

## Supporting Care North East Branch Ltd

# Supporting Independence

### Inspection report

58 Underwood Road  
Unit G13  
London  
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20 September 2021

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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

Supporting Independence is a domiciliary care agency. It provides personal care to older people and people with physical disabilities from the Bengali community living in their own homes. At the time of the inspection there were three people using the service.

### People's experience of using this service

People told us they received good care from care workers who spoke their language and understood their culture. People we spoke with told us that care workers arrived on time and did all that they were required to do.

People were able to choose when they received support and care was responsive to people's changing needs. People received support with food and drink in a way which met their cultural needs. People were provided with key information such as information on managing their medicines or protecting themselves against the risks of COVID-19 in their own language.

The service assessed risks to people's wellbeing and had appropriate plans in place to mitigate these. There was an understanding of the risks from chronic conditions such as diabetes and how staff should respond if people were taken ill.

There were suitable procedures for safeguarding people who used the service and responding to concerns. Care workers told us they could reach a manager whenever they had concerns or questions and that managers responded appropriately.

Care workers were recruited safely and there were sufficient staff to meet people's needs. People benefitted from consistent staffing and there were measures in place to make sure staff had the right skills and knowledge to provide safe care.

The service had suitable measures to protect people from COVID-19, including ensuring staff had enough personal protective equipment to keep safe and were tested regularly. Staff were supported to receive a suitable vaccine.

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 told us they knew how to complain and that managers contacted them frequently to assess the quality of the service. Managers set clear expectations for staff and carried out spot checks to make sure care was delivered to a high standard.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection:

This service was registered with us on 7 July 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on when the service registered with us on 7 July 2020.

#### Follow up

We will continue to monitor information we receive about the service. 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?**

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** ●

# Supporting Independence

## 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 with the support of a Bengali interpreter.

#### Service and service type

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

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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we held about the service, including information relating to any serious occurrences the provider is required to tell us about and information from the capacity tracker. Capacity tracker is a web-based tool which enables providers to share information about staffing levels and the impact of COVID-19 on their services. We used all of this information to plan our inspection.

#### During the inspection

We visited the provider's office on 20 September 2021. We reviewed records relating to the care and support of three people and records of recruitment, induction and supervision for five care workers. We spoke with the registered manager and nominated individual. We also reviewed information relating to the management of the service, including audits, staff meeting minutes and a range of key policies.

After the inspection

We reviewed information we requested from the provider, such as records of staff training and testing. We made calls to three care workers. We spoke with one person who used the service and a family member of another person who used the service.

# 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 for 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

- There were suitable systems to safeguard people from abuse. There was a safeguarding policy which clearly outlined responsibilities to detect and report abuse.
- Staff understood how to recognise abuse. Care workers received training in safeguarding adults as part of their inductions. Staff we spoke with understood how to raise concerns about people's safety and were confident that these would be taken seriously by managers.

Assessing risk, safety monitoring and management

- The provider assessed risks to people's wellbeing. The service carried out comprehensive risk assessments for people they supported in key areas such as falls, moving and handling, skin integrity and the person's environment.
- The service developed clear plans to manage risks to people where these were identified. This included developing skin integrity plans and reducing the risks of people falling. The service ensured they understood the levels of support people required with key tasks relating to transfers and mobilisation. Comments from staff included, "There's a lot of risk around and the assessments are useful, I do read these" and "If there were any concerns I'd chat with my co-ordinator."
- The service assessed risks from ongoing health conditions such as diabetes or skin integrity. Plans included clear information for staff on how to recognise low blood sugar or signs of skin breakdown and how to respond to these.

Staffing and recruitment

- There were enough staff to support people safely. People told us their care workers arrived on time and stayed for the planned duration, and this was supported by record keeping. Comments from people and their families included, "They come on time and it's going great" and "My timetable is OK, they come at the time that has been written for them."
- Care workers were recruited safely. Staff were recruited safely, which included obtaining a full work history, identification, evidence of the right to work in the UK and suitable references from previous employers. The provider carried out checks with the Disclosure and Barring Service (DBS). The DBS provides information on people's backgrounds, including convictions, to help employers make safe recruitment decisions.
- Aspects of the providers processes did not support safer recruitment. The provider only specifically asked for three years' work history but are required in law to obtain a full work history. Staff whose records we looked at however had provided a full work history. The provider had obtained two references, which had satisfied the requirement of obtaining evidence of satisfactory conduct in previous health and social care employment. However, there was a risk that future references would not satisfy this requirement as

processes did not specifically take this requirement into account. We discussed this with the registered manager who told us they would review recruitment processes in line with our comments.

#### Using medicines safely

- The provider understood how to manage medicines safely. There were suitable policies in place for managing medicines and an appropriate format for a medicines administration recording chart which could be used if required. At the time of this inspection the provider was not supporting people with medicines, and we confirmed that people and their families had chosen to manage this for themselves.
- People's medicines needs were assessed. This included checking the medicines people took and understanding who was responsible for their collection and administration. The service checked whether people used any creams which may be flammable and ensured staff were aware of the risks of these.
- Staff were confident managing medicines. Care workers received training on administering medicines, and staff we spoke with told us they would feel confident managing medicines if they were required to do so. The provider checked care workers' understanding of safe management practice.

#### Preventing and controlling infection

- People were protected from the risks of COVID-19 transmission. Staff received training on infection control and were tested for COVID-19 in line with national requirements. A staff member told us, "It was worrying for us during the COVID, but we got the support. We have access to regular testing."
- Staff had access to suitable personal protective equipment (PPE) to reduce the risk of transmission. A family member told us, "They've always got the PPE", and staff we spoke with confirmed this.
- Staff were supported to receive the COVID-19 vaccination. A staff member told us, "As soon as the vaccinations were available they called us there." The provider had arranged vaccinations for staff, including providing transport to vaccinations centres when needed.

#### Learning lessons when things go wrong

- The provider had a suitable incidents and accidents policy. This included a process for recording when things had gone wrong. Senior managers were responsible for reviewing any accidents to look for trends and to ensure that action was taken to prevent a recurrence. There was no evidence that any untoward events had occurred in the short time the service had been operating.



# 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 for 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

- The service assessed people's needs and choices. There was a comprehensive process for assessing people's daily living skills and identifying their objectives for care. This was used as the first step in compiling a care plan.
- People's choices were recorded. This included checking what people and their families wanted staff to do for them and what people would prefer to do for themselves, and when people wanted to receive their care visits.
- The provider had a range of policies which demonstrated how to deliver care in line with the law. This included an up to date policy on confidentiality and managing people's information in line with current regulations and a suitable health and safety policy.

Staff support: induction, training, skills and experience

- Staff received the right training to carry out their roles effectively. New staff received a detailed induction in line with the Care Certificate. 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. Care workers told us they felt they had access to suitable training.
- The provider checked that staff had the right skills to carry out their roles. This included checking staff understanding of safe medicines management, how to respond to emergencies and carrying out observations of how staff worked in people's homes.

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

- People were supported to eat and drink enough. People told us they received support with food when required. A relative told us, "They always make sure [my family member] has food."
- The provider assessed people's needs with food and drink. This included checking who was responsible for shopping and preparing meals and assessing people's dietary needs, including allergies and those relating to cultural needs and health conditions such as diabetes. When people required support this formed part of people's care plans, and staff recorded that they had provided this support on each care visit.

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

- The service assessed people's health needs. The service assessed people's health needs and this involved obtaining a full relevant medical history and details on any current conditions that affected their wellbeing.

This included the support they may need to access health services and any health conditions which may pose a risk to them. This information was used to inform risk assessments and daily care plans.

- People's oral health was assessed. The provider checked whether people required support to brush their teeth or needed support with dentures and ensured this formed part of people's plans when required.
- The service worked with the local authority direct payments team to deliver effective care. People had support plans for how they chose to spend their individual budgets which identified key objectives and outcomes for their care. The service used these support plans to plan people's care.

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.

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.

- The service was working within the principles of the MCA. The service met with people to obtain their consent to care. Where people did not appear to have capacity to consent to their care needs the service carried out a mental capacity assessment and followed a process to ensure that the care delivered was in the person's best interests.
- The service lacked procedures for obtaining consent where people were unable to sign. A person unable to sign their care plan had given verbal consent for this, and family member had signed on their behalf. We confirmed that the person had verbally consented to this care, but it was not clear from the consent form alone whether the family member was consenting on their behalf or confirming the person's consent. We discussed this with the registered manager, who told us they would review processes for obtaining verbal consent to care.

# 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 for 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 treated in a way which respected their equality and diversity. People using the service were Bengali speakers and told us they benefitted from consistent staff who knew them well and spoke the same language. A relative told us, "My [family member] is better off with only one person. They didn't like it before. They speak the same language and there's no barrier there."
- People's care plans took account of their cultural needs. Plans included information on the foods people ate and the shops and services they liked to visit to buy culturally appropriate food. There was information on people's religion, whether they required halal food and the support they required to pray, including being supported to the mosque on Fridays. The provider asked whether people preferred male or female care workers and ensured that people received support from staff of the appropriate gender.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported to express their views. A relative told us "They ask my family member what they want, if they want a shower." People's plans included information on their families, who they lived with and how they liked to be supported. People's preferred names and terms of address were also recorded.
- Managers contacted people monthly to check they were satisfied with the service and to see if they had any concerns.
- The service had assessed in detail how to maintain people's independence. For example, plans included clear information on what people could do for themselves and how best to support people when they were doing certain tasks to promote their independence and maintain their safety.
- People were treated with respect. Comments from people included, "They give me respect" and "My [family member] is really happy with them."

# 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

- Care was planned to meet people's needs. Care plans contained information on people's objectives for their care and how best to meet these. There was clear information on what care workers needed to do on each visit.
- Care workers were able to demonstrate how they had met people's needs. Care workers recorded the support they had given people on each visit and how they had responded to people's changing needs. People told us that care workers came at a time of their choosing and did all that was required. Comments included, "He always asks what my [family member] wants to do" and "They do the things they are supposed to do for me."

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 service was meeting the AIS. People's communication needs were assessed, and there was clear information on how people liked to receive information, including based on their language needs and whether they required alternative formats. The service also assessed people's communication needs to ensure they had the right support to maintain glasses and hearing aids.
- Information was provided in a format suitable for people who used the service. We saw examples of key information, including information about the risks from COVID-19. This had had been prepared with reference to clear pictures and provided in Bengali. A family member told us, "They gave us leaflets and stuff and paper with information on how to protect ourselves." A person using the service told us, "My medication [information] is written down in the Bengali language so I am able to know what to take today."

End of life care and support

- The service encouraged people to discuss their future care needs. No-one using the service was receiving end of life care. However, as part of the assessment process people were asked what their wishes were should their health conditions deteriorate and checked whether people had advanced care plans in place. Staff received training on palliative and end of life care as part of their inductions.

Improving care quality in response to complaints or concerns

- People were able to complain about their care. People we spoke with told us that they knew how to complain but had not had cause to do so.

- The provider had a suitable policy for addressing complaints. In the event of receiving a complaint there was a clear process for recording what the concerns were and taking appropriate action. At the time of the inspection there had been no formal complaints, but the provider had addressed one minor concern raised by a person promptly under this process.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Care workers were able to contact a manager when required. In addition to working office hours, the provider operated an out of hours emergency management contact service. Comments from staff included, "If I have any concerns or issues I can get hold of a manager", "I had a supervision and they are always contactable here on the phone" and "Any questions I have they are always there."
- Care workers were well supported by managers. Comments from staff included, "I had to have a little time off and they were brilliant and supported me all along" and "We carried on during the COVID, it was worrying for us but we got the support." The provider told us "We try to help people, including to pay people in advance when needed." Staff were permitted to spend time in the office between calls, including if they needed a place to eat meals and the provider arranged transport for care workers when public transport was closed over Christmas time.
- The service was aware of the needs of the Bengali community and families' cultural preferences for care. Managers ensured that people had care workers who spoke the same language and made key information for people available also in the same language. People's religious and cultural needs were clearly explored in planning and assessment processes.

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

- There were processes in place to ensure quality performance was monitored by the service. Managers audited people's care notes each week to check whether visits were carried out on time, whether key tasks were recorded and that notes were completed to an appropriate standard. The service contacted people regularly to obtain their views on their care. A person told us, "The manager explained to me if there is any kind of problem for me to say, but I don't have any problems with anyone" and a care worker said, "They ask the service users if they are happy with my work."
- Managers ensured processes were in place to ensure people received a good quality of care. Service policies were in line with current regulations and best practice and were reviewed regularly to ensure they still met the needs of the service. Managers used unannounced spot checks to monitor people were receiving good quality of care..
- There were processes in place to ensure the service met their duty of candour. Managers understood when to raise safeguarding alerts and when they needed to inform us of serious incidents. This was outlined

in the providers incidents and accidents policy.

- The provider used team meetings to ensure staff were aware of key procedures and manager's expectations. This included reviewing key procedures in team meetings such as whistleblowing and annual leave and how to respond to complaints and incidents. Managers discussed key areas of practice including infection prevention and control and recognising the risks of working in people's homes and how to raise concerns.

Continuous learning and improving care; Working in partnership with others

- The service worked with local organisations to improve the quality of care people received. This included using facilities at a local hospital to provide practical training on using hoists and working with local colleges to support staff to obtain nationally recognised qualifications.
- The service adapted to ensure they could maintain good communicate with staff during COVID-19 restrictions. This included using video conferences, instant messaging and meeting in smaller groups where necessary.