

Support Asia Limited

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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

Support Asia Limited is a domiciliary care service which is registered to provide personal care to people living in their own homes within the community. At the time of inspection 44 people received care and support from the service.

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

People told us they felt safe when supported by staff. Staff were aware of the signs of abuse and the reporting processes they should follow if they had concerns. People's risks were assessed, and staff had a good understanding of their risks and how to minimise them. The provider's on-going recruitment process ensured there were suitable staff to support people safely. People received their medication as prescribed. Staff followed infection control guidance and had access to personal protective equipment.

People were supported by staff who had the skills to meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were given choices and their consent was gained before providing support. People had access to healthcare professionals when required.

People were supported by kind and caring staff who knew them well. People's privacy and dignity was maintained. Staff understood the importance of people maintaining their independence. People were supported to go out into the community if they wished. People and their families were involved in their assessment and reviews of their needs. People and relatives knew how to raise concerns and felt comfortable doing so.

The provider had quality assurance systems in place and these had been used to enhance the overall service provision and drive improvement. Feedback questionnaires were used to gather information about people and their relatives' views. Spot checks and audits were carried out to ensure the quality of the service was maintained. People, relatives and staff spoke positively of the registered manager.

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 good (published 07 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

Support Asia Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector on one day.

Service and service type

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

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 provider 48 hours' notice of the inspection visit. This was because we needed to make sure staff would be at the office to answer our questions and provide the information we required to carry out our inspection.

What we did.

The provider was not asked to complete a Provider Information Return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. 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. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We met and spoke with two people who used the service and nine relatives to ask about their experience of

the care provided. We spoke with the registered manager, director, office manager, two training managers, one project manager, a team leader, the service user activity and forums lead and six care workers. We reviewed a range of records. This included four people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Assessments in relation to each person's home environment and people's personal risks had been carried out. Documentation had been produced to give staff instructions on how to manage and minimise people's identified risks.
- Staff were aware of the risks to people and how to minimise them. A person said, "I have been at risk from people outside a while ago when I had care from another provider. Staff here have protected me, and I feel safe now". A relative told us, "The staff are so careful. They know how to handle them to prevent any incidents".

Systems and processes were in place to safeguard people from the risk of abuse.

- People told us they felt safe when being supported by staff. A person said, "I always feel safe with the staff. No-one has treated me badly". Relatives also told us they had no concerns in relation to abuse.
- Staff demonstrated a good understanding of abuse and how to report it. The registered manager told us and information confirmed any concerns identified had been reported to us and the local authority as required.

Staffing and recruitment

- The provider and registered manager had an on-going recruitment programme to promote sufficient, safe staffing levels.
- Staff told us they had enough time to complete each care call and to meet each person's individual assessed needs. A person told us, "No way, the staff never forget to come to me". A relative confirmed staff were always on time and never missed a call.
- The registered manager explained the contingency plans they had in place to cover staff sickness and holidays. Staff told us they covered additional care calls as overtime or managers stepped in and completed care and support where required.
- A staff member told us, "All my checks were carried out. I could not start work until then". We saw documentary evidence of recruitment checks taking place before staff were appointed. This ensured suitable, safe staff were appointed to support people. To enhance this process the registered manager confirmed they were to review the health declaration process for new staff.

Using medicines safely

- People received their medicines as prescribed. Staff had been trained to support people to take their medicine and their competency to do so had been assessed during staff spot checks.
- Not all people required staff to support them with their medication. However, where people did need

support with this, they were happy with the support they received.

Preventing and controlling infection

- Staff told us they had access to Personal Protective Equipment (PPE) and people and relatives confirmed staff used the PPE as required.
- Staff confirmed the registered manager, to prevent the spread of flu and to prevent ill health to them and the people they support, had encouraged them to have the flu vaccination.

Learning lessons when things go wrong

- Staff knew of their responsibilities to report accidents and incidents.
- The registered manager kept a record of accidents and incidents including safeguarding referrals that had been made or enquiries carried out by the local authority. Where there were lessons to be learnt for the service and the staff team, these had been shared with staff in team meetings.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good.

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

- People's needs were assessed prior to them receiving a service. The registered manager said, "Each person has an assessment carried out to determine their needs". A person told us, "The staff came and asked me lots of questions about what I needed".
- Assessment documents confirmed people and their relatives had been involved in the assessments and records were updated when people's needs changed.
- Assessment documents considered people's rights under the relevant quality laws.

Ensuring consent to care and treatment in line with law and guidance. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Where people may need to be deprived of their liberty to 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 liberty.

- People's consent was sought before staff provided support to people and staff understood the importance of this. A person told us, "Staff always ask if it's ok to do anything for me. I agree or refuse. It is not often I refuse though. If I do the staff don't make me". A relative said, "Staff always explain and ask permission before doing a task". Staff had received training and a good understanding of the MCA and ensured they supported people in the least restrictive way.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to meet their needs.
- Staff received an induction to prepare them for their role. A new staff member said, "This is my first day. I have got to do seven full training days and then work with other staff. This is very good. Other places I have worked I have not had so much induction training". A person told us, "The staff really know how to look after me".
- The provider employed three training managers who were qualified to train staff. We saw a large training room was available at the office base. Equipment such as a bed, chair and hoist were available, so staff were able to undergo 'hands on' training. The registered manager said, "All our training is hands-on face to face". We have training managers here all of the time, so it is never a problem if staff requiring training".
- Staff told us they had received specific training due to people's health needs, for example, diabetes

awareness, dementia care and challenging behaviour. A relative told us, "They (person's name) can be challenging. Since we have used this service there have been no challenging issues. The staff manage them (person's name) very well".

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

- People told us they enjoyed the meals prepared for them. One person said, "I go shopping and buy my food with the staff. I do like some healthy food". Another person said, "The staff try to encourage me to cut down on 'take away' foods. I do like salad and fruit so am trying to eat more of that". A relative told us, "I do the shopping. The fridge and cupboards are always full. The staff ask mum what she fancies to eat from the cupboards and fridge".
- Records we saw highlighted people's likes and dislikes relating to food and drinks. A staff member said, "People are assessed to see if they are at risk of choking and other risks. We (staff) know who requires a diabetic or soft diet". Another staff member told us, "We do offer social events for people. A number came to the office at Halloween it was a great success. I ensured suitable food was made available. This included halal meat and vegetarian options".

Meetings 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 their carers.

- Staff told us that where people could not communicate, they were aware of people's body language and facial expressions to ascertain if they were happy with the support provided. One staff member told us, "Communication is key to everything we do, I always talk to people and make sure they are involved in what tasks I am undertaking, and I ask them if they are happy with the support I am providing". Records showed that people's communication needs were recorded for staff to refer to. For example, some people who could not speak may use pictorial flash cards. A relative said, "The staff speak the same language as (person's name). That is so helpful".

Supporting people to live healthier lives, access healthcare services and support

- Staff told us they worked well with external social care professionals and maintained links with people's relatives. Records we looked at confirmed where there was a concern or need staff referred people to for example, the dietician and physiotherapist. A relative told us, "The staff always stay in touch. If any concerns they ring me straight away".
- A person told us, "The staff support me to go to my hospital and other appointments". The registered manager told us how staff supported people to attend healthcare services in the community.

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 good. At this inspection this key question remained the same. 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; equality and diversity

- People told us staff were kind and caring. One person told us, "My staff are really good. They are kind and friendly". A second person said, "The staff listen to me if I'm upset. All the staff are very kind hearted". A relative said, "Very kind, very good and patient".
- Staff told us they supported the same people on a regular basis and had developed good relationships with them and knew them well. This was confirmed by people and the relatives we spoke with. Staff told us they loved their work and how rewarding it was to make a positive difference to people's lives.
- We found by speaking with staff, relatives and people that people who used the service were from a range of different nationalities and from different cultures. The staff group reflected these so had good knowledge of people's specific and diverse needs.

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

- People were supported to make choices about day to day decisions and staff understood the importance of this.
- Staff told us that they always gave people choices such as what they would like to eat, drink and wear. People and relatives, we spoke with confirmed this. One person said, "Staff encourage me to make choices about everything. What I eat, where I want to go and what I want to wear".

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff gave examples of how they protected people's privacy and dignity when supporting them with their personal care needs. One staff member told us, "I make sure people are covered up. I close doors and curtains. When they use the toilet, I leave them until they tell me they are ready". A person said, "The staff let me have privacy when I am in the shower".
- People told us staff encouraged them to be independent. One person laughed and said, "I would rather staff do everything for me I am lazy. The staff encourage me to do everything". Staff told us how important it was for people to do things for themselves. A staff member said, "People feel so much better and proud when they do tasks independently".

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 good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

People's needs were met through good organisation and delivery.

- A care plan and assessment were in place to show the support people needed and these were reviewed regularly. A staff member said, "We are here at the office today to do a care plan". We saw the person was with the staff and they were discussing their care and support needs. We saw the person had signed their care plan. They said, "The plan has started I am involved".
- Staff understood and knew people's needs and preferences. A relative said, "The staff are so good. They know them (person's name) so well. I worry if they left as new staff may not be so good".
- A relative told us, "The staff and managers are helpful. If I need to change a call time because of an appointment they do". Another relative said, "The service provided was flexible if call times had to be changed for different reasons. We had a family wedding a while back and the call times were adjusted to meet our needs".

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and a clear system on how they would handle complaints if needed. This included a complaints log that showed how complaints had been managed. A relative told us, "I have raised issues in the past. There have been meetings with me to discuss the issues". A person said, "I know the complaints procedure. I am happy I don't need to complain".

End of life care and support

- The registered manager said when there was a need end of life care plans were put in place and would aim to support people's wishes and work alongside other healthcare professionals.

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 requires improvement. At this inspection this key question had improved to good. The service management and leadership were consistent. Leaders and the culture supported the delivery of quality, person centred care.

- Since our last inspection of 22 May 2017 we found improvements had been made. The provider had large new office premises. The office premises were spread over two floors and included, offices, meeting rooms and large training facilities. The premises were easily accessible with parking arrangements nearby. A new management structure was in place and additional managerial roles had been implemented that included project managers. The additional management levels had allowed more frequent spot checks and audits to be undertaken to drive improvements.

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

- One person told us, "I know the manager" A relative told us, "There are two managers that visit their (person's name) home. I find them very approachable. Mind you I find all staff approachable".
- A manager was registered with Care Quality Commission, and we saw our latest inspection rating was on display within the offices as is required by law.
- Staff told us they had good relationships with their line managers in addition to the registered manager. A staff member said, "The managers are all helpful and approachable. They have helped me a lot". Records confirmed that regular staff meetings were held. A staff member said, "The meetings are very informative and helpful. We learn of all updates we need to know about".
- The provider employed a service user involvement officer. This staff member told us, "I love being involved with people. I arrange meetings for people and relatives, trips and holidays for some people. A new initiative is due to be implemented. These are drop in sessions. These will be held once a month for any person or relative we support to drop in have a chat".
- People told us they were very much welcomed to visit the provider's office. The registered manager told us they had two people who used the service on the payroll to undertake office-based activities. A person who used the service told us, "I get bored. I am going to start doing some work in the office next week".
- The registered manager told us people who used the service were involved in the interviewing of new staff. This was confirmed by staff we spoke with.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Feedback questionnaires were used to gather information about people's views. A relative told us, "I have completed a number of questionnaires. I have nothing but praise". Feedback forms had been collated and analysed. Where issues were identified for example, one feedback form read, "Quite happy about the service. The timing could be better". The registered manager told us, "Following this we had a supervision

with the staff member to improve the situation". They showed us documentation to confirm this.

- Quality assurance systems were in place including audits for medication, accidents and incidents and infection control. The provider used their audits to implement actions and improve the service. For example, where issues had been identified these had been feedback to staff individually or as a team
- The registered manager told us spot checks were undertaken regularly to ensure staff were working as they should. A staff member said, "The managers do spots checks often. This is good as we (staff) know we must work correctly at all times".
- The registered manager had notified us of any accidents and incidents they were required to by law. These included deaths and safeguarding issues.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The provider was open in their approach with us during the inspection. Where there had been issues the provider held meetings with people and relatives to discuss these. A relative said, "I was invited to meetings to discuss issues".