

Support to Lead Limited

Support to Lead

Inspection report

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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?

Good ●

Summary of findings

Overall summary

About the service

Support to Lead is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger and older adults with various needs including, people with physical disabilities, mental health conditions, learning disabilities and dementia. At the time of this inspection six people were using the service. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. Staff had received training in safeguarding people. People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. Medicines support was managed safely for individual people according to their needs.

Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff received training in infection prevention and control and told us personal protective equipment (PPE) was readily available to them.

Staff had the necessary skills to carry out their roles. Staff had regular training and opportunities for regular supervision.

People's needs were assessed prior to starting with the service and care plans were developed according to people's needs. People were supported to access healthcare services if required.

People and relatives told us staff were on time for their visits and if in a rare occasion staff were delayed, they were informed via telephone.

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.

People's views and decisions about care were incorporated when their care packages were devised. People's cultural and religious needs were met. The service promoted people to live as independently as possible and their care planning reflected this. People's right to privacy and dignity was respected.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people. The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The staff received training and support to enhance their skills and understanding in relation to maximising choice, promoting person-centred care and creating the right culture.

Care plans were detailed and person-centred. People had support with a range of indoor and outdoor activities where required. End of life wishes were generally discussed with people and their relatives; however, the wishes had not been documented as part of people's care planning. We have made a recommendation about the provider considering end of life wishes as part of people's care planning.

Audit systems were in place to monitor the standard of care people received. Staff, people and their relatives' views had been sought through regular contact, surveys and quality monitoring. Staff praised the registered manager and wider management team, they felt supported in their roles. People, their relatives and staff told us they would recommend the service.

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

Rating at last inspection

This service was registered with us on 09/06/2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staff recruitment. A decision was made for us to inspect and examine those risks.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective.

Details are in our effective findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Support to Lead

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 Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

Inspection activity started on 15 September 2021 and ended on 29 September 2021. We visited the office location on 15 September 2021.

What we did before inspection

We reviewed information we had received about the service since registration. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the provider, registered manager and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at governance systems.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. One person told us, "Yes, I feel safe with the carers, they are very good." Relatives added, "[Person] receives very safe care and support" and "[Person] is definitely safe."
- Staff had received training in safeguarding people. Staff we spoke with were confident to report concerns and satisfied that action would be taken to investigate the concerns. A staff member told us, "I would report any concerns to the manager. I could also report them to the local authority and the CQC."

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

- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. People's ongoing risk assessments were reviewed on a regular basis and when needs changed. A relative told us, "I think the service is going brilliantly and I hope it stays like this. They [service] meet [person's] needs. They [service] have updated all the equipment [aids] to [person's] needs. [Person] used to slip down the sofa, the staff noticed and they [service] got a comfortable chair delivered really quickly."
- No accidents or incidents had occurred since the service registered with the CQC; however, systems were in place for recording when required.

Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff were recruited prior to people starting with the service, and appropriate staff were recruited and matched to meet people's needs. Staff had the necessary safety checks in place before starting work and completed a full induction.
- Staff rotas confirmed staffing levels remained consistent, which meant the provider had sufficient systems in place to monitor staffing levels and ensure people received their visits. A relative told us, "There are enough carers and [person] has the same carers coming in."

Using medicines safely

- Medicines support was managed safely for individual people according to their needs. Relatives told us, "[Person] receives medicines regularly, if [person] refused to take it [medicine], they [staff] record and report it" and, "The carers administer the medication as and when needed, there are no issues."
- Staff were trained to administer medicines. Staff had to undertake training before they could administer medicines and received regular competency checks to ensure they administered medicines safely. One staff member told us, "Yes, I have had training in administering medication and [registered manager] has observed me administering medication."

Preventing and controlling infection

- Staff received training in infection prevention and control and told us personal protective equipment (PPE) was readily available to them. A staff member commented, "We have plenty of PPE and access to it. There is no problem whatsoever." A relative commented, "The carers always wear PPE."

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

- Staff had the necessary skills to carry out their roles. Staff had received an induction when they first started working at the service and training relevant to their roles had been provided. One staff member told us, "I had an induction, training in moving and handling, safeguarding, risk assessments, food safety etc. I did shadowing to get to know people and their routines. The induction was more than enough, and I have not done support work before, they [manager] explained everything."
- Staff had regular training and opportunities for regular supervision and observations of their work performance. Staff commented, "We have a lot of training and have access to [name of app], if we need anything [further training] we tell them [managers]."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed prior to starting with the service and care plans were developed according to people's needs. People and relatives were involved in their care planning, which was reviewed regularly or when people's needs changed. Relatives told us, "We met the carers before they started with [person], We have a good group of carers, they are very trained and know [person] well" and "Even though we do not live in [person's] house, we feel like we are in the house, because they [staff] keep us updated. They [staff] feedback on everything and we have regular reviews."
- Staff knew people's preferences, likes and dislikes. They provided support in line with legislation, standards and guidance to achieve effective outcomes. Information within care records included food preferences and preferences with daily routines. People told us they were able to choose between male and female carers to support them with their personal care.
- Effective nutrition and hydration support was provided for those who required support with their meals and drinks. People's care records contained relevant, up to date nutrition and hydration information for staff to follow.
- Staff were provided specific training to support people with individual needs. For example, the service was supporting a person who had a health condition which affected their swallowing. The service arranged staff training via the person's allocated nurse as well as training for the person's relatives to meet the person's eating and drinking needs. This led to positive outcomes for the person's health, such as gaining weight and improving their swallowing ability.

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

- People were supported to access healthcare services if required. Staff worked in collaboration with

people, their relatives and professionals involved in people's care. Records including health action plans (documentation that details people's health needs and contains other useful information) were provided to support people's hospital admissions.

- Timely care was provided. People and relatives told us staff were on time for their visits and if in a rare occasion staff were delayed, they were informed via telephone.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The service was working within good practice guidelines. At the time of the inspection none of the people supported by the service had a Court of Protection order.
- Staff received training in MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. One staff member told us, "MCA is about people living their normal lives as much as they can, assessing capacity about a decision, and if they [people] don't have capacity, having best interest decisions in place."
- Consent to care and support was sought. People's care records showed capacity assessments were undertaken and best interest meetings took place with people, their families and professionals.

Is the service caring?

Our findings

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

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

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

- Staff had received training in equality and diversity and they were committed to ensuring people were treated well. Staff knew people's history and preferences and used this knowledge to support them in the way they wanted.
- People's cultural and religious needs were met. Care planning included details of how people should be supported in line with their cultural and religious requirements. One person told us, "I go to the [place of worship] four times a day and they [staff] take me." A relative added, "The staff can speak in [person's] mother tongue and support with their religious needs and cultural diet. Many years [person] has been cut off from this with other agencies who could not meet [person's] needs, and now [person] is able to get back in touch with their needs being met religiously and culturally. [Person] is a lot happier, you can see it in them, [person] has put on weight also."

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

- People's views and decisions about care were incorporated when their care packages were devised. This helped staff to support people in a way that allowed people to have control over their lives and make day to day decisions. Staff told us, "I ask them [people] what they would like [for day to day decisions]" and "We [staff] show [person] items and they are able to make choices for themselves."
- People and their relatives told us they were involved in making decisions about their day to day care. A person told us, "Every day they [staff] ask me what I want, and I choose."

Respecting and promoting people's privacy, dignity and independence

- The service promoted people to live as independently as possible and their care planning reflected this. A staff member told us, "We [staff] encourage [person] to do things for themselves where [person] can. For example, we encourage [person] to hold a glass of water by themselves and pick up their food [off their plate] for themselves." A relative added, "Carers always ask [person] to do as much as [person] can, they [staff] support where needed."
- People's right to privacy and dignity was respected. A staff member explained, "When we are carrying out personal care, we close doors [to maintain privacy and dignity]." One person told us, "The carers always respect me a lot. They are kind and caring." A relative added, "I met all the carers and they are very caring, they [staff] genuinely care and you can see it, they are not just doing the job they actually care. They treat relatives with respect."

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans were detailed and person-centred. The care plans provided guidance for staff about how best to support people's needs and preferences. Staff completed daily care records for people, which showed staff were meeting people's individual needs as recorded in their care plans. Relatives told us, "The carers are really friendly, very personal and geared for my [relative]. They go the extra mile and treat them well" and "They [staff] meet relative's needs."
- People had support with a range of indoor and outdoor activities where required. People's care planning incorporated person-centred support with their day to day activities, and staff knew people's interests well. A member of staff told us, "[Person] likes to take part in activities including, listening to music, going to parks, playing with playdough, drives in the car, sponge ball games and colouring." A relative added, "The staff help us to keep in touch [with person] and there is constant communication."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was aware of the AIS and each person's specific communication needs were detailed in their care records. Information in different languages and easy read formats were available to people who needed them.

End of life care and support

- End of life care was not routinely provided. Staff had access to end of life training and end of life care could be facilitated alongside community healthcare professionals if required. The registered manager told us end of life wishes were generally discussed with people and their relatives. However, the wishes had not been documented as part of people's care planning.

We recommend the provider considers end of life wishes as part of people's care planning.

Improving care quality in response to complaints or concerns

- No formal complaints had been made and informal concerns were logged and addressed promptly. There was an up to date complaint policy in place and the provider ensured the quality of care could be assessed, monitored and improved upon.

- Relatives told us they had not needed to make formal complaints, however trusted the provider to follow up concerns and complaints. A relative commented, "Anything that crops up we nip it in the bud with the manager."

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Person-centred care was promoted. The registered manager and staff demonstrated a commitment to people, and they displayed person-centred values. People's choices were respected, and staff supported them to achieve good outcomes. A person told us, "I like the care [I receive] very much. The carer cares about me and always looks after me. Whenever I call, the carer is in front of me all the time." Relatives added, "It is professional and personal support, [person] is treated well and like a human being" and, "We would recommend the company."
- The culture was open and inclusive. Staff said they enjoyed their roles and the culture between staff and people was positive. Staff told us, "We all work well together. I would definitely recommend the company" and, "It is a great company, and [person's] care is very good."

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

- The registered manager understood their responsibility to let people and their relatives know if something went wrong under their duty of candour.
 - The registered manager worked effectively in partnership with other health and social care organisations and networks to build connections and achieve better outcomes for people using the service. For example, they worked with local community organisations to offer and support people to engage in community activities or events.

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

- Audit systems were in place to monitor the standard of care people received. Regular audits of people's care plans, daily logs and medicine records took place. Regular staff meetings took place, which also discussed and monitored the support people received.
- Staff praised the registered manager and wider management team, they felt supported in their roles. Comments included, "[Registered manager] is a wonderful person, very understanding, really nice, supportive and approachable. I can honestly say they are brilliant" and, "[Registered manager] is really good and helpful. I can approach them for whatever I need. Even if you do something wrong they are always there to help."

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

characteristics; Continuous learning and improving care

- Staff, people and their relatives' views had been sought through regular contact, surveys and quality monitoring. We reviewed the results of the surveys and found people were pleased with the service. Their comments included, "Staff always show kindness, respect and understanding. If a family member shows them [staff] how [person] likes a particular food made, they [staff] will try their best to make this for [person]. [Person] gets to see their [relative] regularly and the staff are very patient with [person's] personal care needs."
- The provider had recently introduced a forum known as 'coffee meetings' where people, their relatives and staff had an opportunity to meet in an informal setting. The meetings were used for discussions to increase well-being all round.