

## Supporting Solutions Limited

# Supporting Solutions Ltd

### Inspection report

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on the 31 August 2016. The provider was given 48 hours' notice of the inspection, as this is a community based service where staff are often out during the day and we needed to make sure that the registered manager would be available to meet us.

The service is a domiciliary care service registered to provide personal care to people in their own homes. On the day of inspection the service was providing personal care to 23 people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Although we saw evidence of checks taking place and appropriate response to complaints we found the service lacked a formal structured process of quality assurance with few management systems and plans in place. This meant it was not easy for the registered manager to identify where improvements were required or where they were doing well. We recommended the service develops a management and quality assurance system, which will help them access and analyse information and data that could help improve their service.

However, we found people were cared for safely by staff who had been trained and understood how to protect people from harm or abuse. The registered manager followed safe recruitment practice and ensured all necessary recruitment checks had been completed before staff worked alone with people. People received their medicines on time and as prescribed. People told us they felt safe with the staff from Supporting Solutions.

People were very happy with how staff cared for them and felt they had the skills and knowledge to care for them effectively. Staff received the necessary training and guidance they required to care for individual needs. They understood the principles of mental capacity and consent and considered this when caring for people. People were supported to have regular meals and drinks of their choice and to access community healthcare services where required, to maintain their health and wellbeing.

The staff at Supporting Solutions were kind, compassionate and developed positive caring relationships with people, based on mutual respect and dignity. Staff were passionate about improving the quality of people's lives and promoted their independence, choice and rights. People told us they were very happy with the care they experienced and repeatedly told us they would recommend the service to others.

Staff clearly knew people personally. They understood the individual needs of people and respected their preferences and 'how they liked things done'. People contributed to their care plans and were involved in reviews of care when their needs changed. The registered manager regularly sought feedback on the quality

of care and responded quickly to changing need.

People and staff told us there was visible and accountable management of the service and the registered manager was 'always available' for support or guidance. There were strong links with other health and social care services, particularly the district nurses, which enabled a holistic response to people's needs. Staff were motivated to provide high quality care and to improve their practice.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Safe recruitment procedures were in place and all pre-employment checks were completed before staff cared for people. Staff understood their responsibilities to keep people safe from harm. Medicines were managed safely and staff received relevant training.

### Is the service effective?

Good ●

The service was effective.

Staff clearly knew people's care needs and had the knowledge and skills to meet these needs. Staff understood and followed the principles of consent and the Mental Capacity Act (2005). Staff worked closely with community health practitioners so people were supported to receive ongoing healthcare support.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were kind and compassionate. People and staff developed positive relationships based on dignity and respect. Staff involved people in their care planning and listened to their views.

### Is the service responsive?

Good ●

The service was responsive.

Staff clearly understood people's preferences and choices and respected these. The management sought feedback and used this to improve the care people experienced.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

There was a positive and inclusive culture within the organisation, where people and staff felt valued. Staff were

supported by a manager who was available and responsive to any concerns. However, the service lacked a formal process for the planning and recording of supervisions, training, care reviews and quality assurance.

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# Supporting Solutions Ltd

## Detailed findings

### Background to this 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.

This inspection took place on 31 August 2016 at the provider's office base. We gave the provider 48 hours' notice because they provide a community based service and the manager was often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of one inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses a community based service.

Before the inspection we reviewed any information we held about the service, including any information the provider had sent us. This included the provider information return (PIR). A PIR is a report that we ask the provider to complete which gives details of how they deliver their service, including numbers of staff and people using the service, and any plans for development. We also reviewed any notifications the provider had sent us. Notifications are reports the provider must send to us to tell us of any significant incidents or events that have occurred.

In order to gather information to make an assessment of the quality of the service, we looked at a variety of records and spoke to different people. We reviewed five care records which included needs assessments, risk assessments and daily care logs; management records which included three staff records, policies, development plans and evidence of training. We also spoke to ten people who used the service or their families, the registered manager and three care staff.

## Is the service safe?

### Our findings

People were protected from harm and abuse. One person told us, "I feel very much at ease and safe when they are here. I can't say enough good about them". A relative said, "It's very safe and my [family member] has had no accidents with them". Another relative said, "My [family member] is very happy and safe with them". Staff told us they understood how to keep people safe from harm or abuse as they had received safeguarding training and knew how to raise concerns if they felt someone was at risk of harm. One staff member said, "We know how to report abuse" another said, "I would ring in, if I had any concerns". Staff confirmed they had a whistleblowing policy and would not hesitate to share any concerns. Records we saw confirmed this. This meant that people using the service were safe from harm or abuse.

Risks to people were identified and managed in order to reduce the potential for harm or injury. One relative told us, "The care is done safely with no accidents or injuries". Another said "They have done all the risk assessments. The manager checks up on these as well. These are done by them as second nature". This person told us how the risk assessments and care plan had been reviewed after an incident. They told us all the records were updated, the equipment was changed and all the changes were documented so everyone was clear how to use the equipment safely. We saw risk assessments in care plans and saw that these had been updated when care needs had changed. This meant that known risks to people were reduced by ongoing risk management.

People told us there were enough staff to meet their needs and where possible they had regular staff providing care. One relative said, "It's usually pretty steady who is calling and [my family member] is very safe". They told us that where required, for example for personal care, they had two carers to provide their care and keep them safe; whilst at lunch time they had one carer to prepare their lunch and tidy up. Staff told us they had enough time to complete the care needed at each visit and often had time to sit and chat. We saw assessments in people's care records that identified when people needed one or two carers. The provider also had contingency plans in place to enable the service to continue during severe weather or staff shortage; for example due to sickness or annual leave. This included staff working additional hours and the registered manager completing care visits. This meant there were sufficient staff to meet people's needs.

The registered manager followed safe recruitment practice and made sure all relevant pre-employment checks were completed before new staff cared for people on a one-to-one basis. We saw staff records included application forms, references, health declarations and DBS checks. Staff told us they completed Disclosure and Barring Service (DBS) checks before they worked alone with people. The registered manager told us they observed new staff before they worked alone and said, "I would not take someone on if they were not suitable to care for people; it's not for everyone". This meant staff were suitable to care for people.

The arrangements for the management of medicines meant people received their medicines safely. One relative said, "The medication is charted well and there have been no mistakes. They list it all on their own sheets as well as the MAR sheets. It's been done well so far". This person went on to say that staff were very good at following the specific instructions for the administration of medicines for their relative and made sure it was safe. Another relative said, "They use medication and they fill out the forms to do that". Many

people told us the staff wore gloves and aprons, one relative said, "Yes, they use gloves and stuff, my [family member] has had no infections and it's safe"; another relative said, "They keep very hygienic". We saw a detailed medicine protocol, where it was needed to manage one person's health condition. Staff explained how they checked dates, names and dosages on packaging before administering medicines and how they updated records including medicine administration records (MAR). We saw evidence of staff training for those staff administering medicines and they told us they had good relationships with the district nurses and local pharmacy, who they would ask for advice if they were not sure. This meant people could be assured that the medicines were managed safely by staff.



## Is the service effective?

### Our findings

People were very happy with the care they received and were very complimentary of the staff. One person told us, "I've not fallen since they started, so it's working well". A second person said, "The care staff are well trained and well supervised by the manager. They are excellent". Another person said of the service, "They are small enough to give people the attention they need and big enough to be reliable. I get a list of who is calling and of course I know them as well"; and a fourth person said, "It's working well, very well". Staff told us they had a thorough induction to the service and the specific needs of people, before they started working on a one-to-one basis. This included face-to-face training with the registered manager, online training, observing experienced staff and being observed themselves. One staff member told us, "I received lots of support during my induction and was given plenty of time to observe others before I went out on my own". The registered manager confirmed that staff had to be ready and confident before they worked alone with people. This meant that people were cared for by staff who had the skills and knowledge to meet their needs.

Staff confirmed that they had access to lots of training which they said helped them improve their skills and knowledge. We saw certificates of training in staff records which included safeguarding, moving and handling, health and safety some of which had been provided by external trainers. The registered manager was a qualified trainer so was also able to provide training to the team, where appropriate. However, we found there was no formal plan for training; it was arranged as and when needed. It was also difficult to find when mandatory training needed renewing as there was no training matrix to record expiry dates. This was discussed with the registered manager on the day of the inspection and they said they would include this in their development plan for the service.

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. We saw reference to people's capacity recorded in referrals and assessments and we saw people had been involved in discussions about their care along with family members where appropriate. Staff told us they had received training on mental capacity; they understood the principles of the MCA and they supported people to make their own decisions. They told us how they asked people if they were happy for them to give care, explained what they were doing and reassured people as they were caring for them. This demonstrated that consent was requested and was an integral part of the care provided by Supporting Solutions.

Not all people received support with their meals, as many people lived with, or close to, families who provided this support. For those that did receive support with meals, they told us they were very pleased with the meals prepared by staff. One person said, "They do some meals for me and add some nice touches, set things out nicely and clean and tidy up after". A relative told us, "They do the meals nice and tidy up, we have no complaints. My [family member] has their own food and is given a choice by the staff". A staff

member told us, "I like to prepare something fresh if I can, I make suggestions and they choose what they would prefer". Another carer told us they leave notes for family members who do the shopping, to remind them if items are running low. This meant that people were able to eat and drink well and had access to meals of their choice.

People were very happy with how staff supported them to maintain their health. They told us how staff liaised with the district nurses to make sure they had the most effective care to meet their health needs. One person told us, "The care staff work as a team with the nurses and they want it to be done right. It's all being done right by the carers. The nurses said they are very impressed with them, they thought they were very good and caring". A second person said, "They will alert me if they think I have a medical problem, it was one of the carers who spotted the leg soreness in the first place". A third person said, "They will make me aware of any sores or other medical things and they make notes to follow this up, they are very good". A relative told us they felt the staff kept their family member out of hospital as they were so good at picking things up and alerting the district nurses or GP. They went on to say, "The carers take the time to get it right, take it seriously and with no fuss". Staff told us they have a very good relationship with the district nurses and regularly phoned them for advice or to update them after visits. Care records we saw documented the communication between care staff and local community health practitioners, which on occasions led to changes in care plans and risk assessments to meet people's changing needs. This meant people were supported to maintain good health and staff worked with other services, in order for people to maintain their health and wellbeing.

## Is the service caring?

### Our findings

People were cared for by compassionate and caring staff who took time to get to know the individual people they cared for. One person told us, "They're very good; I look forward to them coming round". Another person told us, "They are good company, they chat a bit, I'm on my own now so the company is good"; and a third person told us, "They treat me like their dad". Relatives told us they were very happy with how staff cared for their family members. One relative said, "They are very local and like part of our family. Some carers know her from their school days; it helps her still feel part of our community. It would be how her daughters treat her". People felt valued and listened to by staff who they said were "kind" and "caring". Another relative told us, "We have been really happy and the house is so nice". Staff told us they take time to provide personalised touches. For instance, setting the table with table cloth and the cutlery that people like, which make meal times a more enjoyable experience. As most of the staff were local they were able to talk about local news and events which meant people still felt part of the community and kept up-to-date with what ' was happened locally. These conversations with people helped reduce loneliness and improved individual wellbeing. They also demonstrated the positive, caring relationships between staff and people.

People were involved in decisions about their own care. One relative told us how their family member was actively involved in decisions about their care and how staff listened to them and adapted their care to suit the person. Another relative described the staff as, "Very caring, they are on time, treat him with respect and he is happy and at ease with them". Another relative said, "They are very caring and thorough in what they do, they don't skip anything. He likes them very much". Staff told us they felt it was important that people were encouraged to make decisions about their own care and how they wanted to live their lives. They provided examples of how they made sure people had choice and control over the way they lived their lives. For instance one carer explained how they asked people, how and when they wanted things done, rather than just doing things their own way. This carer also told us, "It's a real privilege to be in people's homes and enable them to stay at home". This demonstrated how staff enabled people to retain independence, choice and control.

People were treated with respect and dignity by caring staff. One person told us, "They make me feel very much at home, they are very polite and respectful". Another person said, "The staff show concern like my friends, it's nice when they are around". A third person described the carers as, "Outstanding" and told us, "They are very considerate in my house; it's always done with dignity. I want the right person. They ask if they can do anything else before they go. I would very much recommend them". A relative told us how the staff always respected privacy and dignity by closing curtains, getting everything ready on time and explaining things clearly. They told us this reassured their family member and made them feel valued and respected. A carer told us how they respected privacy and dignity by waiting for visitors to leave or moving a person to a private area before commencing personal care, this also ensured confidentiality if care was discussed. This meant that staff promoted people's independence and cared for people with respect and dignity.

## Is the service responsive?

### Our findings

People received care that was responsive to their individual needs. One person told us, "It's a dynamic little company, they go the extra mile. They are very good". Another person described the care they received, "They call each tea time and see that I've taken my tablet and note it down, they write it all up about the call. They make me a nice meal, it's all done nicely and set out and they tidy up. They wash their hands; I'm fussy about that sort of thing, so it's been good that way". A third person said, "They are usually staff I know and they know me; one planted out some plants for me and they open the windows, which are a bit high for me now". A relative told us, "My [family member] is a stickler, but the carers know him and his ways, they don't need to be told anything". This showed that staff understood what was important to people and respected this.

People contributed to their care plans and reviews which included their personal preferences. Many people told us how the registered manager had visited them and completed an assessment before developing a care plan with them. People told us this included identifying their care needs as well as their interests, preferences and what was important to them. We saw care records confirmed this and included peoples preferences, needs and comments. One person told us, "The manager came out and saw us. The care plan, times and things were all agreeable to us". Another person told us, "The manager came and saw us and we agreed to it all and they've kept to it. We've done a review". A relative told us, "The care was set up with us and we went through the details, tick by tick. A very thorough assessment and we have had the care plan changed about three times as my [family members] needs have changed and we have required more support. This is fully documented and it's keeping pace".

People told us they were asked for their preferences regarding male or female carers and said these were respected. Staff told us how some people liked having different carers for different aspects of care and people had told them how nice it was to see different people at different times of the day. One lady told us she preferred female carers for personal care and male carers for meal times or activities, she told us she had different conversations with them which she enjoyed. Records we saw confirmed that people had been consulted about their personal preferences. This demonstrated that peoples choices were respected; and equality and diversity were considered.

The service routinely listened to people and sought their views on the care they experienced. People told us the registered manager regularly went out to provide their care and asked them how things were going and whether anything needed changing. People told us they felt the registered manager understood their individual needs and was responsive to suggestions. One person told us, "The boss comes out to see me, to ask how it is going and I can just tell her". A second person said, "The seniors do the checks by visiting us, they specialise in this and do the reviews". Another person told us, "They are easy to get in touch with and I can email them". One relative said, "[name of registered manager] came out to see us, to check dad is OK. She finds out what's what and puts anything right if it's needed. We saw evidence in care records where visit days or times had been changed to suit the persons changing needs, following an informal review with the registered manager. For example one person asked to be supported to go shopping on a particular day, so the care plan was changed to accommodate this request. This meant the service was able to identify and

respond to changing need.

People told us they knew who to complain to if they needed to, but all but one told us they had no reason to complain, as they were very happy with the service. They also said the registered manager responded to changing need very quickly. The person who had complained was keen to point out that the registered manager was very quick to respond to their concerns and arranged a multi-agency meeting to address the concerns and put things right. There had been only two complaints made to the service in the last 18 months and after viewing the records and responses we were satisfied that these were addressed in a timely manner and to the satisfaction of the people making the complaint. This meant people were aware of the process for making a complaint and were happy to do so where required.

The registered manager told us they planned to do annual satisfaction surveys with people but had not done one since late 2014 due to time constraints. However they told us, as they were such a small company, they were able to keep in regular touch with people and check they were happy with the service and were still meeting their care needs. We also felt there was little structure or planning to care reviews and although changes were documented, it was not always easy to identify in the records where formal reviews had taken place. However, people we spoke with confirmed these informal reviews took place and plans were amended where needed. Only one person commented on the lack of 'formal paperwork' for reviews, but they agreed reviews did take place and changes were made to care where required. This showed the provider had responded to the changing needs of people, but had not consistently recorded it. When we discussed this with the registered manager they agreed to address this.

## Is the service well-led?

### Our findings

On the day of the inspection we found there were no formal management systems in place, which meant the service, lacked a structured approach to quality assurance or service development. There was no formal planning, structure or recording of customer care reviews (although people told us they did take place), customer satisfaction surveys or quality assurance checks of records and processes. It was not easy to find evidence of care reviews or of quality assurance checks, as the recording of such information was 'ad-hoc'. This meant there was no opportunity for the registered manager to analyse the quality of the service or identify areas for improvement. There was also an 'ad-hoc' approach to staff training and supervision. Although staff told us they had access to lots of training and the registered manager was 'always available' to offer support or guidance; there was no planned training programme and supervisions were not planned in advance. We saw training and supervision records that confirmed they had taken place. However, we felt that without a planned approach, it would be difficult for the registered manager to check progress and ensure they were 'on track' for completing mandatory training and regular supervisions.

We recommend the registered manager develops a quality assurance process which includes a robust recording system for care reviews, staff supervisions, staff training and auditing of records and processes. This will enable analysis of data and information which would then feed into a service development plan.

However, we did find a positive, inclusive culture within the organisation, where people and staff felt valued. People were very complimentary about the registered manager; they knew her name and were confident that she knew them well and understood their individual needs. One person told us, "[name of registered manager] knows staff and clients like the back of her hand". Staff told us the registered manager was, "Great", "Wonderful" and "Amazing". One staff member described the registered manager as, "Down to earth, I can talk to her about anything, her door's always open". Another staff member said, "I couldn't ask for a better manager, she knows me inside out". Staff told us they felt supported and the registered manager respected their opinions and previous experience which made them feel empowered and valued. Staff told us they met regularly for team meetings to share information and learning and they had one-to-one meetings with the registered manager, when they wanted. They said the registered manager was open about complaints and was quick to put things right without blame or repercussion. The registered manager told us there was little turn-over of staff as she worked hard to, "Keep people happy". This meant staff were happy to discuss concerns as they felt listened to, it also helped maintain a stable team who were able to focus on the quality of care people experienced.

There was visible, accountable leadership of the service. People told us the registered manager visited them regularly and they were able to discuss anything with her. One person told us, "[name of registered manager] comes herself and goes through things, checks it all and does the care that visit – yes she leads from the front". A relative said, "The manager comes out finds out what's what and puts anything right if it's needed". People knew who the registered manager was and were happy with the management of the service.

Staff understood their roles and responsibilities; and were motivated to provide high quality care. They told

us how important it was for people to make decisions about their own care and how they were motivated to make sure people could have the best life possible. One carer said, "People have a right to a good quality of life, this is what they deserve". Staff told us they felt there was easy access to training and resources and the registered manager told us they had trained as a trainer so they could deliver some of the training themselves. This meant that staff were motivated and there were resources available to drive improvement when it had been identified.

There was no doubt that people were very happy with the care they experienced. They described the service as, "Excellent", "Dynamic", "Outstanding". Staff were also very happy with the support and direction from the registered manager who they said was very focused on person centred care. The registered manager explained their ideas and plans to develop the service and described their links with local community and social care partnerships, including dementia friendly organisations. People and staff respected the registered manager and felt the service was well managed.