

Supportive SRC Ltd

# Supportive SRC Ltd

## Inspection report

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

Tel: 01740658880

Website: [www.supportive.org.uk](http://www.supportive.org.uk)

Date of inspection visit:  
05 December 2018

Date of publication:  
27 December 2018

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

About the service: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to children, younger and older adults. At the time of the inspection they were providing care to 169 people.

People's experience of using this service:

People's risk assessments did not consistently cover all potential areas of risk, such as a risk of choking or falls. We looked at the systems in place for medicines management and found records did not support keeping people safe. People felt safe in the care of staff members and were happy with staffing levels. The provider had appropriate systems in place to support staff to raise any safeguarding concerns. Staff had access to appropriate personal protective equipment (PPE) to help prevent the spread of infection.

People told us they received effective support. Systems were in place to ensure that staff received appropriate supervision to support them in their roles. Staff felt they were trained to the right level to effectively work with people.

Checks were made on the ongoing competency of staff and staff felt they could ask for extra training and support at any time. People told us that staff sought their consent prior to carrying out care and made people aware of the actions they were to take. People were supported to eat meals of their choosing and were assisted to access health professionals when necessary.

People told us care staff were very caring, kind and compassionate. Staff enabled people to be independent and to make choices where possible. People's privacy and dignity needs were maintained by staff members caring for them.

People told us they were provided with a responsive service. People received care and support to meet their individual needs. People and families spoke about being involved in the process of writing and reviewing their care plans. People knew how to make complaints and we saw evidence to show complaints had been fully investigated.

The provider's systems and processes in place to monitor and audit the service required improvement. Records management needed improvements regarding medicines, risk assessments and quality monitoring of the service.

More information is in detailed findings below. We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around safe care and treatment and governance. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection: Good (report published December 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service now required improvement.

Follow up: We will speak with the provider following this report being published to discuss how they will make changes to ensure the provider improves the rating of the service to at least Good. We will revisit the service in the future to check if improvements have been made.

## 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 not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### 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 not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# 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 as part of our regulatory functions. This inspection checked 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: One inspector, a pharmacy inspector and two experts by experience (ExE), who telephoned people in their homes to gain their view of the service; 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 in the community. It provides a service to children and younger and older adults.

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 visit as we needed to be sure that they would be available for us.

#### What we did:

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 abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During inspection:

We spoke over the telephone with 26 people using the service and 10 relatives. We visited one person in their

own home and whilst there spoke with a relative. We spoke with the registered manager, project manager, chief executive officer and three staff members; Various records were reviewed, in relation to training and supervision of staff, the management of the service and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety.

There was an increased risk that people could be harmed.

### Using medicines safely

- We looked at the systems in place for medicines management and found they did not always keep people safe.
- Care plans were not always in place to guide and support staff when administering medicines via special techniques. For example, we found one person where their medicines were administered by a percutaneous endoscopic gastronomy (PEG) tube. A PEG is a tube that is passed into the person's stomach so that medicines can be administered when oral intake is not possible). We found there was no up to date care plan in either the office or the person's home to guide staff on the current regime to follow. Whilst one care worker we spoke to on the day could explain the regime in detail, vital information was missing from records and therefore people were placed at risk of harm.
- We asked the registered manager if anyone received covert (hidden) medicines and we were told no. On looking at files we found one person was receiving their medicine covertly and staff were opening capsules to sprinkle on food. There was no risk assessment or care plan in place about this. The services policy stated 'under no circumstances should a care worker administer medication to a customer without their knowledge, e.g. Hidden in food/drink.' Therefore, staff were not following their own policy.

This was a breach of regulations in relation to safe care and treatment and good governance and records.

### Assessing risk, safety monitoring and management

- Risk assessments for people's health and support needs required more detailed recording. One person was at risk of choking. The risk assessment simply stated, 'under SALT' and the control measure stated refuses thickened fluids. SALT means speech and language therapist. There was no information for staff to follow in the event of a choking episode or how to prevent a choking episode.
- One person had a specific way of living which was important to them and could impact on their daily life. There was information on what staff needed to do to support this. However, there was no risk assessment that staff could follow in the event of things not being the way this person wanted them to be.

This was a breach of regulations in relation to safe care and treatment and good governance and records.

- Following the inspection, the provider informed CQC that all senior staff were booked on a developing person-centred risk assessment course on 12 December 2018.

### Staffing levels

- Staff and people who used the service raised no concerns about staffing levels.
- We saw staff had been recruited safely by the provider.
- We were told by the registered manager and staff, that people saw the same consistent staff team and

people we spoke with confirmed this. Comments included, "Yes, it is always the same group of people [staff]", "Yes, it is always a steady group of people, but obviously they have leave and days off" and "Sometimes you get different carers on a weekend but that is all."

#### Safeguarding systems and processes

- The service had effective safeguarding systems in place and staff we spoke with had a good understanding of protecting people from harm.
- People we spoke with said they felt safe and at ease with the staff who supported them. Comments included, "Yes the carers make me feel safe, they help me to put my shoes and socks on and sometimes help me to undress" and "Yes I do feel safe, they [staff] are very good."

#### Preventing and controlling infection

- Staff had received infection control training and said they had plenty of personal protective equipment (PPE) available to them.

#### Learning lessons when things go wrong

- We saw some evidence of lessons being learnt when things go wrong. For example, whilst monitoring missed calls they recognised a pattern. Calls were being missed if the rota was being changed at short notice and staff were not aware. The lesson learnt was to follow up a rota change with a phone call to make sure staff were fully informed. We saw that missed calls had dropped from eight in a year, to one.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 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.

- For one person their care file stated they were to receive their medicines covertly (hidden). The person's GP had provided permission for this. However, this letter was in the person's home and the service had no record of this permission or of a best interest meeting being held with the involvement of a pharmacist. The registered manager stopped staff administering this medicine covertly straight away until this could be dealt with properly.
- Staff we spoke with did not have a full understanding of MCA.
- People confirmed that staff sought their consent before providing personal care and we saw evidence of signed consent in people's care plans. One person said, "Yes they [staff] get my consent before they bath me or help me get dressed."

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

- People had a pre-assessment before commencing with the service.
- The pre-assessment looked at previous medical conditions, current medical conditions, likes, dislikes and personal preferences.
- Assessments of people's needs documented the person's preferences for each call time. For example, the assessment documented how staff were to enter the person's home, along with written permission, and routines they should follow.

Staff skills, knowledge and experience

- We saw staff training was up to date. We confirmed from our review of staff records and discussions that staff received training which was effective and gave them enough information to carry out their duties safely.
- Records evidenced that staff training was up to date or was booked.
- Staff we spoke with said they could request specific training and this was always supported. One staff member said, "We get enough training, we are always in and out for training. I want to do end of life training and my name is down for the next slot." Another staff member said, "The training here is brilliant, you do not go to anyone's home unless you are bang on."
- One person we spoke with said, "I am very happy with the care, we have struck up a good relationship, they

[staff] are so competent and I feel safe with them." Another person said, "Yes, they [staff] do all seem well trained, the way they talk to me makes me feel they are well trained. I have every confidence in them."

Supporting people to eat and drink enough with choice in a balanced diet

- Where needed staff supported people to have their choice of food. Care plans documented how food or drinks should be presented.
- Care plans documented how a person's appetite was, if they needed encouragement to eat and drink and also where a person preferred to sit to eat their meals.
- One person we spoke with said, "Yes I am pleased with what they [staff] do, they don't cook a full meal, but they do serve it."

Staff providing consistent, effective, timely care

- Speaking to people and staff we were told that they saw the same group of staff as much as possible.
- People we spoke with said, "They do their half an hour but they have a lot of toing and froing", "Sometimes they are rushed but as long as they do the job they are supposed to, we don't mind" and a relative said, "They [staff] stay the right time, they are not rushed at all. They have a laugh and carry on with [named person]. If anything, they stay longer than they are supposed to."

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People and their relatives we spoke with were happy with the care provided and said the carers treated them with respect. Comments included: "Carers are very good, they always treat me with respect and are very kind", "Yes they [staff] treat us with respect, they always ask if [named person] needs anything. Although they are only carers for [named person] they always ask me if I want a cup of tea too" and "They [staff] always treat you with respect and ask first."
- People said staff were kind and caring and were very complimentary. Comments included, "Staff are brilliant, they really are, they cannot do enough to help you and are always kind", "Staff are fabulous" and "Staff are wonderful."
- Staff explained how they supported people's human rights and promoted equality and diversity. Comments included, "We treat everyone as equals, I treat them like my grandmother" and "We had someone we cared for who could not speak English, we all had a translator app on our phones to support this."

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

- Staff supported people to make decisions about their care. They understood people's communication needs and this was documented in care plans. For example, 'speak slowly and clearly and ask one question at a time', 'provide time for the person to answer.'
- One staff member said, "We always provide choice, such as what food do they want, where do they want to sit; we ask everything, and we do it their way."

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with explained how they promoted people's independence. Comments included, "I don't take anything away from them [people who used the service], I just observe, and they tell me if they need help" and "The last thing we want to do is take over, we get people to do as much as they can for themselves."
- People we spoke with said their independence was promoted. Comments included: "I'm 93 and still very independent. I am helped to maintain my independence by the carers. They only help me with little tasks like serving a meal which I have prepared", "I am 91 and very independent. I only have a carer to help me get up and get dressed" and "Yes I keep my independence with their [carers] help."
- One person we spoke with said, "I don't think I could live independently without them [carers], they shower me, get my meals, do my housework and shopping if needed. It means I can still live in my own home."

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

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

Personalised care. How people's needs are met

- Care plans contained some good personalised information such as the person's life history. There were detailed plans with a step by step guidance on how each call should go from entering the property to leaving the property.
- We saw people and relatives were involved with the development of their care plans. Peoples comments were "I have a care plan, but I don't get review meetings. What is in the care plan is still relevant though", "There is someone who writes things down about what I need" and "The social worker was here yesterday, and we discussed the care plan, I am happy with it."
- Staff we spoke with knew people well and could easily explain people's preferences and wishes. For example, one staff member explained how one person liked to be tucked in when put to bed on a night call. However, this staff knowledge was not documented in the care plans. The registered manager said they would get staff altogether, so they could start documenting this.
- The service provided transport for people to prevent social isolation. This was a volunteer service and people only had to pay towards the petrol.
- Staff supported people to access activities of their choice. For example, staff supported one person to attend a gym and another to attend bingo.
- They also supported people to a church of their choice.

Improving care quality in response to complaints or concerns

- People had access to information on how to make a complaint and we read that where people had complained, these had been investigated and responded to. We asked people if they felt their concerns were addressed and overall people said that things were actioned immediately. Five complaints had been received this year and we saw all had been investigated with an outcome of satisfaction.
- Comments from people and their relatives were, "I am good at complaining, I would phone them to tell them what the problem was", "I have a telephone number to ring if I am not happy with the service. However, I have never needed to make a complaint" and "Never had to make a complaint, they are very good."
- One person we spoke with said, "A while ago we had a bit of bother with some of the carers, but they don't work for the service now. I couldn't fault the ones we have now."

End of life care and support

- We were provided with a list of who was receiving end of life care. We chose one care plan to look at but could find no record to show the person was receiving end of life care. There was nothing recorded about the persons or relatives wishes and preferences at this time in their life. The registered manager said they would make sure all care plans were updated.
- Although nothing was recorded about people's preferences at end of life, the thank you cards from

relatives evidenced that care was delivered to a good standard.

- Staff we spoke with were very knowledgeable. One staff member said, "We are supportive when we provide end of life or palliative care. We are there for the families as well. We explain we are here for you if you want us to do anything, or don't disturb anyone unless they need something. Sometimes families may just want to sit and talk, it is very rewarding."

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

- We had a mixed response from people about whether people received a rota. Comments included, "We used to get a rota, but not now", "No I don't get a rota anymore", "No rota, they can't tell me who is coming really, sometimes they [staff] are all over the place" and "We don't get a rota, but I am happy with the times they do make a visit."
- Improvements were needed with records. For example, risk assessments needed more detail and staff knowledge of people needed to be incorporated into care plans.
- The recording of medicine administration needed more work. For example, omission codes were used but no reason was documented, as to why the medicine was not administered.
- The service was not following their own medicine policy. For example, levels of medicine administration in risk assessments did not match what was in their policy.

This was a breach of regulations in relation to good governance and records.

- The provider had a system in place where staff used an app to log in and out when attending to people. This allowed the provider to know if calls were missed or late.
- The provider had an out of hours team that worked until 10pm each evening and from six am till 10pm on a weekend. People contacted the out of hours team if they needed to change a call time or cancel a call.
- Managers and staff were clear about their roles, and understood quality performance, risks and regulatory requirements
- Risk assessments relating to people's health needs were not always in place and those in place required further information adding to support staff to mitigate this risk.

This was a breach of regulations in relation to good governance and records.

- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Engaging and involving people using the service, the public and staff

- People were encouraged to air their views of the service via an annual survey. The recent survey had just been analysed and was very positive. People we spoke with said, "We get a questionnaire once a year, we had one two weeks ago" and "I get a questionnaire every year asking me what I think of the service and I

always respond. Very happy with it [the service]."

- People we spoke with thought the service was well managed
- Staff we spoke with enjoyed working at Supportive SRC. Staff comments were, "This is a really good company, the training is out of this world, it was intense, but it has made me the carer I am today, I am a good carer, caring and helpful" and "I love it and I am very passionate about my job."
- The provider had developed a supportive positive outcomes programme, which was a focus group that people who used the service could be involved in. People would come into the office to get involved in what the company was about and were looking at how to improve the customer service guide.
- The focus group also attended social events such as afternoon teas at the office and day trips out.
- The provider sent out a monthly briefing sheet to all staff. This provided staff with any company updates, upcoming training and recent activities.

#### Working in partnership with others

- We saw that the service worked closely with other external healthcare professionals such as social workers and GPs.

#### Leadership and management

- Staff said they were supported by the management. Comments included, "We are very supported in our roles", "[Manager's name] is lovely, they know my name, and they are very polite. If I come into the office, they always ask if I am ok" and "Anything whether good or bad you need to talk to her about she gets it sorted straight away. I wouldn't want to work anywhere else."
- Although people had mixed reviews on whether they received a rota, people thought the service was well run. Comments included, "I feel it is well led, I have wonderful regular staff and it works well for me" and "I think it seems to run and work well, I personally cannot fault them."
- Staff understood what Supportive SRC's values were and what the people they cared for valued. Comments included, "Our values are to provide the best care to people with respect and dignity" and "People we care for value our truthfulness with them."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  We found the provider was not doing all that was reasonably practicable to mitigate risks. Regulation 12 (1)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  We found the provider did not have systems and processes in place to improve the quality and safety of the service. Regulation 17 (2)(a)(b)(c)