

Support + Healthcare Services Ltd

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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 + Healthcare Services is a domiciliary care agency which is registered to provide personal care and support to people in their own homes. The service is registered to provide support to older people, people living with dementia and people with mental health support needs, a learning disability, a physical disability, those with a sensory impairment and to younger adults. At the time of our performance review and assessment, the service was supporting 11 older people, some of whom were living with dementia. 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 satisfied with the care and support they received and told us they had no complaints.

There were sufficient staff employed to undertake care calls to people. People received their care calls during the agreed time slots, and on occasions when staff were running late, people were advised of this by a phone call.

Staff were recruited in a safe way and had been trained. People described staff as caring and kind and felt they had the skills needed for the job role. Staff knew how to care for people in a safe way because risks had been assessed. Staff were trained to protect people from the risks of abuse. Staff knew how to report any concerns they might have.

People received their medicines as prescribed. People had individual plans of care and staff provided personalised care and support.

The provider had quality check systems in place to monitor the services provided.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: Model of Care and setting that maximises people's choice, control and independence

People were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service did support least restrictive practices.

Right Care: Care was person-centred and did promote people's dignity, privacy and human rights.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff did ensure people using services led confident, inclusive and empowered lives.

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.

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

Rating at last inspection and update

The service was registered with us on 29 October 2021 and this is the first inspection.

Why we inspected

This was a planned inspection of this newly registered service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Support + Healthcare Services

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

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

Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection to ensure the registered manager and staff would be present and available to speak with. Inspection activity started on 18 January 2023 and ended on 20 January 2023. We visited the office location on 18 January 2023.

What we did before the inspection

We checked the information we had about the service including notifications they had sent us. A notification is information about incidents or events that providers are required to inform us about. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to help plan our inspection.

During the inspection

We met and spoke with the registered manager, 2 staff members and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Following the office visit we spoke with 1 person to seek their feedback on the service provided. We reviewed a range of records including 3 care records, 3 staff recruitment records and staff training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring tools and audits.

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 of 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

- Systems were in place to protect people from the risk of abuse or harm. Staff at the service had received safeguarding training and were able to tell us how they would report the possible risk of abuse. One staff member told us "I feel very confident in reporting any abuse to my manager or other agency."
- Staff had access to the provider's safeguarding and whistleblowing policies to guide them.
- People told us that they felt safe and could raise safeguarding concerns. One person told us "I feel very safe and confident when staff are here."
- The service had safe and effective systems in place to help monitor and manage people's money. There were clear processes staff followed when supporting people in financial transactions, for example; buying food shopping. These systems helped reduce the risk of financial abuse to people.
- Procedures were in place for staff to follow if they could not contact people for their planned call times. This meant that the provider could ensure people's whereabouts and that they were safe.

Assessing risk, safety monitoring and management

- People's care plans contained important information relating to their individual risks, such as a risk of falling, along with any environmental risks, such as if the person had pets or smoked.
- Where people required equipment to keep them safe, care plans confirmed important information including how staff were to support the person with their care.
- Staff received training in how to use equipment. This included specialist equipment such as hoists and how to safely move and transfer someone should they require this support from the member of staff.

Using medicines safely

- People were supported by trained staff to take their medicines, where this was an agreed part of their care and support.
- Medication administration records (MARs) were in place for people's prescribed medication and topical preparations such as creams. MARs directed staff what medication to give and administrations had been signed for.
- Competency assessments were completed by care supervisors to ensure staff followed safe practices when handling medication.

Learning lessons when things go wrong

- There were systems in place to manage, monitor and support learning from accidents, incidents and safeguarding.
- Staff understood the importance of reporting and recording accidents and incidents and how best to

respond.

- Accidents and incidents were monitored by the registered manager on a regular basis to identify themes and trends as a way of preventing recurrence.

Staffing and recruitment

- Staff were recruited safely. The provider completed pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- People told us they always knew which staff were coming and had no concerns with staffing levels. One person said, "I nearly always have the same staff."

Preventing and controlling infection

- The service had a clear infection prevention control (IPC) policy in place to guide staff.
- Staff had completed IPC training and told us that this supported them in their roles to keep people safe from possible infection.
- Staff told us that they had access to personal protective equipment (PPE) to help keep them and the people they support safe.
- People's care records directed staff to ensure that PPE was worn when providing personal care to people.
- We were assured that the provider was responding effectively to risks and signs of infection.

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 of 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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to the provision of care. This was to determine what the person's needs were and to assess if the service could meet those needs. Assessments were carried out in line with guidance and legislation, for example, they covered needs related to protected characteristics such as religion and sexuality.
- The registered manager told us they involved people in their assessments, as well as relatives, where appropriate.

Staff support: induction, training, skills and experience

- New staff to the service were provided with an induction, training and shadowing opportunities. Staff told us that this helped them to feel confident in their new role.
- Staff who did not have previous experience in care were offered The Care Certificate training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were provided with ongoing training, competency assessments and support from the management team in their roles. Staff felt able to request additional training if they needed it. Staff comments included "The management are really supportive, and the training is very good."
- Staff received supervision and direct observations to support them in delivering good quality care to people.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported, if required, by staff to receive a balanced diet and stay hydrated. Staff respected people's wishes and gave them different options. One person told us, "They [staff] know how I like things made and I am never without a cup of tea."
- Staff were able to give examples of how they supported people. One member of staff told us, "It's important to always offer choice and keep communicating."
- Care plans contained important information. For example if the person required support and assistance with their meals including information, such as, on any portion size requirements.

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

- People's care plans contained important information relating to any equipment, such as specialist beds or moving and handling equipment. Where people had an identified health and social care professional

involved, details were recorded within their care plan.

- People were supported by staff to seek medical attention should this be needed. Referrals were also made to health and social care professionals when required.
- The registered manager confirmed the service worked in partnership with health care professionals when the need arose.

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 MCA 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.

- People were supported to make choices and decisions about their care. The management team spoke passionately about promoting people's independence and choice.
- Where people had capacity, they had signed an agreement and consented to receive care and support.
- Where people were unable to consent to their care, the service had involved relatives, lasting power of attorneys and professionals to support the least restrictive solutions.
- We judged through conversations with staff and people, that the service had a good understanding of how to gain people's consent and that this was happening prior to offering care or support.

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 of 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

- People were supported by staff who they knew, and who knew them well. People were aware of which staff member was supporting them each time. One person told us, "I have the same carer. If for any reason they [staff] cannot come, I am told, and we rearrange or have a different carer who knows me."
- People were positive about the staff. One person said, "I think the staff are lovely, friendly, kind. They are always polite and respectful."

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

- People told us staff listened to them and involved them in the daily decisions about their care.
- People were involved in the development and review of their care plans. People's feedback was sought around their care needs, choice and preferences.
- Staff described how they sought people's feedback when they provided personal care and how they encouraged people to express their views. One staff member told us "I believe it is important to talk through what I'm doing so there are no shocks and it is done in line with the person's preferences."
- The service welcomed feedback on the quality of care provided to ensure that it was caring and effective and could demonstrate what action had been taken in response.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity and their independence was promoted. Staff understood the importance of respecting privacy and dignity and told us how they did this. One member of staff said, "We close the door when providing support with personal care and prompt [person] to get things out of the wardrobe to wear." Staff were aware of what people could do for themselves with their personal care and what they needed support with, which helped to promote their independence.
- The provider had a policy on confidentiality to help guide staff in this area. Confidential records were stored securely in locked cabinets and on password protected electronic devices.

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

- People's care needs were planned, documented and delivered to meet their wishes.
- Care plans showed people and their relatives, where required, were involved in the planning and development. Care plans were reviewed on a regular basis and changed as people's needs and wishes changed.
- Care plans documented people's physical, emotional and mental health needs as well as their histories, lifestyle choices and the things that were important to them.
- People had choice and control over their day to day lives and staff respected and supported their decisions and wishes. Staff were knowledgeable about people's diverse needs and how best to support them.

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.

- People's communication needs were assessed and included in their care plans. The registered manager knew the AIS needed to be incorporated into people's care when providing care and support to people. This meant the information was available for the registered manager so they could make appropriate arrangements to help meet people's communication needs such as by providing appropriately matched staff.
- At the time of the inspection no-one was requiring information in line with the Assessible Information Standard (AIS).

Improving care quality in response to complaints or concerns.

- The provider had a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the provider.
- The registered manager told us there had not been any complaints made in the past year, and we found no evidence to contradict this. People told us they could speak with the registered manager if they had any concerns.

End of life care and support

- At the time of our inspection no one using the service required end of life care and support. However, care plans documented people's end of life care wishes, where they had chosen to share this information for staff

reference. Staff received end of life care training to ensure they had the knowledge and skills to support people appropriately where required.

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 of this newly registered service. This key question has been rated good. This meant the service continued to be consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Quality assurance systems were in place to monitor the performance of the service, quality of care plans and medicines records.
- The registered manager kept an electronic matrix for staff training, supervisions and appraisals undertaken, along with Covid-19 data such as vaccinations and risk assessments completed.
- The registered manager was passionate about providing a quality service. They had made notifications when required. A notification is a legal requirement where a service must inform the Commission about a certain event or incident.
- The provider and registered manager were able to identify and monitor the service through the data held within the electronic systems. The monitoring of this was therefore accessible to review at any time.
- The registered manager held staff meetings. These were an opportunity to discuss any changes to people's individual needs, changes to guidance and to share other important information. Records of these meetings were made and shared with staff who were unable to attend or on a day off.

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

- People were positive about the service and the outcomes reached. One person told us, "I am very happy with the service I get; it gives me piece of mind."
- Staff felt supported and able to raise any issues or concerns they may have without fear of what might happen as a result. Staff told us, they felt supported and respected at work.
- The registered manager was visible and available within the service, one staff member told us, "Our manager is approachable, kind, supportive and knowledgeable."

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

- The registered manager was aware of their legal responsibilities under the duty of candour. Statutory notifications were sent to us as legally required, telling us about specific incidents.

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

- The views of staff, people and their relatives were sought by the service. The provider sent out routine questionnaires to gain people's and relatives' views on their care and seek any learning. A person told us

"The manager and staff always ask how I think they are doing."

- The management team conducted telephone calls to people to spot check the quality of care that staff were providing them. This ensured that people's views were sought about their care and ensured it continued to meet their needs.

Working in partnership with others; Continuous learning and improving care

- The registered manager had a clear vision for the direction of the service.
- The registered manager was open and transparent throughout the inspection and expressed their desire to continually improve.
- The staff worked well in partnership with other health and social care organisations, which helped to improve the wellbeing of the people they supported.