

Supporting Care Ltd

# Supporting Care

## Inspection report

19 Morris Road  
London  
E14 6FF

Tel: 02075381010  
Website: [www.supportingcare.co.uk](http://www.supportingcare.co.uk)

Date of inspection visit:  
09 April 2019  
10 April 2019

Date of publication:  
17 May 2019

### 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 Care is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people and younger disabled adults. At the time of the inspection they were supporting 67 people in the London Boroughs of Camden, Tower Hamlets and Westminster.

People's experience of using this service:

People and their relatives felt listened to and were actively encouraged to be involved in their care and support. People told us the provider supported them to help them meet their needs.

People and their relatives were positive about the kind and caring attitude of the staff that supported them. One person said, "I have recommended the service because of the experience I have had with them. Personally, psychologically and attitude wise, they've been positive."

Some people were able to communicate with staff in their own language which helped them to understand information related to their care and support.

People felt safe using the service and staff were aware of their safeguarding responsibilities. Health and social care professionals were confident the provider would respond proactively to any concerns.

The provider worked closely with a range of health and social care professionals to ensure people received effective support and informed them if they had any concerns.

There was an open and honest culture across the service and people and their relatives felt comfortable approaching the management team if they had any concerns. Staff felt supported in their role and were given advice and guidance to follow best practice to provide good care.

Rating at last inspection: At the last inspection the service was rated Good. (Report published 14 September 2016).

Why we inspected: This was a planned comprehensive inspection based on the outcome of the previous inspection. We had been in regular contact with the provider to monitor the size of the service.

Follow up: We will continue to monitor information and intelligence we receive about the service until we return to visit as per our re-inspection guidelines. We may inspect sooner if any concerning information is received.

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

## 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 remained Good.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service improved to Good.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service remained Caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service remained Responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service remained Well-led.

Details are in our Well-led findings below.

Good ●

# Supporting Care

## Detailed findings

### Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This consisted of one inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type: Supporting Care is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people and younger disabled adults. At the time of the inspection the service was supporting 67 people in the London Boroughs of Camden, Tower Hamlets and Westminster. Not everyone using Supporting Care receives a 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.

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 because we needed to ensure somebody would be available to assist us with the inspection.

Inspection activity started on 9 April and ended on 17 April 2019. We visited the office location on 9 and 10 April 2019 to see the registered manager, office staff and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as allegations of abuse. We reviewed their provider information return (PIR). Providers are required to send us key information about their service, what they do well and improvements they plan to make. This information helps supports our

inspections.

During the inspection we reviewed six people's care records, four staff recruitment and training files, samples of staff rotas and call monitoring data, complaints and safeguarding investigations and audits and records related to the management of the service.

We called 63 people and spoke with 12 people and seven relatives. We also spoke with 12 staff members. This included the registered manager, the care manager, a care coordinator, the administrator and eight care workers.

After the site visit, we spoke with two health and social care professionals who worked with people using the service for their views and feedback.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and staff we spoke with had a good understanding of their safeguarding responsibilities. One care worker said, "We have to be aware of any issues or concerns and we are always reminded about what to do if we have any concerns and we must report everything."
- People and their relatives told us that they felt safe using the service. Comments included, "Yes I feel safe, I have good carers and one stays the whole night" and "Yes, I do think it is safe. They get guidance and work with us and there are no issues."
- Staff completed safeguarding training which was refreshed yearly. Safeguarding concerns were also discussed during supervision and team meetings. All the staff we spoke with were confident that any concerns would be followed up.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been assessed and were reviewed if there were any changes. Areas of risk included mobility, emotional well-being, managing finances and skin integrity.
- Guidance was in place for care workers to follow so they could support people safely. The provider had liaised with relevant health and social care professionals for support with people's moving and handling.
- Where one person's file had limited information about a specific risk, the registered manager explained that this had been discussed with the care workers. We saw their relative had given extremely positive feedback about the care workers at a recent review. The registered manager said they would update the file with more detailed information.
- Staff we spoke with were aware of people's health conditions and could explain how they kept them safe. One relative said, "They use a hoist and they use it correctly. When we had a new carer come to cover, the regular carer helped to show her the best way to use it."

Staffing and recruitment

- People and their relatives spoke positively about timekeeping and confirmed they had regular care workers. One person said, "They have never missed a visit and they always stay the full time. Sometimes they are a few minutes early." When care workers were running late, people told us they were informed.
- The provider used an electronic call monitoring (ECM) system where care workers logged in and out of visits through an app on their phone to confirm attendance. This was monitored from the office and staff would receive an alert if a care worker had not logged in for a call. The provider rewarded staff who achieved 100% compliance rates with logging in and out.
- Office staff were aware of their responsibilities and were able to explain how they monitored people's calls. The care coordinator said, "If we receive an alert, we call the carer to find out what is going on, then

update the client."

- The provider followed safer recruitment procedures to ensure staff were suitable to work with people who used the service. Appropriate checks for staff had been completed and there was evidence of photographic proof of identity, proof of address and two references. One staff file did not have a record of a full employment history and the registered manager acknowledged they would document this for all future interview assessments.

#### Using medicines safely

- People and their relatives were positive about the support they received in managing their medicines. One person said, "They bring my medicines to me in the box and they encourage me to take them." One relative said, "They are good at remembering the medicines." Only one relative raised an issue with how they felt medicines were managed, which we shared with the registered manager. They responded and confirmed that this person managed their own medicines and was not part of the care provided, which was recorded in their care plan.
- Staff received training before they supported people with their medicines. They had a good understanding of their responsibilities and we saw records that showed any issues or concerns with people's medicines were reported to the office. One care worker said, "The training was helpful and gave me confidence. We can't force people to take them, we try our best to encourage them."
- Staff prompted people with their medicines, but the provider was able to provide more support if this was agreed as part of people's care and support needs.
- Information about people's medicines were included in their care records, including the name and dose of medicines and if any family members were responsible. Care workers recorded people's medicines in daily log records or medicine administration record (MAR) charts.
- We did see records for one person where more detail was needed for when care workers stepped in for the relative who was responsible for managing their medicines. The registered manager said they would update the care plan accordingly.

#### Preventing and controlling infection

- Care workers received both practical and online training in infection control and food hygiene, which covered the correct use of personal protective equipment (PPE).
- Samples of daily logs showed care workers were aware of their responsibilities to follow safe infection control guidelines. One care worker said, "I have plenty of gloves available and I can pick them up from the office when they are running low. I was given training about this when I started."
- The use of PPE was checked when spot checks were carried out in people's homes. One person said, "They wear gloves and an apron and always dispose of it. It's never left hanging around the flat."

#### Learning lessons when things go wrong

- The provider used incidents as a learning opportunity and shared information with staff to remind them about their responsibilities.
- The provider had discussed outcomes from a safeguarding investigation with the staff team about the importance of electronic call monitoring. Guidance had been provided about how to use the system and it was discussed in supervisions and shared in their staff newsletter.
- The provider shared a case study of a safeguarding incident and what actions had been taken. It was also discussed in a team meeting to remind staff of procedures to follow.

# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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.

- The provider had made improvements in how they recorded people's consent to the care and support they received after we made a recommendation at the previous inspection.
- Consent forms had been updated and included information about people's representatives and if they were consenting on their behalf. Consent forms also discussed which relatives provided support with making decisions about their family members care.
- The provider ensured they regularly discussed and recorded people's consent at every review, spot check or monitoring visit.
- The MCA was discussed with care workers during their induction and highlighted their responsibilities to make every effort to help people understand the information they were given. One care worker said, "I always explain what I am doing when I support people as it is important they fully understand."

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

- People and their relatives confirmed their needs were assessed before they started using the service.
- We saw correspondence that showed care workers, where needed, had shadowing opportunities, training and demonstrations with health and social care professionals on how to use specialist equipment to fully understand people's needs.
- One care worker said, "We had a session with a district nurse before we started. They checked that we could do the task and reassured the person we were able to do it safely."

Staff support: induction, training, skills and experience

- People were supported by staff who completed an induction, training and shadowing before they started to work with them. Comments included, "The staff seem well trained and do a good job" and "My carer is very knowledgeable."
- The induction and training course was based around the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. It included classroom based and online training modules, with a written competency test.
- One care worker said, "The induction covered a lot of areas about how to support people. The training

was very helpful and I learnt a lot of new skills. We had shadowing with the regular care staff so we could see what had to be done." Care workers also confirmed they received specialist support from health and social care professionals, such as occupational therapists.

- Care workers received regular supervision and all spoke positively about the support they received. One care worker said, "They are helpful and we use them to learn. We discuss clients and how we can improve their lives and deal with any issues we have."

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

- People were supported to eat and drink enough if this was part of their agreed care. People's records included nutritional risks and preferred foods were highlighted, including any cultural needs. One person's care record highlighted foods to avoid that could trigger a health condition.

- We saw concerns about one person's nutrition were discussed at a multidisciplinary meeting with suggested support from a nutritionist. Care workers had access to best practice guidance to support people if they were at risk of choking.

- Only one relative commented negatively about the support provided. However, this related to the knowledge of care workers cooking specific meals rather than not providing the required support.

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

- Care workers were given guidelines to follow in the event they had to deal with any emergencies. A flowchart explained different scenarios and what action needed to be taken, including who they had to contact. People's care records included contact details of their relevant health and social care professionals.

- Care workers were aware of these guidelines and felt confident they would be supported by office staff. One care worker said, "I always keep an eye out for any changes in needs. I report this to the office and inform the family. I know the office then come out to check up on people to make sure they are OK."

- We saw correspondence that showed the provider worked closely with a range of health and social care professionals to ensure people received effective care and support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: 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 and their relatives spoke positively about the caring nature and attitude of staff that supported them. Comments included, "I'd give her ten out of ten. She is very kind and friendly and understands me well", "The carer chats with my [family member] and they are really good at engaging with them" and "They're very considerate in how they deal with me and don't encroach their opinions on me."
- People told us they had regular care workers. A positive comment in a recent feedback form stated, 'We have a good relationship as they understand me after working together for a long time. They are very comforting and sensitive to my health conditions.'
- Care workers understood the importance of treating people with kindness and compassion. One care worker said, "It is important we have a caring nature. With my two regular clients, I know them very well and it is good to see the improvements they make with our support."
- We saw records in one person's daily logs where care workers had provided emotional support and tried to uplift their mood when they had been upset.

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

- Records confirmed people using the service and their relatives were involved in making decisions about their care and support. The care manager said, "Assessments and reviews focus on the client and we always take note of preferred choices."
- One person said, "During the assessment, they were on my side and have a good understanding with us, treating us as individuals. They have involved the whole family and have got to know us all."
- People and their relatives spoke positively about how they and their family members were able to communicate with office and care staff in their own language. This ensured people were supported to be fully involved and understand decisions made about their care.
- Comments included, "They speak to them in Bengali which is really helpful" and "My [family member's] English is not very good but the carer can communicate and interact with them."
- The administrator told us they would regularly communicate with the council and other organisations regarding maintenance or welfare issues due to language barriers. They added, "Some people are without family or are bedbound and need our support. We also liaise with companies to schedule deliveries of medical equipment when we know the care workers will be there to assist."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff respected them and their home. Comments included, "Our carer is very nice. I've had him for nine years and they are very respectful" and "They are very sensitive and carry out personal care in such a respectful way. We are very happy."
- The importance of respecting people's privacy and dignity was discussed during the induction with

information about people's rights and encouraging their independence. We saw this area was also discussed with staff during supervision meetings. One care worker said, "It is important to respect people, make them feel part of the community and hear their views. We treat everybody the same and help them to live an independent life."

- Satisfaction surveys asked if staff were polite and respectful and we saw positive feedback had been received.

# Is the service responsive?

## Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care records included personalised information about how they wanted to be supported. A preference fact sheet included people's preferred names, communication methods and preferences and choices related to meals and daily activities.
- People and their relatives spoke positively about how the provider worked with them to try to meet their needs. One person said, "When they came to assess me, they asked me questions and the carer they gave me knows me well and we have good communication." A compliment from one person stated, "The carer takes initiative, thinks of things that will help me and has a personal touch with the tasks she completes."
- We saw the provider discussed people's preferred timings of care visits as initial schedules from local authorities were not what people always wanted. These suggested changes were discussed and confirmed with the commissioning authority.
- The provider listened to people's preferences with regard to how they wanted staff to support them with their cultural or religious needs. Comments included, "I was asked about my preferences and I have a female carer all of the time" and "It helps a lot that the carer speaks with us in Bengali and understands us." One care worker said, "It is better for us to be able to communicate in our own language. We understand our culture and have respect for each other."
- The provider met the requirements for the Accessible Information Standards (AIS). The AIS makes sure that people with a disability or sensory loss are given information in a way they can understand.

Improving care quality in response to complaints or concerns

- People and their relatives were confident any concerns they raised would be addressed. One person said, "I have never had to complain and would feel comfortable addressing anything with them and confident they'd deal with it."
- A complaints policy was in place and the provider communicated with people and their relatives that they welcomed complaints as an opportunity to learn and improve. This was also discussed with people during spot checks and reviews. Where complaints had been received, there was evidence appropriate action had been taken.
- Health and social care professionals were confident with the action the provider would take if they had any concerns. One added, "They respond well, react with urgency to any concerns and readily accept constructive criticism and suggestions for service improvement."
- We reviewed a sample of compliments that the provider had received from people, their relatives and health and social care professionals. One person complimented their care worker who came to visit them whilst they were in hospital.

End of life care and support

- At the time of the inspection the registered manager told us that they were not currently supporting

anybody receiving end of life care. The registered manager told us they would work closely with health and social care professionals if people needed this support.

- We saw a compliment from a relative where their family member had been supported at the end of their life. It stated, 'Thank you for all your hard work and support. The carers treated my [family member] as their own and I was very comforted by this.'

## 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives spoke positively about the management of the service and the support they received. Comments included, "They are well organised, friendly and respond well", "They are good people and they help me" and "As an agency, there is feeling behind their purpose. They aren't just here to help, but to support people positively."
- Only one relative felt the provider needed to make improvements with how the service was managed. We shared the feedback with the registered manager who was proactive and told us they would follow this up. They contacted us after the inspection and had received positive feedback from health and social care professionals that had worked with this person and they did not raise any concerns.
- All the staff we spoke with were positive about the support they received and complimented the open nature of the service. Comments included, "The support we get makes a big difference. They thank us and encourage everything we do, helping to ensure we are providing the best care possible. It makes me feel valued" and "I am very happy here. They help with everything and I have learnt a lot in how to look after people."

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

- The registered manager and care manager had a good understanding of their registration requirements regarding statutory notifications. Feedback from a health and social care professional stated communication was positive and the service was proactive in escalating concerns and problem solving.
- Staff we spoke with were aware of their responsibilities and spoke positively about the support they received. Comments included, "I get everything I need from them. They give me really good advice about what to do and not to do" and "They always inform us what to do and give us guidance. This makes the job easier."

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

- The provider sought people's and their relative's views about the service with satisfaction surveys sent out every six months. Samples of returned surveys showed there were no major concerns and the majority of people were happy with the care they received. One person said, "I would definitely recommend this agency."
- The provider produced a newsletter for people, relatives and staff. It included information about the organisation, support for staff to obtain further qualifications and useful information about health

conditions.

- Minutes from care worker meetings showed care workers were asked for their ideas about how improvements could be made. One care worker said, "They are always working to improve everything, not just for the clients, but for us too."
- We saw the provider held weekly drop in sessions for staff, where they could discuss any issues they had without having to make an appointment. One care worker said, "When we need something, they do it well. They always listen to us and are always available."

#### Continuous learning and improving care

- There were systems in place to regularly monitor and assess the quality of the service provided. There were daily team meetings, regular management and care worker meetings which discussed the service and followed up any areas of improvement. Care worker meetings regularly discussed performance and reminders about key responsibilities.
- Call monitoring and spot checks were carried out to assess the overall quality of care and support. We saw correspondence where any concerns were found, they were shared with the relevant authority. A care coordinator said, "If we see care workers not logging in, we discuss this with them and go through their logging records. We can provide more training if need be."
- Comments from people and their relatives were positive about the checks in place. One person said, "The manager comes and checks up that I am happy with my care."
- People's daily records were checked during home visits and returned to the office for auditing. One care worker said, "They come and check on us every two to three months, see how we are doing and if the client is happy and safe. We discuss the records and they give us good advice."

#### Working in partnership with others

- The provider had created links with a local charity and provided space for a weekly community café and befriending service. The project manager of the charity spoke positively about the working relationship with the provider.
- We saw the provider had created links with local authorities and had accessed free training opportunities in the community. The registered manager attended manager forums and networking events in the local area.
- The provider worked in partnership with a range of health and social care professionals and staff had attended multi-disciplinary review meetings to discuss people's health concerns.