

Support Me At Home Limited

Support Me at Home

Inspection report

8-9 St. Nicholas Court
Vicarage Street
North Walsham
NR28 9BY

Tel: 01692531241

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06 November 2023

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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 Me at Home is a service that offers support and care to younger adults and older people who may be living with dementia, a mental health issue, a physical disability, or a sensory impairment. At the time of our inspection there were 49 people using the service however only 25 were receiving support with personal care in their own homes. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People received a service that was consistently person-centred, caring, responsive and that achieved positive outcomes for them. People told us they received kind and compassionate care from the same small staff group, who arrived on time, and met their needs in an individualised manner. The records we viewed confirmed this. We saw that 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 consulted in all aspects of their care, and they told us they felt listened to and engaged. Their care needs were regularly reviewed, and care and support adjusted to meet any changing requirements. Care was delivered by staff who had been safely recruited and inducted, and who received ongoing training and support that they told us made them feel valued. A nurturing culture was in place that achieved positive outcomes for the people who used the service.

A robust governance system was in place that had been effective at ensuring a consistently good quality service was delivered. Staff and managers understood their responsibilities and accountability was in place. The service regularly sought people's feedback on the care they received, and this was listened to, and responded to. People told us communication was good and any issues or concerns were managed promptly and appropriately.

People consistently told us they would recommend the service due to the good quality care they received and the professionalism of the management team and their staff. People knew who would be supporting them, and when, and that their needs would be met by friendly and approachable staff they had confidence in. People told us their lives had been enhanced by the service especially around the ability to remain independent and to live in their own homes.

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 (report published 15 August 2018).

Why we inspected

We inspected this service due to the length of time since the last inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 

Support Me at Home

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was completed by 1 inspector and 2 Expert by Experiences. 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 5 days' notice of our inspection. This was because we intended to use remote technology to undertake the assessment and needed to ensure the provider was able to facilitate this type of assessment. This included uploading documents into a secure portal and facilitating calls to people who

used the service to enable them to speak with us. The provider also facilitated calls to relatives and staff.

Inspection activity started on 06 November 2023 and ended on 13 November 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service and 6 relatives. We spoke with the registered manager who is also the nominated individual and we received feedback from 12 staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We assessed the care plans, associated records, and medicine administration record (MAR) charts for 3 people. Several governance records were also assessed including staff recruitment records for 2 staff, quality assurance audits, training and supervision records, policies, and procedures.

This inspection was carried out without a visit to the location's office. We used telephone calls and emails to enable us to engage with people using the service, their relatives, professionals, and staff, and electronic file sharing to enable us to review documentation. Inspection activity started on 06 November 2023 and concluded on 13 November 2023 when feedback was given to the registered manager who was also the nominated individual.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe whilst receiving the service and we saw that systems were in place to help protect people from the risk of abuse.
- One person who used the service said, "I am always introduced to staff. I have confidence in them, and I feel safe." People's relatives agreed with one telling us, "[Person who uses the service] has limited mobility and they feel very safe in the staff's skills."
- Staff had received training in safeguarding and were able to accurately tell us how they would report any concerns they may have.
- Safeguarding concerns had been reported to the local authority as required and robust records were in place in relation to these.

Assessing risk, safety monitoring and management

- The risks to people had been identified, recorded, mitigated, and regularly reviewed. These were person-centred and appropriate.
- People, and their relatives, told us they had no concerns in relation to safety and felt staff had the skills and experience to help keep them safe. One person told us, "When I became dizzy in the shower, staff were really supportive, and I felt very safe in their care."
- Risk assessments were individualised and covered areas such as health conditions, falls, medicines, fire, and skin integrity. They had accurately identified risk factors and had been regularly reviewed.
- The risks associated with the service delivery had been identified via a business continuity plan that included areas such as failure of utilities and/or information technology (IT), adverse weather and staff absences.

Staffing and recruitment

- Systems were in place to ensure staff were safely recruited to ensure people received care and support from people appropriate to work with them. This included the completion of checks with the Disclosure and Barring Service (DBS) which helps employers make safe recruitment choices.
- People told us they saw a regular group of staff, that arrived on time and stayed for the agreed amount of time. The records we viewed confirmed this.
- Staff agreed they consistently supported the same people and told us about the positive impact this had. One staff member said, "It is helpful to have continuity of service users. It gives us time to get to know them and for them to get to know us. This helps us do our jobs better and it makes people feel more comfortable, and safe."

Using medicines safely

- People received their medicines as prescribed, and the administration and management of medicines met best practice.
- Medicines administration record (MAR) charts showed people received their medicines safely and as required. Where medicines errors had occurred, robust action had been taken in response including seeking medical advice, meeting with the staff member involved, retraining the staff member, and completing further competency assessments.
- Staff had received training in medicines and regularly had their competency to administer these assessed.
- Regular audits had been completed on medicines administration and these had been effective in ensuring people received their medicines safely. These audits had also been successful in identifying shortfalls and quickly rectifying them.

Preventing and controlling infection

- Systems were in place to help protect people from the risks associated with infectious diseases, including COVID-19.
- People told us staff consistently wore personal protective equipment (PPE) and wore uniforms to help protect them. One relative said, "Throughout COVID-19 staff were fantastic, always wearing PPE to keep [person who used the service] safe."
- Staff had received training in infection prevention and control (IPC) and told us they had access to PPE as needed.
- Each person who used the service had an IPC and COVID-19 risk assessment in place that was person-centred, appropriate, and regularly reviewed. An IPC policy was also in place.

Learning lessons when things go wrong

- We saw that robust action had been taken when things went wrong to prevent reoccurrence and improve the quality of the service. For example, when medicines errors had occurred, we saw that actions were taken with individual and responsible staff as well as the staff group as a whole.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- People's needs had been holistically assessed, with their full involvement and in line with standards and best practice guidance.
- One person told us, "I wouldn't survive without the service and would be in a care home without them." A relative said, "Staff brighten up [person who used the service] life and to see a smile on their face when staff arrive is so important."
- People told us staff met with them regularly to assess their needs and adapt their care plan as required and the records we viewed confirmed this.

Staff support: induction, training, skills, and experience

- People told us staff were well trained and had the skills and experience to support them appropriately and meet their needs. They told us they had confidence in the staff.
- One person said, "Staff are well trained and good at their job." A relative told us, "The staff are very effective in providing great care."
- Records showed staff had received a thorough induction that prepared them for their role. Feedback from staff confirmed this, with one saying, "My induction was in depth and provided me with knowledge of the company and the values they work to."
- Staff received training to meet the needs of the people who used the service and their competency to perform their role was regularly assessed. One staff member told us, "The training I have had has allowed me to do my job to the best of my ability, looking after people safely, professionally, caringly and lawfully."
- Staff received regular supervisions and annual appraisals and they told us they felt supported and listened to. One said, "The management team offers continuous support and that makes me feel appreciated."

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

- People told us their nutritional and hydration needs were met and the records we viewed confirmed this.
- Care plans gave staff information on what support people needed with eating and drinking and daily notes showed this was being delivered as agreed.
- The service worked with healthcare professionals as needed to ensure people's nutritional and hydration needs were met.

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

- We saw that the service worked with other professionals to ensure people received a consistently safe and

appropriate service. Records confirmed this. For example, at the time of this inspection, the registered manager was due to meet with a pharmacist to ensure people's medicines were received without delay.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People told us they were in control of the care they received and involved in decisions about it.
- Staff had received training in MCA and the service understood their responsibilities under it.
- There were no Court of Protection authorisations in place at the time of this inspection.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- Staff received care and support from a consistently caring, compassionate and patient staff team that treated them as individuals. Staff received training in equality, diversity, and human rights to assist them in delivering this.
- One person told us, "Staff are kind, compassionate and respectful. They all do a good job."
- Relatives agreed with one telling us, "I always watch the staff and am always happy with the level of care and professionalism they show in their work. I have no problem with the personality aspect. Staff are friendly and talkative to my relative and help them to relax."

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

- People told us they were involved in the planning of their care and listened to in relation to the care and support they received. The records we viewed confirmed this.
- One person told us, "I have a care plan for long term and my wish is to stay in my own home as long as I can. I can't thank the staff enough for making this possible."
- The relatives we spoke with confirmed they were involved in decision making as appropriate with one telling us, "My relative has a care plan and I am satisfied it meets their needs. It also gets reviewed with my full input."
- The care plans we viewed confirmed people were included and engaged with the planning of their care as were their relatives as appropriate.

Respecting and promoting people's privacy, dignity, and independence

- Staff had received training in respect, dignity, and person-centred care and people told us the staff delivered a service that fully met these needs.
- One person said, "Staff are kind, caring and respectful of my privacy and dignity." Relatives agreed with one saying, "The regular staff member is 100% respectful and provides wonderful care."
- Staff were able to describe how they maintained people's dignity and promoted their independence. One said, "I support the person to do what they can for themselves. They don't need me going in and taking over. It's important to keep people as independent as possible."
- We saw from the care plans we viewed that people's privacy, dignity and independence was considered and care planned. The daily notes we viewed demonstrated these needs were met and they were written in a respectful and professional manner.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People's needs were met in a person-centred manner and in a way they chose. These wishes were recorded in their care plan and delivered by a consistent staff team who respected their choices.
- People told us their needs were met and this was confirmed by their relatives. One relative said, "The service's responsiveness to our care needs, including mine as a relative, is vital and they are responsive all the time and in every circumstance; the staff are always there to help."
- Staff delivered a service that ensured people received continuity in care but also adapted to meet changing need. People told us the service was flexible which was important to them.
- The care plans we viewed were person-centred and had been regularly reviewed. Staff told us they were consistently accurate and provided them with all the information they needed to deliver individualised and safe care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People told us communication was consistently good and met their needs.
- One relative said, "Communication with the service is excellent. I cannot sing their praises enough." Another relative told us, "They always do well at communication and interacting with us. I cannot fault them at all."
- Each person's communication needs were assessed, and a care plan was in place describing how they communicated on all levels.
- People received information in the format that met their needs, and this included care plans and rotas in large print. The registered manager told us other formats were available as required, such as in braille.

Improving care quality in response to complaints or concerns

- The provider used concerns and complaints as opportunities to learn and improve the service. People told us they had confidence in how concerns were managed.
- For those that had raised previous concerns with the service, they told us they felt listened to and that their concerns were addressed promptly and appropriately. One relative said, "I contacted the office, and they responded within minutes, resolving the issue to my satisfaction."
- The majority of those people we spoke with told us they had no reason to raise concerns, but should they

need to, they had confidence it would be dealt with professionally. One relative said, "I feel I would get a very positive response if I needed to contact the office with any issues."

- The service kept a complaints log which recorded any concerns raised and what action was taken in response. This helped to identify any trends or patterns to improve the service.

End of life care and support

- No end of life care and support was required at the time of this inspection however this was a service Support Me at Home had planned for, and could, deliver as needed.
- Staff had received training in end of life care so were available to meet this need when needed.
- People were asked if they wished to discuss their end of life care needs with their wishes respected and recorded in their care plan. This was reviewed on a regular basis.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- All the people we spoke with told us the service had a positive impact on their lives. This was achieved by ensuring the culture amongst staff was supportive and that they not only understood, but delivered, the service's caring values.
- All the people we spoke with described a service that was caring, person-centred, responsive and that met their needs and wishes. People spoke of the service's ability to help them remain independent and in their own homes, something which was vitally important to them.
- Staff described a culture that was consistently encouraging, supportive and caring. One staff member said of the service, "They make you feel part of the team and a valued member of staff. We all communicate and get on well." Another staff member told us, "The culture is caring and close."

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 understood their responsibilities under the duty of candour requirement and records demonstrated this was delivered. For example, where medicines errors had occurred, records showed these were discussed openly with all those involved.

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

- The governance system in place had been effective at ensuring a consistently good quality service was being delivered and staff demonstrated they understood their responsibilities.
- Regular quality monitoring audits were completed on all aspects of the service that had been successful at maintaining quality standards. Where shortfalls had been identified, audits had increased until the service was confident these had been addressed.
- A service improvement plan was also in place to help drive further development of the service and make continued improvements.

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

- People told us they felt fully engaged with the service, listened to and that feedback was sought. They consistently told us they would recommend the service.
- We saw that there were several ways in which people were consulted with and able to engage with the

service. This included both formal and informal methods such as regular surveys and face to face quality assurance reviews as well being able to communicate with the service via ad hoc telephone calls and emails, all of which, people told us, were responded to promptly.

- Staff were also regularly consulted with via surveys, supervisions, and regular staff meetings. One staff member said, "Meetings are helpful, not only to see other staff and colleagues but also to keep up to date with changes, training, and other areas of interest."
- Everyone we spoke with told us they would recommend the service due to the good standard of care they received and how well the service was managed. Most people told us no improvements were needed and that they were entirely satisfied.
- One relative said, "I can see no area for improvement and my comments will always be delightfully positive. I have seen a big improvement in my [person who used the service] health since engaging this company. I would recommend them 100%."