

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Select Support4U Limited - Oldham Area and Bradford

6 Hunters Lane, Oldham, OL1 1QU

Tel: 01254676565

Date of Inspection: 24 April 2013

We inspected the following standards as part of a routine inspection. This is what we found:

**Respecting and involving people who use services** ✓ Met this standard

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Staffing** ✓ Met this standard

**Complaints** ✓ Met this standard

## Details about this location

Registered Provider	Select Support4U Limited
Registered Manager	Miss Linda Ann Mannion
Overview of the service	Select Support4U Limited provides services to support independent living for people with complex needs. These include people who have a mental illness, learning disability or autism spectrum disorder. Some individuals who use the services require significant support to facilitate their lives in their own homes. The provider operates three locations in Oldham, Liverpool and the Head Office in Blackburn.
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	9
Staffing	10
Complaints	11
<b>About CQC Inspections</b>	12
<b>How we define our judgements</b>	13
<b>Glossary of terms we use in this report</b>	15
<b>Contact us</b>	17

## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 April 2013, observed how people were being cared for and talked with carers and / or family members. We talked with staff.

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### What people told us and what we found

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We found that people using the service and those acting on their behalf could express their views, so far as they were able to, and were involved in making decisions about their care and support. A healthcare professional who spoke on behalf of a person using the service told us they felt the person "had a voice" and "was well represented in planning their support".

We looked at the care files of three people using the service. We found that individual needs were established when people were first referred to the service and were regularly reviewed. Support plans were continually evolving to respond flexibly to changes in peoples' needs.

The provider had a policy in place about safeguarding people who use the service from abuse. We spoke with two members of staff. Both were aware of the safeguarding policy and able to correctly explain the procedure that it stated should be followed.

We spoke with a relative of a person who used the service. They told us the staff were "very good". Staff were generally recruited to support a particular individual. The staff members we spoke with told us that before they joined their teams they were given sufficient information and training to be confident they were able to meet the particular needs of the person they were supporting. We saw that staff training was up to date and that a system of regular supervision sessions and annual appraisals was in place.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. Their views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

We spoke with a healthcare professional who spoke on behalf of a person using the service at review meetings as they were unable to represent themselves. They told us that they felt the person "had a voice" and "was well represented in planning their support".

The healthcare professional had been actively involved in the specialist care of the person for many years. They told us they were "relatively content with the service". They said that they frequently suggested alternatives that might be tried in the delivery of the support package and felt that the provider took their suggestions on board. A relative we spoke with told us they were confident the Manager would listen and act on any feedback they gave.

We spoke with a relative of a service user. They said that the provider had involved the family in assessing their relative's needs and putting together a support package to meet them. For example, they had been asked about their relative's needs, likes, dislikes and preferences for the support team. They felt the provider tried hard to work alongside the family. For example, in the process of getting to know their relative the staff readily contacted the family to ask for advice, and welcomed contact from the family to discuss progress.

The Manager told us that on occasion she had sourced an independent advocate to act on behalf of a person with no family support.

We looked at the care files of three people using the service. We saw that activity plans provided opportunities and support to users in relation to community involvement and pursuit of their interests. One person's weekly plan that we looked at included activities such as creative writing, singing, walking in the park, dancing and a trip to the hairdressers.

We saw reference to promoting people to maintain their independence. For example,

encouraging a person to self administer medication, providing support at the supermarket, baking with them and letting them clean their carpets whenever they wanted.

Staff told us that if a person decided they no longer wished to participate in an activity they would look to find something else of interest to them instead.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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Select Support4U Ltd provided a supported living service to a small number of people with complex needs. Some of the support packages in place were intensive, for example, support by two carers 24 hours each day, seven days per week.

People using the service were usually referred by the local authority or the NHS. The referral process was complex and could be lengthy. The provider was invited to put together a proposed support package for the person referred.

The Manager told us that to ensure they understand and are able to support individual needs the provider carried out a comprehensive assessment, engaging with the person, family, representatives and healthcare professionals currently involved. We looked at the care files of three people using the service and saw these assessments were in place. Transition of care to Select Support4U Limited began once a proposal was accepted.

Each support plan we viewed was specific to the individual and focused on their strengths. The nature and content of the support package was subject to regular review. We saw evidence that peoples' support plans were formally reviewed at least every three months and that people, their relatives, their staff team and healthcare professionals were involved in the review process. We saw that plans were also constantly evolving to respond flexibly to changes in need.

The care files we looked at were well organised and consistent in structure. We saw that they included internal and professional assessments, support plans, risk assessments, health and financial information. Each person had a weekly activity rota tailored to meet their interests and needs. The information in the files was person centred, for example, how best to communicate with them, signs of behavioural escalation, known behaviours, likes and dislikes.

Daily records were also kept for each person using the service. Staff used these to record information that might be useful and relevant in the review and forward planning of their support. For example, notes relating to completion of everyday tasks, health, wellbeing, family, relationships, enjoyment and achievements.



**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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The provider had a policy in place about safeguarding people who use the service from abuse. We spoke with two members of staff. Both were aware of the safeguarding policy and able to correctly explain the procedure it stated should be followed.

The policy explained the procedure staff should follow to report a safeguarding concern internally. No reference was made to external alternatives that could be followed, for example, reporting the concern to the Local Authority. The provider may find it useful to include information about external contacts as staff may not always be content to report a safeguarding matter internally.

The Manager and the staff that we spoke with told us that the induction programme included training on safeguarding with further refresher training every two years. All staff also completed training on restraint and breakaway techniques on an annual basis. We looked at staff training records and saw that training requirements were up to date.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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We spoke with a relative of a person who used the service. They told us that the staff were "really good".

Each person using the service had a small team of staff who worked a shift system to support their needs. The Manager told us that staff were generally recruited to support a particular individual. There were some members of staff able to work on more than one team and a pool of four bank staff so the provider was able to respond to unexpected changing circumstances in the service, for example, sickness and absences.

We looked at assessments that had been completed prior to people starting to use the service. We saw that they included consideration of the essential and desirable staff skills and qualities appropriate for staff on particular teams. For example, trained in physical intervention, medication, challenging behaviour and strong characters who would not take things personally.

We spoke with two staff members. They told us that before they joined their teams they had been given sufficient information and training to be confident they were able to meet the needs of the person they were supporting. When staff first joined a new team they completed shadow shifts with colleagues before working independently. We saw 'management guidelines' in the care files that we looked at to help staff appropriately support peoples' individual needs.

On the day of our visit one person's team had a meeting in the office. The Manager and staff we spoke with confirmed this was a regular occurrence. The Manager explained that minutes were taken at staff meetings and circulated to ensure that anyone unable to attend was fully briefed.

Staff confirmed that they had individual supervision sessions with the team leader 'quite often'. One member of staff told us they were always asked if they would like any extra training. Another said that they thought management were 'open and supportive' and that staff were encouraged to contribute in meetings.

The Manager told us that a system of staff annual appraisals had recently been introduced.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available.

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### Reasons for our judgement

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The provider had a complaints policy in place. The Manager told us that no complaints had been received.

The Managing Director held responsibility for ensuring that any complaints received were dealt with. The policy set out a clear process for dealing with any complaints received and timescales for response. We saw that the policy explained that if a person was dissatisfied with the way in which a complaint had been dealt with the matter could be referred to the independent Ombudsman for consideration.

We saw evidence that the Manager was updating a service user guide, 'Live your life your way'. This included a flowchart illustrating the process to be followed if a service user wished to register a complaint.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.



## Contact us

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