

Supportive SRC Ltd

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Inspection report

7a Dean & Chapter Industrial Estate
Ferryhill
County Durham
DL17 8LH

Tel: 01740658880

Website: www.supportive.org.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Supportive SRC Ltd is a domiciliary care agency providing personal care to people living in their own houses and flats in the community. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection 125, mainly older people received personal care.

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

People confirmed they received their medicines safely as prescribed from suitably skilled staff. Medicines records were maintained, and associated checks completed. An action plan was in place to review the medicine audits to ensure any required actions were clearly documented.

Staff told us they felt well supported in their roles and understood when to escalate any concerns or to seek support and guidance. Records evidenced staff received supervisions, observations and competency checks which ensured they worked to high standards; following best practice. Where any concerns were recorded, further training and support was provided. Action plans were in place to ensure planned annual staff appraisals were completed following the company policy.

People, their relatives and staff provided very positive feedback about the care and support they received. Improvements had been made under the new registered manager since the last inspection. Further provider oversight was discussed and planned. An associated action plan remained in place to ensure the service continued to maintain, and where required, improve standards of care.

People received a safe service. Staff had access to clear information to provide people with safe care and support. Care records had been reviewed and updated with clear guidance to support all areas of risk.

There were enough staff to ensure people received a safe, consistent service to support their assessed needs. Staff had received training to safeguard people from abuse. Systems and processes were clear and easy for staff to follow to report any concerns. Records confirmed any concerns were effectively managed with actions implemented to improve the service.

Staff training was managed electronically. A review of training, due to recent restrictions on providing group practical training sessions had ensured staff remained up to date with their skills and knowledge.

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.

The registered manager ensured care was based upon good practice guidance to help ensure people

received a safe, person centred and effective service.

Promoting independence was encouraged and people were offered choices. The registered manager and staff team worked closely with external healthcare professionals to ensure people's health and wellbeing was maintained.

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 last rating for this service was requires improvement (published 17 December 2019) 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.

Why we inspected

We carried out an announced comprehensive inspection of this service on 3 and 4 December 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective, responsive and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Supportive SRC Ltd on our website at www.cqc.org.uk.

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?

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 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 ●

Supportive SRC 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.

Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 September and ended on 8 October 2020. We visited the office location on 29 September 2020.

What we did before the inspection

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 took this into account when we inspected the service and made the judgements in this report. We requested feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with 15 people; 7 were users of the service and 8 were family members. We spoke with seven members of staff including the registered manager, the nominated individual and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included people's care records and medication records. We looked at six staff files and associated training and support records. A variety of records relating to the management of the service including audits, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. 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.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained clear assessments of risk and included control measures for staff to follow to keep people safe. A staff member said, "There has been an incredible amount of work put into the new care records. It has really paid off; they are so easy to reference and to update."
- People received support as assessed to take their medicines as prescribed. Records included clear guidance for staff to follow. Staff received appropriate checks and training to ensure they followed best practice guidance; including record keeping. One person said, "They [staff] know exactly what they have to do here. They put cream on my legs. No problems at all."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes were clear and followed by staff to raise any concerns to keep people safe from avoidable abuse.
- Incident and accidents were recorded and investigated appropriately. Lessons learnt were implemented to keep others safe from similar events. A relative said, "[Person] is very safe... to tell you the truth I can't fault them."

Staffing and recruitment

- People received care and support from a consistent staff team who knew and understood their needs.
- Management ensured people received care and support at the right time and for the right duration.
- Where calls were required at specific times, for example to assist with medicines, rotas were adjusted to facilitate this.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Staff confirmed they had received training in and understood when and where to utilise Personal Protective Equipment (PPE).
- We were assured that the provider was using PPE effectively and safely. One person said, "Oh yes they have all the masks, aprons and gloves..."

- We were assured that the provider's infection prevention and control policy was up to date.

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 requires improvement. 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 received appropriate supervision and support to carry out their role. We made a recommendation the provider ensured staff were supported through supervision in line with their own policy. The provider had made improvements.

- People told us staff had the required skills and knowledge to meet their individual needs. One person said, "Really, they [staff] do everything for me. Everything they do, they do well. I have no complaints about them."
- Records confirmed staff had received regular supervision, spot checks and checks on their competency to carry out their roles. For example, to provide support with moving and handling of people, and with their medicines.
- Staff told us they were well supported by their co-ordinators, the office staff and management.
- Training was managed electronically and adapted to ensure staff remained up to date with their skills and knowledge.

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.

- At the time of this inspection there was no one receiving a service who had been assessed as having a lack of capacity to make informed decisions.
- Staff had received training in the Mental Capacity Act 2005 and understood their responsibility to promote people's independence and seek their agreement to their care and support.

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

- Care records were person centred and recorded people's choices and preferences which were respected. One person said, "I prefer a female carer...only female's visit."
- Care records included people's signed consent to their care and support.
- Staff knew people well and encouraged them to make choices and decisions about their day to day support and care.

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

- Staff supported people to eat and drink enough to maintain a balanced diet.
- Care plans included information about people's likes, dislikes and preferences around food and drink.
- Where people required support, records confirmed referrals for specialist advice and support were made.

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

- There were good links to external health and social care professionals and visits or appointments were made when needed.
- Care records showed other professionals were involved in people's care and were consulted to make sure people's health care needs were met.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

End of life care and support; 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 records included information to support people following their end of life wishes. 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.

- Peoples care records had been robustly reviewed and updated. Information included people's input to record their end of life care and last wishes.
- Each person had a care plan in place which provided staff with personalised guidance on how to support people to meet their assessed needs.
- People and relatives had contributed to their care planning. One person said, "The supervisor pops in now and again and I have regular meetings with social services; twice a year. During the lock down staff rang up to see if everything was all right."

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.

- Care plans included information in a way people could understand. This included large print and pictures to help people understand their care and support.
- People and their relatives told us staff understood the importance of communicating effectively with them. A relative said, "They [staff] never come in the door without saying, 'good morning'. They ask if there is anything they can do to help. They really are good."

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

- The provider used social media (with people's consent) to share how they were supported to engage in activities that stimulated and interested them.
- Where some activities had reduced due to the impact from Coronavirus, people told us how the service had made contact during lockdown to ensure they remained safe and well.
- The registered manager told us how they had maintained contact with people who had cancelled their

support to maintain isolation during the coronavirus pandemic. They told us, "We have continued to call people; to check they are okay and to offer any support we can."

Improving care quality in response to complaints or concerns.

- People had clear access to information should they need to raise any concerns or complaints.
- Staff understood the importance to raise any concerns on behalf of people and told us everything would be thoroughly responded to following provider policy.
- Overall people were happy with the service. Along with learning from complaints, the provider-maintained records of positive feedback which was routinely shared with staff to help improve the service. One person said, "[If I had any concerns], I would ring the office. I have done in the past. I might have made a query but not a complaint."

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 has now improved to good. This meant the service was consistently managed and well-led.

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

At our last inspection the provider had failed to ensure systems and processes remained robust to demonstrate safety was effectively managed. This placed people at risk of harm. 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 found the registered manager had made a range of improvements to quality assurance checks which had resulted to improvements across the service. This included implementation of revised care plans which ensured known risks were effectively managed.
- Audits were completed to ensure the service remained compliant. An action plan was in place to further review systems and processes for their effectiveness. This included medicine management and administration; to ensure the processes continued to follow best practice and to record where any actions were required.
- Staff confirmed they received regular communication. National guidance was shared effectively for the benefit of everyone. Staff told us they felt supported to continue their roles and improve the service for example, by following guidance about Coronavirus.

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

- The management team continued to demonstrate a commitment to providing consistent and person-centred care that met people's needs in a way that promoted their individuality. One person said, "If anybody needed care, I would tell them to use this company because they really are skilled in what they do, and they would get the right care. They are not just carers they become friends. I've got no complaints what-so-ever."
- Staff spoke positively of the embedded ethos of providing a positive and inclusive service. All levels of staff worked as a team to support people to have good outcomes.
- Staff told us they felt valued as employees and enjoyed their roles.

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 awareness and understanding of their role and regulatory

requirements. The provider notified CQC of events, such as safeguarding's and serious incidents as required by law.

- A clear developing action plan was in place and reviewed to ensure any improvements were planned and implemented according to levels of risk.
- Further work, with provider oversight was planned to ensure improvements planned were completed and those already implemented remained effective. The nominated individual discussed the importance of providing a supporting role, with the registered manager overseeing the required improvements.
- Systems and processes including record keeping demonstrated how the provider responded with transparency, whenever something had happened.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had established processes in place to ensure information was shared and understood. One staff member said, "I cannot fault communication. We are kept up to date when we need to be and there is always someone on the end of the phone if we need anything at all."
- People told us they were regularly consulted with. This included newsletters, by telephone and using formal surveys. The provider was evaluating feedback to implement and record any required actions.
- The service worked well in partnership with other health and social care professionals to ensure people received the right care at the right time.