

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

Select Support Partnerships Ltd - Merseyside and Cheshire

Tate Suite 15, Connect Business Village, Unit 16,
24 Derby Road, Liverpool, L5 9PR

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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
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Select Support Partnerships Ltd
Registered Manager	Miss Catherine Elizabeth Hall
Overview of the service	Select Support Partnerships Ltd Merseyside and Cheshire provides the regulated activity 'personal care' to people who have a learning disability or mental health need. The service provided is community based support. People who use the service are provided with a range of hours support per day or per week in line with their assessed needs. The office base is located in Liverpool, Merseyside.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 July 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We did not announce our inspection prior to our visit. We set out to answer our five questions:

Is the service safe?

Is the service effective?

Is the service caring?

Is the service responsive?

Is the service well led?

Below is a summary of what we found. If you wish to see the evidence supporting our summary please read the full report.

Is the service safe?

People who used the service told us they felt safe and that if they had any concerns they would raise these with staff or with the manager.

The manager was aware of their responsibilities to refer for specialist advice if they had any concerns about people's capacity to make their own decisions.

People's health, safety and welfare were protected in how the service was provided. People got the support they needed when they needed it and risks to people's safety were appropriately managed.

Is the service effective?

People received the care and support they required to meet their needs and maintain their health and welfare.

People told us they felt listened to and included in day to day decision making and we saw that people were involved in regular reviews of their support.

Staff spoke about 'encouraging' and 'supporting' people and we found people were encouraged to use their independent living skills and to use the local community.

Is the service caring?

People who used the service told us staff were 'nice' and we saw staff interact with people with warmth and familiarity.

Staff told us they were clear about their roles and responsibilities to promote people's independence and respect their privacy and dignity.

Practices were in place to ensure people were involved in decisions about their care and support.

Checks were carried out to make sure people received the care and support they needed.

Is the service responsive?

The service worked well with other professionals to make sure people received their care in a joined up way. People had support plans with regards to the support they needed to maintain their health. People were referred to health professionals as appropriate to their needs.

The provider had systems in place to ensure to people could give feedback on their experience of the service. This was done through the use of surveys and meetings with people. People's feedback was then used to make improvements to the service.

Is the service well-led?

Systems were in place for checking on the quality of the service and making any required improvements.

The service was managed in a way that ensured people's health, safety and welfare were protected.

Staff reported feeling well supported by the manager and they had the opportunity to meet with the manager on a regular basis to review their work and discuss their development as workers.

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

More information about the provider

Please see our website 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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with people who used the service and they confirmed that they made decisions about their care and support and their daily routines. Staff described how they promoted people's independence and how they encouraged people to make choices about their care and support. Staff used terms such as 'support' and 'encourage' when describing how they assisted people. We found that staff were supporting the aims and objectives of the service in encouraging people to participate within their local community.

We asked staff to tell us about the needs of some of the people who used the service. Staff gave responses which indicated that they understood people's needs well and provided support based on people's individual needs and choices. Staff told us they were clear about the expectations on them to ensure people maintained choice and control and were supported to make decisions.

Staff had been provided with training in the Mental Capacity Act and how to support people who lacked the ability to make more complex decisions. The manager was knowledgeable about the Mental Capacity Act and was able to tell us about the actions they would take in order to ensure decisions were made in people's best interest if they lacked capacity to consent.

People who used the service had individualised and well detailed support plans. This indicated that people's preferences and choices had been listened to and were being respected and acted upon. Support plans included information about how to support people to communicate their needs and wishes and to express their choices. We also saw that staff used pictures and other means to support people in communicating their choices. People had been asked to sign their support plan as being in agreement with it. People had also been asked to sign their consent to other matters such as having their photograph taken or for staff to maintain their medicines.

The provider had a system in place for checking on the quality of the service and this

involved seeking the views of people who used the service on a regular basis. People who used the service were included in regular meetings about the service and we saw the minutes of these meetings. These were referred to as 'Tenant's meetings'. People were also involved in six monthly review meetings whereby their support was reviewed to ensure their needs were being met appropriately. People were also given the opportunity to complete surveys about the quality of the service. Actions were taken to make improvements to the service based on people's feedback.

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

Our judgement

The provider was meeting this standard.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People were provided with care and support which met their needs and protected their health and welfare.

We asked people questions about the care and support they received from the agency. People gave us good feedback about their support and said that they had no complaints.

We looked in some detail at the care and support provided to two people who used the service. In order to do this we met the people concerned, we spoke with staff and we looked at people's records. These records included support plans, risk assessments, and records about the support people had received from health and social care professionals.

We found that people were being provided with care and support that met their needs. Each person had an individualised support plan which included information on their skills and needs and any risks associated with their care. The support plans were well detailed and provided staff with the information they needed to support people appropriately.

We asked staff to tell us about people's needs. Staff gave us responses which indicated that they knew people well and were providing support based on people's individual needs and choices. We saw that staff had been required to sign people's support plans as having read and understood them.

People who used the service had a health action plan. These outlined the support people needed to remain healthy. We saw in records that people had been supported to see relevant health professionals such as GPs, district nurses and dentists on a regular basis. People had also been supported to see other relevant health professionals in line with their needs.

We asked people who used the service if staff were respectful towards them and protected their privacy and dignity and people told us that they did. We found that staff had a clear understanding about people's right to privacy and dignity. Staff told us they asked people what they wanted them to do in supporting them and sought people's permission before provided care and support.

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

Our judgement

The provider was meeting this standard.

People who used 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.

Reasons for our judgement

People who used the service gave us no indication that they felt unsafe or had any worries about the way they were treated. We asked people if they felt safe in their home and they told us they did. We asked people if they felt they could discuss any problems or concerns with staff or with the manager and people told us they could.

Members of the staff team told us they had received safeguarding training. Discussions with staff indicated they had a good understanding about the different types of abuse and about their responsibilities to report suspected abuse. Staff told us they would report suspected abuse without hesitation.

The manager was fully aware of her roles and responsibilities to safeguard people and of the actions to take in the event of an allegation of abuse.

An adult protection policy and procedure was in place. This included information about the responsibilities of staff to recognise and report abuse and about the requirements for staff to contact relevant authorities if they suspected abuse may have occurred. The provider may find it useful to note that the procedure did not provide a great deal of guidance for staff about dealing with allegations of abuse beyond reporting it. The details of this were discussed with the manager during the visit.

We looked at accident and incident reports. These had been appropriately recorded and action had been taken following incidents. The manager reported all accidents and incidents through to the company's head office as part of the provider's quality assurance process.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and support safely and to an appropriate standard.

Reasons for our judgement

We found that people who used the service were being supported by a small number of staff. This meant that staff consistency was good and people were being supported by staff who knew their needs well and with whom they could build working relationships.

Discussions with members of the staff team indicated they were supporting the aims and objectives of the service in encouraging people to make choices, use their skills, and use their local community.

We asked staff to tell us about the support they received to carry out their role. They told us they had received a good induction to the service and felt they had good training opportunities. Staff also told us they felt well supported by their colleagues and they felt the manager listened to them and gave them the support they needed to carry out their role effectively.

Records showed us that new staff had completed an induction prior to providing support to people and during discussions with staff they confirmed this and told us they thought the induction process was good and had prepared them for their work. The induction involved staff training on the policies and procedures of the agency followed by a period of shadowing more experienced staff members. Staff were required to undertake e learning training throughout their induction and were required to sign the agency's policies and procedures as confirmation that they had read and understood them.

Staff told us they were provided with the training they needed to carry out their role and that they had been supported to attain relevant qualifications. We looked at staff files and these contained training certificates. These showed that staff had been provided with training in topics such as: health and safety, food hygiene, safeguarding adults, mental capacity, fire safety, moving and handling, person centre planning, infection control and equal opportunities. We also saw that staff had undergone training in topics relating to the needs of the people who used the service. For example training in learning disability issues. The manager held a data base which provided an overview of the training staff had received. This was used to demonstrate the training staff had been provided with and to ensure staff received updated or refresher training as required.

Staff told us they attended supervision meetings on a regular basis. This was confirmed in records and in discussions with the manager. Staff also told us they attended team meetings on a regular basis and had daily hand over meetings. Staff supervision and team meetings provide an opportunity for staff to explore their practice, to develop as workers and to develop the service.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

Systems were in place for checking on the quality of the service and these included seeking the views of people who used the service.

The manager gave us an overview of how the quality of the service was being assessed and monitored. They informed us that people who used the service were surveyed about their experiences of the service. They also told us that they carried out regular audits on aspects of the service such as care planning and medicines management and we viewed the reports of these audits. Checks on the service were also carried out by an area manager and reports of their findings were produced. These identified areas for improvement and actions required. In addition to this the manager was responsible for keeping a number of data bases up to date regarding matters such as staff training, staff supervision, staff recruitment, care planning, accident reporting. These were submitted to the company's head office on a regular basis as part of the provider's quality checks.

We found that regular health and safety related checks were being carried out on behalf of people supported by the agency. For example fire safety checks and maintenance of equipment checks.

We found that people who used the service had detailed support plans which described their needs and how to meet these. The support plans we viewed were up to date and we saw that people had been invited to meet with staff to review their care package on a six monthly basis. The meetings involved the person concerned, staff, relatives and professionals involved in people's support. This was to ensure people were being provided with the right care and support that met their needs.

We asked people who used the service if they felt confident to approach the manager if they had any concerns or complaints about the service and they told us they did. The provider had a complaints procedure which was appropriately time scaled. We found there had been no complaints made about the service. People's feedback to us indicated that the service was being managed in people's best interests.

Practices were in place to reduce the risk of harm to people who used the service and to staff. We viewed incident reports and these raised no concerns with us and indicated that people were protected against receiving inappropriate and unsafe care and support.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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

Essential standard

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)

Regulated activity

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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