

Support Care Services Ltd

Support Care Services

Inspection report

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Tel: 02086830395

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

Support Care Services was first registered with the Care Quality Commission (CQC) in July 2017. This is the first inspection of the service since registration. This inspection took place on 31 July 2018.

Support Care Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection four people were using the service. CQC only inspects the service being received by people provided with 'personal care', that is help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service had 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.

At this inspection we identified issues which indicated that the registered manager's current knowledge and understanding for meeting these requirements was inconsistent. Staff did not receive all the training they needed, at the appropriate time, to help them meet people's needs effectively. However, they were provided regular opportunities by the registered manager to reflect on their work practice and identify how they could improve in their role.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005 and found staff had not received relevant training about their responsibilities in relation to the Act. All the people using the service at the time of this inspection could make and consent to decisions about their care and support. However, there was a risk staff may act unlawfully if a person became unable to make an informed decision or consent to their care and support.

The provider carried out checks of staff's suitability and fitness to support people as part of their recruitment arrangements. However, they did not routinely check the authenticity of references provided in support of staff's applications which meant they did not have all the assurances they needed about staff's suitability to support people. The registered manager said they would be taking immediate action after this inspection to rectify the issues we found.

In relation to other aspects of their role, the registered manager demonstrated good awareness of their registration responsibilities particularly with regards to submission of statutory notifications about key events that occurred at the service. People spoke positively about the registered manager and said they were approachable and available when needed.

People were safe when being supported by staff. Staff were supported to take appropriate action to ensure people were protected if they suspected they were at risk of abuse. Staff had access to current information

and guidance on how to minimise identified risks to people due to their specific needs. This helped to keep people safe from injury or harm.

There were enough staff to meet people's needs. People experienced continuity and consistency in the support they received from staff. Staff followed good practice to ensure risks to people were minimised from poor hygiene and cleanliness when providing personal care and when preparing and handling food.

Staff supported people to take their prescribed medicines and to eat and drink sufficient amounts to meet their needs. Records maintained by staff after each scheduled visit were limited and did not always help to keep others well informed and up to date about people's current health and wellbeing. However, when staff had a concern about this they took prompt action so that appropriate support could be sought for the person. The registered manager was working with staff at the time of this inspection to improve the quality of the records they maintained

People commended staff for their conduct and care. Staff provided support that was dignified, respectful and which maintained people's privacy. They also supported people to be as independent as they could be and wanted to be. Where they were responsible for this, staff helped people to engage and pursue activities and personal interests to help promote their overall wellbeing.

People's needs had been assessed in line with current legislation and standards. People contributed to the planning of their care and support. Their care needs and specific preferences for how these should be met were set out in their support plan. People's needs were reviewed with them. Their support plans were updated as their needs changed to ensure staff had up to date information about the support people required.

People were satisfied with the care and support they received. People knew how to make a complaint if needed and the provider had appropriate arrangements in place to deal with these.

The provider sought people's and staff's views about the quality of care and support provided and how this could be improved. They used this information along with other audits and checks to monitor and review the quality and safety of the support provided. Any shortfalls or gaps identified through these checks were addressed promptly.

The provider worked in partnership with healthcare professionals involved in people's lives to develop and improve the delivery of care. This helped to ensure people continued to receive the appropriate care and support they required.

At this inspection we found the provider in breach of legal requirements with regards to requirements relating to registered managers and staffing. You can see what action we told the provider to take with regard these breaches at the back of the full version of the report. We have also made a recommendation about staff training on the subject of the MCA.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. The provider carried out checks on staff's suitability to support people. But they needed to improve their processes for validating the authenticity of references provided.

Staff were supported to take appropriate action to protect people from abuse. Risks to people had been assessed and plans were in place that instructed staff on how to ensure these risks were minimised.

There were enough staff to meet people's needs. People received their medicines as prescribed. Staff followed good practice to reduce infection risks to people when providing personal care and when preparing and handling food.

Is the service effective?

Requires Improvement ●

The service was not always effective. Staff did not receive all the training needed to meet people's needs. However, they were supported to reflect on their practice and identify how they could improve in their role.

Staff had not been trained in the MCA so they were unaware of their responsibilities under the act.

Records maintained by staff were limited and did not keep others informed and up to date about people's current health and wellbeing.

People's needs had been assessed in line with current legislation and standards. Staff had relevant information about the care and support people required at each planned visit.

Is the service caring?

Good ●

The service was caring. People were satisfied with the staff that supported them and commended them for their conduct and care when providing support.

People were supported by regular staff that they were comfortable and familiar with.

Staff treated people with dignity and respect and people were supported to be as independent as they could be.

Is the service responsive?

Good ●

The service was responsive. People contributed to the planning of their care and support. Support plans reflected their choices and preferences for how this was provided. Support plans were reviewed with people to identify any changes that were needed.

Where staff were responsible for this they supported people to engage and pursue activities and personal interests to promote their overall wellbeing.

People were satisfied with the support they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Requires Improvement ●

The service was not always well led. The registered manager's current knowledge and understanding of legal requirements was inconsistent based on issues we found at this inspection.

However, they did undertake checks of aspects of the service to review quality and safety in these areas. People said the registered manager was approachable and available when needed.

The provider sought people's and staff's views about the quality of the service and how this could be improved.

The provider worked in partnership with healthcare professionals involved in people's lives to develop and improve the delivery of care.

Support Care Services

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 checked 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 was announced and took place on 31 July 2018. We gave the provider 48 hours' notice of the inspection because senior staff are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that senior staff would be available to speak with us on the day of our inspection. The inspection team consisted of a single inspector.

Before the inspection we reviewed the information we held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send us about significant events that take place within services.

During the inspection we visited the provider's office and spoke to the registered manager. We looked at four people's care records and four staff records. We also looked at other records relating to the management of the service, including the service's policies and procedures.

After the inspection we contacted the four people using the service and their relatives and asked for their feedback about their experience of using the service.

Is the service safe?

Our findings

Arrangements were in place to safeguard people from abuse. Staff had been provided recent training in how to safeguard adults at risk. The provider had a safeguarding policy and procedure. This instructed staff to report any concerns they had about people to the registered manager or to another appropriate authority such as the local council or to the Police. The registered manager told us no safeguarding concerns about people had been reported to them since the service started operating in July 2017. A relative told us their family member was safe when being supported by staff.

Incidents involving people were documented and reported promptly by staff to the registered manager for them to review and take appropriate action where required. We noted following a recent incident involving a person using the service, the registered manager had carried out an investigation and the person had been fully involved in this. The person was supported by the registered manager to understand the risks involved in some of the choices they made so that they were informed about how these could impact on their safety and wellbeing.

People's records showed the registered manager had undertaken assessments with people to identify any risks posed to them from their specific healthcare conditions and needs. Staff were provided guidance on how to reduce identified risks to people. For example, we saw for one person who needed support from staff to move and transfer, staff were instructed on how to do this in a safe way to reduce the risk of the person being injured from inappropriate handling. The registered manager monitored and reviewed information about risks posed to people and updated people's records when these changed. This meant staff had up to date information about how to ensure people's safety when providing care and support.

There were sufficient numbers of staff to support people safely. The registered manager planned the staffing rota a month in advance and ensured all staff were sent a copy of this, so they were informed in a timely manner of the times and dates of their allocated visits to people. Staff were provided with the provider's lone working policy so that they were aware of the steps they should take to ensure their own personal safety when working alone with people.

The provider checked that staff employed to support people were suitable. Records showed the registered manager carried out checks on staff which included obtaining evidence of; their identity, right to work in the UK, training and previous experience and criminal records checks. Staff also completed a health questionnaire which was used to assess their fitness to work. A minimum of two references had been taken up for each staff member from a former employer and/or from a person that knew the staff member well and could vouch for their character. We noted referees completed the provider's own form when submitting a reference. Although they had been signed, where these had been submitted by the staff member's former employer these were not accompanied by a stamp to validate the authenticity of the reference. We discussed this with the registered manager who informed us they would change this aspect of the recruitment process to seek additional assurances about the validity of references provided.

Where staff were responsible for this, they supported people to take their prescribed medicines. Staff had

received training in medicines administration. There was good information on people's records about their prescribed medicines including pictures and prompts to help staff easily identify the medicines they were required to administer. There was also information on how to recognise any adverse effects that people's medicines could have on them and what staff should do in these circumstances to seek appropriate support for people. Records showed staff recorded what medicines people were given and when. The registered manager reviewed these records monthly to seek assurances medicines had been administered appropriately by staff.

Staff were supported to minimise risks to people that could arise from poor hygiene and cleanliness. They had received training in infection control and the registered manager ensured all staff had access to supplies of personal protective equipment (PPE) to reduce the risk of spreading and contaminating people with infectious diseases. Staff had also received training in basic food hygiene, so they were aware of the procedures that needed to be followed when preparing and storing food to reduce the risk of people acquiring foodborne illnesses.

Is the service effective?

Our findings

People had not always received support from appropriately trained staff. We looked at records for three staff members employed by the service between February and March 2018. These staff members had limited prior experience of working in a health and social care setting. They had received coaching and support from the registered manager in how to undertake their duties as part of their induction to their role, before working unsupervised. However, they did not receive formal training in topics relevant to their role until May 2018, so the skills and knowledge acquired in the interim may not have been current and up to date with best practice to ensure people received appropriate, effective support to meet all their needs.

In May 2018 all staff had received training in; person-centred care, food and hygiene, infection control, medication, manual handling, pressure area care, safeguarding adults, privacy and dignity, fire safety and dementia. Staff also received a presentation on the Care Certificate standards to help them prepare for this required training. The Care Certificate is a nationally recognised learning tool to support staff new to care. However, we noted that specialist training in areas specific to the needs of people using the service had not been provided, for example, training in supporting people with a learning disability, autism, mental health needs and challenging behaviour. This meant staff had limited knowledge with regard best practice in these areas, so people were not fully supported to experience effective outcomes in relation to their specific needs.

These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Notwithstanding the issues above, staff had regular supervision meetings with the registered manager which enabled them to reflect on their work practice, discuss any issues or concerns they had and to identify how they could improve in their role through further personal development.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Any application to do so must be made to the Court of Protection.

The registered manager told us they had attended training in the MCA but checks of their training certificates showed this had not been completed within the last two years. None of the staff employed by the service had received recent training in this topic. At the time of this inspection, records showed all the people using the service could make and consent to decisions about specific aspects of their care and support. However, in the absence of current up to date knowledge about the MCA and associated code of practice, staff may act unlawfully if a person became unable to make an informed decision or consent to their care and support.

We recommend the provider finds out more about training for staff, based on current best practice, in relation to their role and responsibilities regarding the MCA and associated code of practice.

People's records showed that their needs had been assessed to determine the level of support they required, and this was delivered in line with current legislation and standards. For example, people's choices and decisions about when, how and from whom they received care and support helped to inform their package of support. This information was used by the registered manager to develop support plans for each person so that staff had appropriate and relevant information about the care and support people required at each planned visit.

Where staff were responsible for this, people were supported to eat and drink sufficient amounts to meet their needs. Records showed information had been obtained from people about their dietary needs and how they wished to be supported with these. Staff were aware of people's preferences for food and drink and ensured these were met. We saw a good example of this for two people who were supported to eat foods that were culturally specific to them. Although staff recorded they had supported people with their food and drink at each visit, they did not as a matter of course note what and how much people had eaten or drank. This meant there was limited information for them and others involved in people's care to be assured they were eating and drinking enough to meet their needs.

Staff also recorded their observations about people's general health and well-being. We saw when a concern about a person's health and wellbeing was identified this was documented. However, it was not always clear what action staff had taken to support the person in these instances. For example, we saw for one person they had advised staff at a visit that they were in pain, which staff had recorded. But staff did not record how the person had been supported with this. Through discussions with the registered manager we established they had been informed by the staff member of their concern at the time and the registered manager had acted promptly to ensure the person had received appropriate pain relief. The registered manager acknowledged however this action was not documented and as such could appear that the person had not received the support they had needed at that time. The registered manager told us they were already aware that improvements were required in the quality of information recorded by staff about the support provided to people at each visit. They were working with staff through supervision and staff meetings on how this could be improved. This should ensure that all involved in people's care were kept well informed and up to date about people's current health and wellbeing.

Is the service caring?

Our findings

The registered manager took steps to ensure wherever possible people received care from the same staff to ensure continuity and consistency of support. Records showed people received support from the same core group of staff during weekdays and at weekends. This helped people develop positive relationships with staff that they could become comfortable and familiar with. People could specify who they preferred to be supported by and the registered manager wherever possible tried to ensure this need was met. We saw a good example of this for one person who asked if at least one of the staff members that supported them, could be from a similar cultural background to them. The registered manager had actively recruited a new staff member to meet this need for them.

People were satisfied with the staff that supported them. A relative said about staff, "The staff are kind and caring. They take their time with [family member] ...they listen and do a very good job...they do everything respectfully." The provider had undertaken a quality survey with people using the service in June 2018. We saw from all the responses received, people rated staff highly and commended them for their conduct and care when providing support.

People's responses from the provider's quality survey also indicated that staff treated them with dignity and respect and maintained their privacy. The registered manager, who worked hands on providing care and support to people, told us the various ways they ensured people's privacy and dignity particularly when they were being supported with aspects of their personal care. For example, they said they asked people for their permission before being provided with support, offered choice and gave people the space and time they needed to do things at their own pace. This demonstrated staff were sensitive to people's needs and discreet when providing care and support.

People were supported to be as independent as they could be. People's support plans set out their level of dependency and the specific support they needed with tasks they could not undertake without help, such as getting washed and dressed. Staff were encouraged to prompt people to do as much for themselves as they could to help them to retain control and independence over their lives.

Is the service responsive?

Our findings

People received care and support that was tailored to their needs. Records showed that people and those involved in their care contributed to the planning of their care and support package. This helped to ensure that people's decisions and choices were used to inform the care and support provided to them. People's records contained current information about the support they needed from staff with their personal care needs, their dietary needs and their physical and psychological health needs. Support plans reflected people's preferences for how and when they received support. People's care and support needs were reviewed with them. When changes to their needs were identified through these reviews, people's records were updated promptly so that staff had the latest information about how to support people appropriately.

Where staff were responsible for this, they supported people to take part in activities or pursue interests that were important to them. This included supporting people to take trips and participate in activities out in the community. This helped to ensure people's social and physical needs were met to positively promote their health and wellbeing

The registered manager monitored people's feedback through quality surveys, telephone monitoring calls and home visits to check that people received timely and responsive support from staff. People had been provided with appropriate contact numbers to call the service during business hours and 'out of hours' if staff failed to arrive on time for a scheduled visit or if they had any other issues or concerns about the support provided. People's responses from the recent quality survey indicated no concerns about the timeliness of staff when attending scheduled visits.

People's responses from the provider's recent quality survey indicated that people were satisfied with the care and support provided to them. The provider had arrangements in place to deal with people's concerns or complaints if they were unhappy with any aspect of the support provided. People were provided appropriate information from the provider about what to do if they wished to make a complaint. This set out how people's complaint would be dealt with and by whom. Records showed when a concern or complaint had been received, the registered manager had investigated, provided appropriate feedback to the person making the complaint and offered an apology where this was appropriate.

Is the service well-led?

Our findings

The service had a registered manager in post. A relative told us the registered manager was approachable and available to speak to whenever needed. They said, "She's a very good manager and really tries her best to support [family member]."

The registered manager was responsible for ensuring that legal requirements, set out in the Health and Social Care Act 2008 and associated Regulations, were met. At this inspection we identified issues which indicated that the registered manager's current knowledge and understanding of legal requirements was inconsistent. This is because we found staff did not receive all the training needed, at the appropriate time, to help them meet people's needs effectively. The lack of training in the MCA introduced risks of staff acting unlawfully if a person's ability to make decisions about their care and support, changed. Recruitment arrangements were not as robust as they could be to ensure only suitable staff were employed to support people.

We discussed the issues we found with the registered manager who responded positively to our feedback. They acknowledged they had not been as thorough as they should have been in ensuring all legal requirements were met and were clear about the areas where they needed to improve the quality and safety of the service. In relation to other aspects of their role, the registered manager demonstrated good awareness of their registration responsibilities and when to submit statutory notifications about key events that occurred at the service as required. This was important as we needed to check that the provider took appropriate action to ensure people's safety and welfare in these instances.

Despite the actions the registered manager said they would take to improve, the issues above were a breach of Regulation 7 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Notwithstanding the issues above, we found the registered manager undertook checks of aspects of the service to review quality and safety in these areas. For example, we saw people's care records were reviewed regularly and were current and accurate. This ensured people's support plans and associated risk assessments provided staff with up to date information about the support people required and how this should be provided in a safe and appropriate way. The registered manager undertook monthly medicines audits to review staff's competency in this area. They also undertook a programme of unannounced spot checks to people's homes to observe staff's working practices when undertaking their duties. Where any gaps or shortfalls were identified through these checks prompt action was taken by the registered manager to remedy these including supporting and encouraging staff to learn from mistakes.

The provider sought people's and staff's views about the quality of the service. They used feedback obtained from people through spot checks, telephone monitoring checks and through quality surveys to seek people's feedback and views about how the service could be improved. Staff were provided opportunities to give their views about the quality of the service through individual supervision and regular staff team meetings. These arrangements helped the provider to understand the level of satisfaction people and staff had with the service and to identify areas of the service that needed to improve based on their feedback.

The provider worked in partnership with healthcare professionals involved in people's lives to develop and improve the delivery of care. We saw a good example of this where the registered manager had recently worked collaboratively with a person's allocated local authority care manager to review the package of support provided and identify and agree how this could be improved to meet the person's ongoing and future needs. This helped to ensure people continued to receive the appropriate care and support they required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 7 HSCA RA Regulations 2014 Requirements relating to registered managers</p> <p>The provider had not ensured the registered manager has the necessary qualifications, competence, skills and experience to manage the carrying on of the regulated activity (7(2)(b)).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had not ensured staff receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform (18(2)(a)).</p>