, such as a date for completion and identifying a person responsible for the action. It was not always possible to follow whether any action had been carried out from one audit to the next. We spoke to the registered manager about this who assured us any actions had been completed and audits would be revised to help better evidence this.
- Some policies and procedures were out of date and required review. For example, the Safeguarding policy referred to the Local Authority's No Secrets guidance (published 2000), which has now been replaced by statutory guidance issued under the Care Act 2014. Policies are important as they provide staff with clear guidelines about how the service should operate and what's expected of them. They also ensure correct processes are adhered to and health and safety measures are followed, to help prevent people's safety and well-being.
- Audits had not always identified that information about safety was not as comprehensive as it should have been to ensure that full information about risks to people's safety was passed on, for example, information about people's skin integrity management and mobilisation requirements. We also found key information was not included in a person's hospital passport.

We recommend the provider reviews auditing and governance processes to ensure shortfalls in the safety and quality of care are addressed by actions, information about risks are up to date and ensures policies and procedures are reviewed and updated.

- The registered provider had already identified that some policies required updating and began acting on our recommendations and findings shortly after the inspection process, demonstrating their commitment to achieving good outcomes for people.

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

- Although we were provided with quality assurance surveys for people, we could not be assured people had completed these surveys independently, as surveys had been completed by the manager. We spoke to

the provider about this who assured us that people had participated in the surveys by providing feedback to the manager in the office.

We recommended the provider consults best practice on carrying out quality assurance surveys and reviews their practices to enable people to have a genuine voice in the running of the service.

- Staff were supported by supervision and appraisal processes, although the records in relation to these processes appeared not to have been physically signed by staff members involved. We checked individual supervision records and spoke with staff and were assured supervision was a two-way process. Staff told us they were encouraged to speak openly and could use the process to enhance their learning and development.
- The registered provider carried out staff surveys to seek their views, recent surveys were in the process of being analysed so that outcomes could be shared with staff.
- There were regular staff meetings where staff were able to air their views and put forward suggestions for consideration. One member of staff told us, "I have input and I feel listened to and valued at staff meetings."
- We received positive feedback about the management team, comments from staff included, "The management here are helpful and supportive", "I feel valued and appreciated" and "Managers are lovely, a good source of support."

Continuous learning and improving care

- The service demonstrated a focus on continuous learning at all levels. At this inspection, we found an example where robust action was taken to address a performance issue, at one of the services. This aided the development of best practices amongst staff and helped significantly improve the safety and quality of care and support people received.

Planning and promoting person-centred, high-quality care and support, and how the provider understands and acts on duty of candour responsibility;

- At this inspection we found peoples' care was planned and promoted to help ensure people received person centred and high-quality care. People's care plans evidenced individualised outcomes for people, and people took an active role in setting their own goals. Staff demonstrated a good knowledge and understanding of people's needs.
- An external health care professional confirmed, "The culture promotes co-production with service users in which holistic care is delivered. I have been confident to place service users with high levels of complexity and comorbidity as I believed that they would receive expert care and support." A member of staff shared, "No one is treated differently and we are here for them."
- The registered manager was aware of their responsibilities in line with regulatory requirements. They knew to notify CQC of incidents and events that occurred at the service.
- The registered manager demonstrated an understanding of their duty of candour, and the importance of keeping peoples' next of kin informed. The registered manager encouraged feedback and adopted a transparent and open approach.

Working in partnership with others

- The service worked in partnership with other professionals and agencies to help ensure people received the care they needed. The service shared positive examples of where they had worked in conjunction with external health care agencies to successfully manage a person's care without the requirement for hospital admission. An external health care professional confirmed, "The care plan delivered by 365 Support enabled the stopping of the recurrent relapses and admissions."