

Supporting Solutions Limited

Supporting Solutions Ltd

Inspection report

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21 September 2020

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

Supporting Solutions Ltd is a domiciliary care service. At the time of our inspection 28 people received personal care and support. Support was provided for people living in Crich and the surrounding villages. Not everyone using this service received the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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

People were supported to have their medicines when these were needed. However, improvements were needed to ensure all information about the how to provide this support was recorded. We have made a recommendation about medicines management.

People felt safe when being supported. The staff knew how to protect people if they suspected they were at risk of abuse and how to report concerns. Risks had been identified and staff understood how to support people to reduce risk and protect them from potential harm, without restricting their rights. Recruitment checks were completed to ensure where new staff were employed they were of good character and sufficient staff were available to meet people's support needs and provide their care.

People had been involved with developing their care plan, which included details of how they wanted to be supported. 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.

Staff received an induction when they started working in the service and training to ensure they understood how to provide care for people safely. People maintained responsibility for their own health and staff knew when people's health changed and when they needed support to remain well. People were assisted to maintain their preferred diet safely.

People received care from a small team of staff who they had developed good relationships with. People complimented the staff team for the care and support they provided, and staff knew what was important to people. People's independence was promoted, and their privacy and dignity were upheld.

People received personalised care and support and had a personalised care plan which recorded how they wanted to be supported. People knew how to make a complaint and were encouraged to give regular feedback about the service they received.

Infection control was managed well and the provider had the necessary guidance available to respond to coronavirus and other infection outbreaks effectively.

Quality monitoring systems had been developed to help ensure a safe service was maintained. The staff and management team were clear about the values of the service and the purpose of the services provided.

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

Rating at last inspection

The last rating for this service was Inadequate (published February 2020) and there were multiple breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since February 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

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 

Supporting Solutions Ltd

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors and an assistant inspector carried out this 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 24 hours' notice of the inspection. This was because the service is small, people are often out, and we wanted to be sure there would be people at home to speak with us. We also needed to check the current Covid-19 status for people and staff at the service.

Inspection activity started on 18 September 2020 and ended on 21 September 2020. We visited the office location on 19 September 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us including their action plan, which detailed the improvements they planned to make and by when. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two relatives on the telephone about their experience of the care provided. We spoke with six members of staff including the registered manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at one staff file in relation to recruitment and all staff training records. A variety of records relating to the management of the service including quality reviews and policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of Regulation 12 (Safe Care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of Regulation 12, however further improvements are required to ensure best practice guidelines are met.

- Further improvements were still needed, as where people were prompted to take their medicines, care records did not always record what assistance was needed.
- People were confident they received their medicines when they needed and new medication administration record sheets (MAR) were now provided from the service. These recorded the medicines people needed and when. Staff commented that these were clear and provided enough space to record information about medicines and when these were administered.
- Staff had received training and understood how to administer medicines safely and what action to take where there were concerns. One member of staff told us, "We complete MAR charts everywhere we go, if it's not on a MAR, we don't give it. The manager audits them regularly and again when back to the office. I would ring 111 or 999 depending on the medication they're on, if there was a medicine error and inform the manager straight away."

We recommend the provider review how medicines are recorded in line with best practice guidelines.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risks for people were managed safely. This was a breach of Regulation 12 (Safe Care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- When people started to use the service, their needs were assessed, and the registered manager reviewed whether they were able to provide the right support and meet their needs.
- People knew staff well and staff knew the risks associated with people's care and understood how to mitigate these to ensure they were safe and stayed well.
- Where people used equipment, we saw an assessment was completed and the staff worked with community health professionals to ensure any equipment was suitable. During the Coronavirus pandemic,

individualised training was provided by the registered manager to ensure staff knew how to use each person's equipment.

- Where people needed a specialised diet and were at risk of choking, a risk assessment had been completed and the care plan recorded how people's food needed to be prepared.

Staffing and recruitment

At our last inspection the provider had failed to ensure staff were recruited safely. This was a breach of Regulation 19 (Fit and Proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19.

- Recruitment checks were completed to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.
- New staff completed an induction and worked alongside the registered manager to understand how to support people. One person told us, "If I get anyone new, they always come with the manager first and they show them what they need to do."

At our last inspection the provider had failed to ensure there were suitable numbers of staff employed to meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- The registered manager had reviewed how people could be supported and carried out audits of care hours available to ensure they could meet people's needs at the time they wanted their support.
- People felt there were enough staff available and they received their care from staff they knew well. One person told us, "I have three or four staff that visit me, and I know them all really well." Another person told us, "I know all the staff and they are very caring." Another person said, "They are reliable and turn up when expected. I have nothing adverse to say. The beauty is they are regular staff. I get a rota at the beginning of the week so always know who is coming. They are rarely late, but I get a phone call if they are caught up with someone else. I am happy and confident to pick up the phone if I had any issues".

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. People told us when staff were providing support, they wore masks, gloves and aprons and saw they disposed of these safely.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed. Necessary equipment was available for staff and additional training had been provided to ensure staff knew current guidelines to keep people safe.
- We were assured that the provider's infection prevention and control policy was up to date. Information had also been provided in an easy read version to support people to understand how staff needed to work to keep them safe. Staff explained that some people who were living with dementia could be fearful of staff wearing PPE. They told us, "Some people may find it confusing, they may ask more questions, we tell them we have to wear it to protect them and protect us. Quite often they can't see our full face, no one has seen my full face yet, so I show them my ID card to help."

Learning lessons when things go wrong

- The registered manager had reviewed how the service was managed and worked alongside the local authority to raise standards. The registered manager had reviewed their policies and practices to ensure staff had up to date information about how to carry out safe and effective care.
- Staff were included in the development of new standards. Staff explained where they identified improvements, these were shared, and the registered manager ensured procedures were updated.
- The registered manager and staff recognised that improvements were needed and had embraced these challenges to bring about improvements in the service.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and comfortable with the staff and were confident that they knew how to protect them from harm.
- Staff had a good understanding and knowledge of safeguarding people and knew how they may recognise possible abuse or neglect. Staff knew people well and could recognise changes in behaviour which may indicate possible abuse.
- The staff understood their responsibilities to report any concerns. The registered manager worked with the safeguarding team to ensure these were suitably investigated and implemented any agreed actions.
- The registered manager understood when they needed to notify us where potential safeguarding concerns had been raised, as required.

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.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were adequately trained to ensure people were cared for safely. This was a breach of Regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18(1).

- Staff received an induction into the service and people felt staff had received the training they needed.
- New staff shadowed the registered manager who assessed their competence to ensure they were suitable to work alone with people.
- New staff completed the Care Certificate to understand the common standards and values needed when providing support for people.
- Additional training had been provided to ensure staff developed the skills they needed to support people safely. Due to social distancing guidelines during the coronavirus pandemic, allocated training had been suspended, therefore, the registered manager took responsibility for delivering all training, supported with on line training and their competence was reviewed.

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.

At our last inspection the provider had failed to ensure people were not unlawfully deprived of their liberty.

This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- There were no people who had restrictions placed upon them. Staff understood people had freedom of movement and people were not unlawfully restricted. Training had been provided to understand that where restrictions may need to be placed upon people, this could only be done in their best interests and together with the Court of Protection.

At our last inspection the provider had failed to ensure people had given their consent to receive care from them before carrying out care and support tasks. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

- People who used the service generally had the capacity to make decisions and choices about how they received their care. People told us they were consulted about their care, and staff listened and respected their choices.
- Where there were concerns that people may lack the capacity to make decisions, assessments had been carried out and decisions made in people's best interests in consultation with family members and health care professionals.
- Staff understood their responsibilities to ensure they had received consent to provide care.

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

- Prior to people receiving a service, a comprehensive assessment was completed. During coronavirus pandemic, the assessment included telephone consultations with health and social care professionals who were involved with people's care. This ensured any risks had been reviewed and any information required to support the person could be recorded.
- When people had specific health conditions or required specialist support, this was included in the care plan.

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

- People generally maintained responsibility for managing their own meals and diet. Where support was needed, the care plan recorded the assistance they needed and how any risk was managed.
- Staff knew about any specialist diet and told us they advised people on eating healthily but understood people had capacity to choose their meals.
- During the coronavirus pandemic, staff had taken additional responsibilities for shopping for people so they could shield and keep safe. People told us they were thankful for the additional support staff provided.

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

- People retained their independence for managing their health care and staff knew about their health needs and how this affected their support.
- Staff knew how to recognise whether people were unwell or needed additional support. Where needed, guidance was sought from the on-call manager and where necessary other agencies would be contacted. The registered manager explained that as they provided a local service for people, they had good relationships with local teams who were responsive when contacted.

- People's health and wellbeing was recorded in their daily records and there was evidence of suitable referrals to health and social care services when needed.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure people's privacy and dignity was respected. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 10.

- People felt their privacy was respected. Staff supported people whilst respecting their privacy and promoting their dignity. One person told us, "They are always respectful and do their best so I'm not embarrassed. They are all so very caring."
- Staff provided personal care and support in a way that both respected and supported people's choices and preferences. People's care plan recorded their gender preferences for care staff and how the staff could meet their cultural needs.
- People generally knew who was coming to provide their care. A rota was available although some people told us they did not want one. One person said, "It doesn't matter who comes, as I know them all and they are all lovely." It's good having a local service as you get to know and trust people." One relative told us, "I want the opportunity to praise them. They are so caring."

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

- People's privacy and dignity was promoted. One relative told us, "I have been there when staff arrive, and they don't know I am there, and I have heard them talk with respect at all times. They are like family. They chat away to them about being great grandparents and where they have lived."
- People were positive about the quality of care provided for them. One person told us, "I can't praise them enough. If I had to give them marks out of ten it would be more – I would be lost without them". One relative told us, "The staff are so respectful. They are really respectful to [Name] and they love to see them, and they don't stop talking from the minute they arrive. The social side is almost as important as the care."

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

- People and their relatives were fully involved in the planning and reviews of their care and support. One person told us, "The manager visits me and asks if everything is alright and if I want anything changed."
- People had care plans in their homes, but some people told us they had not felt the need to look at them because staff did everything people needed them to do. One person told us, "I have the care and need and more. It doesn't matter who visits, they get it right."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to 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

At our last inspection the provider had failed to ensure personalised care was planned and delivered taking people's choice into consideration. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- People were supported in the way they wanted, and staff considered their likes, dislikes and personal preferences and interests.
- People were supported by staff who knew them well and understood their preferences. Care plans were detailed, and staff referred to these to ensure they followed people's wishes. One member of staff told us, "A lot of work has been done on the care plans. They now have everything we need to know in there."
- People were involved with regular reviews of their care to ensure it continued to meet their needs. One relative told us, "They take action straight away."

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 registered manager had considered where people needed information in different formats. The staff told us that at present, the format of the documents met people's needs but this was reviewed, and documents could be provided in large print or easy read where this was required.

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

- Due to the current coronavirus pandemic, some people using the service had chosen to shield to reduce the risk and stay safe. They told us they looked forward to staff visiting them and they had been supportive. One person told us, "You mustn't discount the social side of this provision – all of the people who come have taken a personal interest in us, they are never rushed. We know how busy they are going from one person to another, but they always make you feel important. We are very content with the care."
- The staff were proactively engaging in community support as within the local area a volunteer service had been developed. There was support with shopping, prescriptions and meals which had helped people to

have contact with others and avoid social isolation.

Improving care quality in response to complaints or concerns

- People felt they had not needed to make a formal complaint but if they had to, they felt the registered manager would listen and respond to their concerns.
- The provider had the processes in place to act on any complaints that had been received. We saw there had been one complaint from outside of the organisation which had been responded to in line with the provider's complaints policy and there was a record of the investigation and outcome.

End of life care and support

- The service did not plan to routinely provide end of life care. However, the registered manager told us if people wished to remain in their home at end of life this would be supported with local health care professionals. The registered manager told us that where people expressed any views, these would be recorded including completing a Respect form or information about any information about not receiving life-saving treatment.

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.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good. This meant the service was 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

At our last inspection the provider had failed to develop systems and processes to review the service provision and keep people safe. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- We saw that quality checks were now carried out to monitor the service people received. This included audits of completed medicine records to enable them to identify any errors and address these. Where errors had occurred, we saw that actions had been taken.
- People's care was reviewed, and a record maintained where these were conducted. Where care had changed, new care plans and risk assessments were completed, and staff were informed of any changes.
- Staff reported accidents and incidents. These were reviewed to ensure any themes or trends could be identified to keep people safe.
- There were plans to consult with people about changes within the organisation on a formal basis and through a feedback form. The registered manager explained that people's views would be reviewed and incorporated into any new action plan.

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

- The registered manager had developed an action plan and had reflected on how the service was provided and where improvements were needed. Service improvement plans had been shared with the staff in team meetings and on-line meetings. Staff felt the improvements had a positive impact on people's care. One member of staff told us, "Care plans are up to date now and if anything changes, we can speak with the manager and this is reviewed almost straight away. When you visit people, the care they need is now recorded and this is reassuring for people."
- The registered manager and staff were proud of the service they provided and enjoyed working in the service. The staff spoke highly of the support they received from the registered manager and members of the management team. One member of staff told us, "Even during this pandemic, if you need the manager or need any support, they are there straight away." Another member of staff told us, "They are always checking in on me, we went through any problems, I find it very helpful. I must say they are probably the best manager

I have worked for, very supportive and the don't make you feel rushed or pressured."

- The staff and management team worked together to create a person-centred ethos that achieved good outcomes for people.

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 had a clear understanding of their responsibilities under the duty of candour. Where complaints had been received, the registered manager carried out investigations and provided a response for people.
- The registered manager notified us, and where needed, the local authority of important events that occurred. This meant we could ensure suitable and effective actions had been taken.
- The registered manager had been working alongside health and social care professionals to bring about improvements and provided evidence to demonstrate compliance with their action plan.

Working in partnership with others

- Health and social care professionals felt the registered manager and staff were always responsive to any comments and suggestions and demonstrated commitment to working collaboratively with people and care professionals when needed.
- Staff had good relationships with care professionals and could approach them for guidance or advice. One member of staff told us, "I asked one person's occupational therapist about the slide sheets they were using as they didn't seem suitable. They changed them which was really good in terms of ease of movement and comfort for the person."