

## New Support Solutions Ltd

# New Support Solutions

## 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 

### Overall summary

This inspection took place on 15 and 20 May 2015 and was announced. New Support Solutions is a domiciliary care service and at the time of the inspection was providing personal care for four people living in their own homes.

At the time of the inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service told us they were happy with the service they received from New Support Solutions and felt safe using the service. The service had systems in place to manage risks to people and staff. Staff had good

# Summary of findings

awareness of how to keep people safe by reporting concerns promptly through procedures they understood well. Information and guidance was available for them to use if they had any concerns.

People told us that staff treated them with kindness, dignity and respect. People also said they were involved in decisions about their care and told us they had been asked for their views on the service. They said they felt they had been listened to. People's care and support needs were reviewed regularly with them. The registered manager ensured that up to date information was communicated to staff quickly to ensure they could provide appropriate care. Staff contacted healthcare professionals in a timely manner if there were concerns about a person's wellbeing.

Staff felt well supported by the registered manager and said they were listened to if they raised concerns and action was taken if necessary. Staff felt there was an open culture in the service and they were comfortable to approach the registered manager for advice and guidance.

Staff understood their responsibilities in relation to gaining consent before providing support and care and people's right to make decisions was protected. New staff received an induction and training in mandatory topics. People told us they felt staff were well trained for their role. The registered manager had enrolled all staff on the new Care Certificate award and staff had received refresher training in mandatory topics in accordance with the provider's policy.

The provider's recruitment procedures were robust and there was a system to ensure people received their medicines appropriately. The quality of the service was monitored by the registered manager through gaining regular feedback from people using the service and auditing of records. Staff were aware of how to deal with emergency situations and the provider had plans in place to deal with emergencies.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe. Staff had received training in safeguarding. They demonstrated a good knowledge of safeguarding procedures and reporting requirements. The provider had plans in place to manage emergencies.

The provider's recruitment procedures were robust. Risks were assessed and plans to manage identified risks were in place. Medicines were managed safely.

Good



### Is the service effective?

The service was effective. People were supported by staff who received relevant training to enable them to meet their needs. Staff met regularly with their line manager for support and to discuss any concerns.

People's right to make decisions about their care was protected by staff who understood their responsibilities in relation to gaining consent. Staff sought medical attention for people when appropriate.

Good



### Is the service caring?

The service was caring. People told us they were treated with kindness and respect. People were encouraged and supported to maintain independence.

People's privacy and dignity was maintained and people were involved in their care.

Good



### Is the service responsive?

The service was responsive. People had their needs assessed and were involved in planning their care. They were asked about their preferences and their choice was respected. People were supported in a personalised way.

People were asked to give feedback on the service and knew how to make a complaint or raise a concern if necessary.

Good



### Is the service well-led?

The service was well-led. There was an open culture in the service. People and staff found the registered manager approachable and told us she listened to them.

The quality of the service was monitored and people were asked for their views on the service. Staff had opportunities to say how the service could be improved and raise concerns if necessary.

Good



# New Support Solutions

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 and 20 May 2015 and was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that senior staff would be available in the office to assist with the inspection.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This service had not been inspected since it was registered in January 2014.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission to inform us of events relating to the service. We also reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we spoke with two people who use the service and one relative of a person who uses the service. In addition we spoke with a live-in care worker (not employed by New Support Solutions). We spoke with two members of staff and the registered manager. We looked at records relating to the management of the service including four people's care plans, policies and procedures, three staff recruitment files, training records and minutes of meetings. We requested feedback from local authority commissioners but did not receive any.

# Is the service safe?

## Our findings

People told us they felt safe when they were with the care workers and they were supported with their care needs in a safe manner. They said they knew who to report concerns to if they felt unsafe but had never had any need to do so. People also told us they never felt discriminated against, one person said, “No, I don’t have any reason to think that” and another “no, definitely not.”

The provider had a policy for staff to refer to regarding the safeguarding of vulnerable people and there was information on display in the office to remind staff of their responsibilities with regard to keeping people safe. Staff were able to tell us the signs that may indicate a person had been abused and described the actions they would take and how they would report it. One member of staff said, “I would reassure the person and let them know I was going to report it so something could be done. Then I would go straight to my manager and make a report.” Another described how they may need to involve the police or other organisations such as the Care Quality Commission (CQC) or local authority. The registered manager also had a very good knowledge of safeguarding procedures and ensured her knowledge was kept up to date by attending workshops and training frequently. For example during the inspection she received information about a workshop to explore how vulnerable people can become victims of ‘doorstep crime.’ She immediately booked a place to attend and told us she would pass on information she learnt to the staff team.

Staff were aware of the provider’s whistleblowing policy and told us they could raise concerns and they felt they would be listened to and acted on. Staff told us they were aware they could raise concerns outside of the organisation if necessary and had access to relevant contact numbers.

Risk assessments were carried out for each person and reviewed regularly. Individual risks such as those associated with moving and handling and assistance with medicines had been assessed. Consideration had also been given to risks such as those associated with missing medical appointments and making financial payments where this had been necessary. The home environment was also assessed and staff confirmed any identified risks were recorded in people’s care plans. They were then made aware of measures to be taken to reduce or manage the risks. Staff told us any changes in a person which may

present a risk were reported immediately. They confirmed the registered manager contacted all staff working with that person to ensure changes were communicated promptly. We saw changes were recorded in people’s care plans.

The provider’s recruitment processes were thorough. Checks had been carried out to establish the suitability of staff to work with vulnerable people. These included establishing proof of identity, conduct in previous employment, physical and mental fitness and disclosure and barring service (DBS) criminal record checks. There were sufficient staff available to keep people safe. The number of staff required was determined by the needs of the people using the service. Adjustments were made to staffing levels when the required support hours and needs of people changed. For example, one person had required a live-in care worker. This had been accommodated and staffing adjusted accordingly. The registered manager told us there was ongoing recruitment to enable the service to accommodate new requests to provide care.

The provider had a robust medication policy and staff had received training in the safe management of medicines and their knowledge had been tested. The registered manager and staff told us the competence of the care workers in supporting people with their medicines was checked frequently. On day one of the inspection no formal record of these checks was available on staff files. We discussed this with the registered manager who showed us how they recorded observation of care workers carrying out their work in daily care records. However following this discussion they took immediate action and on day two of the inspection they had introduced a formalised recording system to be kept on staff files. This identified individual aspects of the care worker’s role including assisting people with medicines and recorded the registered manager’s findings.

Appropriate plans to manage emergencies were in place. This gave staff direction to follow and helped to ensure people’s needs continued to be met during and after an emergency. Staff were familiar with the provider’s policies in relation to emergencies that may arise in people’s homes. They told us, “we have all the contact numbers for emergencies on the care file, we know who to contact and when.” They were also able to describe the action to take in the event of an emergency. The provider had a system to

## Is the service safe?

monitor accidents and incidents and staff were aware of the reporting processes they needed to follow if either occurred. At the time of the inspection no accidents or incidents had been recorded in the last year.

# Is the service effective?

## Our findings

People told us they felt staff had the necessary training and skills to look after them. One person said, “they seem to have the relevant training.” Staff received induction training when they began work and told us the registered manager was thorough and trained them well. They also told us they used on line eLearning for some of the training. They had completed mandatory training topics and where appropriate, had undertaken more specific training in relation to the people they cared for such as dementia care. The registered manager told us and records confirmed all staff including the registered manager had been enrolled to complete the new Care Certificate Award. The registered manager told us they thought it was important for all the staff even if they had completed similar training previously.

The induction for new staff also included the staff member being introduced to a person who uses the service (with their consent) and spending time talking to them. The registered manager observed the interactions to assess the rapport being established and the care worker’s approach. They told us this also allowed the person to ask the new care worker questions to establish if they thought they were compatible. One member of staff told us they thought this process was, “really useful.” They went on to say, “they (the person who uses the service) were told all about me and then I got to spend time with them, talking and asking questions so they got to know me and I got to know them.”

New members of staff completed shadow shifts. During these shifts they observed an experienced member of staff working with people. They were then observed by the registered manager carrying out their duties to ensure they performed them to a good standard. Staff were offered the opportunity to gain nationally recognised qualifications and this was discussed with them individually during their one to one meetings with their manager.

Staff told us they felt “very supported.” One staff member said about the registered manager, “She really, really gives a lot of support, she pushes us to learn and upgrade ourselves.” Staff had regular one to one meetings with their line manager and there was a system which ensured there was an ongoing programme of planned meetings for each member of staff. These meetings provided an opportunity to discuss their work and one staff member said, “Every month we have a supervision (individual meeting with the manager) and spot check. Esi (registered manager)

discusses what best practice is and explains things. She asks the client if we are performing well.” Spot checks were carried out regularly on the practical work of staff. When issues or concerns were identified they had been addressed with the staff member.

The registered manager had a good knowledge of the Mental Capacity Act (2005) (MCA). The MCA legislation provides a legal framework that sets out how to support people who do not have capacity to make a specific decision. The registered manager was able to tell us how people’s capacity was considered when making decisions about their care. They described how a decision would be made in a person’s best interests if they were unable to make decisions themselves. Staff had completed training on the MCA and were aware of their responsibilities to ensure people’s rights to make their own decisions were promoted. Staff told us they sought people’s permission before helping them with their personal care, “Every time I go to a person I check they are happy for me to help them.” People had been asked if they gave their consent for care and support to be provided in line with their care plans. Whenever possible people had signed their care plan to indicate their consent.

Staff told us when people required support with eating and drinking it mainly involved heating up ready prepared meals or making sandwiches snacks and drinks. They said they supported people to choose what they wanted to eat and drink before preparing it. People also told us staff ensured they had enough to eat and drink and records showed people’s food and fluid intake was monitored. People told us that staff left snacks and drinks within reach so they could help themselves and one relative said, “The staff always encourage her to drink more to ensure she does not get de-hydrated.” staff had received training in safe food handling practices.

Staff sought medical attention for people when necessary. For example, they contacted people’s GP or other healthcare professionals if they had concerns about a person’s well-being. One person told us, “If they were concerned about my wellbeing, they would do so (call for medical attention).Once I was unwell and the staff got medical professionals to attend immediately.” A relative said, “they have summoned medical assistance in the past. One night my family member had chest pains and the staff called 111 and the doctor came out to see her.”

# Is the service caring?

## Our findings

People told us they were happy with the care they received. One person said, “Yes, they are caring” and a relative told us, “They are lovely, they are really nice.” Staff explained to us how they provided support to people in a caring way. For example, one care worker said they, “wanted to make people happy.” They told us in order to do this they made sure they respected people and did things the way they wanted. A live-in care worker (not employed by New Support solutions) said, “They are respectful of the service user. They take great trouble sticking to the routine. They are clean and tidy workers – in appearance and the way they leave the house. They are perfectly fine.”

People had consistent members of staff who visited them. This was confirmed by a relative who said, “a small consistent team has been in place since the contract started. They all know what (name) likes and doesn’t like.” The registered manager explained that when a care package was being planned they established a team of care workers with the required skills and matched them to the person needing care. This team visited the person on a regular basis ensuring continuity and consistency of care for the person. This also meant continuity was maintained when staff took leave.

People told us that staff showed them respect and their privacy and dignity was protected. They told us that care

workers made sure doors were closed and when necessary curtains were drawn. Staff described how they checked with people to find out how they liked to be addressed and gave examples of how they provided privacy and dignity while supporting people with personal care. Such as, closing doors and making sure people were covered appropriately. Care workers told us they supported people to maintain their independence and encouraged them to do things for themselves. One gave an example of how a person was encouraged to use a facecloth to wash their face even though they could not manage other aspects of personal care independently. Another member of staff told us they thought it was important to encourage independence as it “made people feel good.” A person who uses the service told us, “They work through options to encourage me to be independent.”

People had been involved in planning their care and involved in decisions about how their care was delivered. When asked about their involvement comments included, “yes absolutely” and “yes – 100%.” They told us they had been consulted if things changed and if necessary they could make changes themselves. One person said, “I just need to send a text message if I need to make any changes.” A relative told us, “I am in contact with the registered manager several times a week for routine stuff. Yes absolutely we can change things.”



# Is the service responsive?

## Our findings

People had their care needs assessed before they received support from the service. This included their personal history, details of their social interests and the hobbies they liked to pursue. The assessment carried out led to the development of a care plan that was personalised and focussed on what people wanted from the service. People told us they had been involved in making choices about their care. One person said, “I am given options and I choose.” Another commented, “They do exactly what I have asked them to do.”

Reviews of people’s care plans were carried out regularly. For example, one person said their needs were being re-assessed on an on-going basis as it was an evolving situation and commented, “I am 100% involved with reviews.” A relative told us, “When anything crops up, we discuss it with the manager. We are invited as relatives at reviews. The last formal review was in January.”

People were asked for feedback on the service at their review meetings and during the quality assurance spot checks carried out by the registered manager. A staff member explained, “the registered manager checks with the client if we are looking after them well and if we are doing a good job or if they want anything changed.” Records indicated where an issue was raised it was discussed and action taken if necessary. This was confirmed by people who use the service and their relatives

who told us, “I make suggestions, if there is a solution they will do their utmost to find it,” and “any suggestions we make are acted upon. They will give a satisfactory explanation as to why some suggestions cannot be acted upon.”

Staff had up to date information about people and their needs. They told us they were informed of any changes promptly either by text message or email. People confirmed they always received their visits and said that staff arrived promptly. People’s interests were considered and time was spent with people supporting them with their interests. For example, one person liked to have their nails manicured and another liked to spend time in the garden. These were incorporated into the care plans with guidance for staff in supporting these activities.

We were shown the provider’s complaints policy. There was a system for recording and dealing with complaints. However, no complaints had been received by the service in the last year. Staff told us the registered manager encouraged people to raise concerns if they were not happy with something and people said they knew how to make a complaint and raise concerns. One person said, “It’s a brilliant service. I can’t fault it. I haven’t a bad word to say about it. I am the sort of person that would raise a complaint if I am not satisfied. I feel I am very lucky.” People and their relatives told us they would feel comfortable raising concerns if they thought it necessary.

# Is the service well-led?

## Our findings

At the time of the inspection there was a registered manager in post and there had been no changes to the manager since the service registered with the Care Quality Commission (CQC) in January 2014.

The quality of the service was monitored by the registered manager and records confirmed people had been asked if they were satisfied with the service and if they would like to change anything. Audits of the service were carried out and included quarterly outcome reports completed with people who use the service, medication administration records and care records. A quality satisfaction survey had recently been completed by people who use the service but at the time of the inspection the registered manager had not analysed the results. They told us they would be completing this in the near future. The results would be used to draw up an action plan to promote improvement of the service. The service had been awarded a 'Support with Confidence' certificate from two local authorities. The registered manager told us this had been awarded only after completion of a lengthy audit process to check the quality of the service.

We asked people if they felt the service was well led and people told us they felt it was managed very well. One person said, "It's very good, very organised. Any questions raised are answered very quickly." A relative commented, "It

seems to be well managed. Communication is good. We get all the regular paperwork in a timely fashion." People told us they were asked for their opinions or suggestions for improving the service. When asked one person said, "yes, and I give them a straight answer." A relative said, "yes, we constantly discuss things."

The registered manager told us they maintained an open door policy and encouraged staff to contact them for advice and support whenever they needed to. Staff confirmed they were able to do this and told us they found the registered manager approachable. They also felt they were listened to. One said, "She is an easy person to talk to, she is very straight when she needs to tell you something but she will always listen."

Staff told us they had opportunities to say how the service could be improved and/or raise concerns during one to one meetings with their line manager and at staff meetings. People, their relatives and staff all told us they had regular contact with the registered manager who often worked alongside the staff in people's homes demonstrating good practice. They told us they could raise anything at any time with her and she was always willing to share knowledge and advice. They felt there was an open culture in the service and one said, "We are trained to work together" and another commented, "We get on well and all work together as a team."