

# Supporting Care Barking and Dagenham Ltd

## Supporting Care

### 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?	Good ●

# Summary of findings

## Overall summary

### About the service

Supporting Care is a domiciliary care agency located in the London Borough of Barking and Dagenham. It is registered to provide personal care to people in their own homes. At the time of the inspection, six people were receiving support with personal care.

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

The provider had safeguarding and whistleblowing policies in place to help staff report incidents of abuse. There was a robust staff recruitment system for checking staff were safe to work with people. The provider ensured staff had the necessary skills and training to provide care to people in their own homes.

Risks assessments ensured potential risks to people were identified and guidance put in place so that staff knew how to keep people safe. There were procedures for reporting incidents and accidents to review and learn lessons. Staff followed infection control procedures and people were protected from the risk of infections such as COVID-19. Where needed, staff supported people with medicines, accessing health care and preparing meals.

Assessments of people's needs were completed before they started using the service. Staff told us they were supported by the registered manager and received supervision to discuss their performance. People and relatives told us staff were respectful and caring and supported them to maintain their independence. Staff respected people's privacy and people's needs were met in relation to equality and diversity issues.

Care plans were person-centred, and people and relatives were involved in developing and reviewing them. Care plans also detailed people's preferences of support. People's communication needs were included in their care plans. Staff understood equality and diversity and ensured people's privacy and dignity was respected.

The provider had a complaints policy and used auditing systems to learn lessons and help continuously improve the quality of the service. 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's consent was sought when care was provided.

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

### Rating at last inspection

This service was registered with us on 14 June 2019 and this is the first inspection.

### Why we inspected

The inspection was prompted by a review of information we held about the service.

### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 30 August 2022 and ended on 31 August 2022. We visited the location's office/service on 30 August 2022.

#### What we did before the inspection

We reviewed the information we already held about the service. This included notifications. A notification is information about important events, which the provider is required to tell us about by law. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information

providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection.

During the inspection, we spoke with the registered manager who was the director of the service, the care coordinator and four care staff. We reviewed documents and records that related to people's care and the management of the service.

We reviewed five care plans, which included risk assessments. We looked at other documents such as medicine management and infection control. We spoke with one relative and one person for their feedback about the service by telephone.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Safeguarding procedures were in place for people and staff. These set out how to protect people from the risk of abuse and provided guidance to staff.
- Staff had undertaken training and understood the procedures. Staff told us they would report concerns of abuse towards people to the registered manager, which was in line with the policy for the service.
- The registered manager would alert local authority safeguarding teams and told us they would follow any recommendations made to help keep people safe.
- The provider also had a whistleblowing policy for staff should they wish to report concerns about the service to external agencies such as the police, local authority or the CQC.
- People and relatives told us they felt safe within the care of the service. One person said, "Yes I do feel safe."

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed to guide staff on how to keep people safe. Risk assessments set out how to mitigate those risks and included guidance for moving and handling, medicines, personal care, eating and drinking, continence, pressure sores, allergies and other health conditions people had.
- Staff told us they were aware of the risks people faced and how to support them safely. There was guidance such as who to contact if people's health changed or deteriorated. The registered manager said, "I try to assess everything so that the staff have guidance on what they need to do and who they should contact. For example, how to identify wounds and the action staff should take."
- We discussed how these could be continuously developed as people's risks increased or decreased over time. The registered manager told us risk assessments were reviewed at regular intervals or as and when people's needs changed. This meant risk assessments were able to provide up to date information.

Staffing and recruitment

- There were enough staff to provide care to people and they were recruited safely.
- Checks were carried out on successful applicants before they commenced working at the service. These included Disclosure and Barring Service (DBS) checks to provide information about any previous convictions and cautions the applicant may have had. The information helps providers assess the suitability of staff they employ to support people in their own homes. We saw that DBS checks were carried out for staff.
- The provider also requested and received references for new staff, proof of identification, a record of their employment history and proof of their legal right to work in the UK.

### Using medicines safely

- Where applicable, people were supported to take their medicines safely. The service only supported some people with taking their medicines. A procedure for medicines was in place.
- Where staff did support people, they were required to prompt them to take their medicines at the prescribed times. Staff completed medicine administration records (MARs) to confirm people had taken their medicines.
- Staff had received training in how to administer and record medicines and their competency was checked by the care coordinator during spot checks. Spot checks are observations of practice to ensure staff followed procedures and provided people with safe care.
- We looked at two people's medicine records and saw that they were completed as per the provider's procedures.
- The registered manager and care coordinator carried out audits of MARs to check for errors or gaps. They took action and investigated where these occurred.

### Preventing and controlling infection

- People and staff were protected from the risk of infection. There was an infection prevention and control policy in place to help mitigate the spread of infections.
- Staff used Personal Protective Equipment (PPE) when visiting people and carrying out personal care. The provider had a sufficient stock of PPE to supply to staff.
- Staff told us they washed their hands before and after supporting people with their personal care. People and relatives confirmed staff wore PPE and maintained hygiene and cleanliness. A relative said, "The staff always wear PPE and always wash their hands."

### Learning lessons when things go wrong

- There had been no incidents in the service since the provider became registered to provide care. However, the registered manager told us lessons would be learned by the staff and management team, in order to prevent re-occurrence of incidents.
- The provider had a procedure for incidents and accidents that occurred. This included a form to record the details of what had occurred such as a fall or serious injury.



# 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.

This is the first inspection of this newly registered service. This key question has been rated 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 and choices were assessed before they started using the service.
- An assessment took place to determine if the service would be suitable and the person could be supported with their personal care.
- Assessments covered people's specific needs and any conditions staff should be aware of to keep them safe. It included an account of the person's background and history, an assessment of their physical, emotional and mental health and their needs in relation to their diet, culture, communication, mobility and daily living activities.

Staff support: induction, training, skills and experience

- Staff received training to help them develop the necessary skills to support people. Staff told us they completed an induction and training programme. A staff member told us, "The training was good and I enjoyed it."
- Staff initially completed the Care Certificate, which is a set of 15 standards that care staff must follow and adhere to. Staff also completed training in infection prevention and control, medicine administration, safeguarding adults, hoist and transfer training, catheter care, wound care and food hygiene.
- Refresher training was provided to staff to aid their development and update their knowledge of important topics.
- Staff were supported in their roles. They told us they had opportunities to discuss their work, their performance and concerns with the registered manager. A staff member said, "I feel very supported. They are very nice people."

Supporting people to live healthier lives, access healthcare services and support; working with other agencies

- The provider worked with other agencies to ensure people were supported to maintain their health.
- People were supported to access their local GP, district nurse and other professionals. Their contact details were available in care plans.
- Staff told us they could identify if people were not well and knew what action to take in an emergency.

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

- People were supported with food and drink to maintain their health. Staff were mostly required to reheat meals made by relatives or prepare snacks and hot drinks.
- Information about people's nutritional needs were included in their care plans.

- One relative told us, "[Family member] has food and drink. The staff give them snacks and warm the food."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA.

- The service followed the principles of the MCA.
- People's ability to consent to decisions made about their care was assessed and recorded. Records showed if people had lasting power of attorney arrangements in place, for example if decisions about their care could be lawfully made by their representatives.
- Staff had received training in the MCA and told us they asked for people's consent at all times before providing them with support. A staff member said, "I ask for consent before I do personal care."

# 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.

This is the first inspection of this newly registered service. This key question has been rated 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

- People were treated well. Relatives told us staff were understanding and they came regularly which helped to develop good relationships. The management team had also got to know people well and visited them from time to time. The care coordinator said, "We do the job from our heart. We care and offer companionship as well, which is very important."
- Staff we spoke with told us they had gotten to know people well. Some staff were of the same cultural background or nationality as the people they supported, which helped with communication and overcoming language barriers.
- People's equality characteristics were understood, such as their race, religion, cultural and spiritual beliefs and disabilities. These were recorded in their care plans along with people's sexuality or sexual preferences. The registered manager demonstrated their awareness and understanding of the importance of respecting people's individual characteristics. They said, "Our clients and their families don't always like being asked certain questions, but it is very important. You cannot let your own personal beliefs affect how you see a person, that is not right and we would challenge staff on this."
- Staff understood the provider's equality and diversity procedures. A staff member said, "I respect everyone. I don't treat anyone differently."

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

- People were supported to express their views and make decisions for themselves as much as possible.
- They or their relatives, where appropriate, told us they had consented to receive care from the provider and had been involved in the planning of their care.

Respecting and promoting people's privacy, dignity and independence

- People told us the staff were caring and respectful. One relative told us, "The carers are very good. Very nice, polite yes."
- People and relatives told us their privacy was respected by staff. Staff were mindful of protecting people's dignity and told us they made sure they closed doors and curtains when providing people personal care. A staff member said, "Yes we have to be careful and respectful. Make sure client is covered and door is closed."
- Care plans contained information about people's levels of independence. For example, their ability to walk independently and dress themselves.
- Staff told us they understood confidentiality and not putting people's personal information at risk, such as sharing information with unauthorised persons.

# Is the service responsive?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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 received care that was personalised to ensure they had choice and control of how they received care and how it could meet their needs.
- Care plans contained information about the person, their background and preferences and their schedule for their care visits from staff. There were also details of what outcomes they wished for their care.
- We found some of the provider's care plan forms were not being fully used. We discussed this with the management team. They immediately took action to ensure all the forms were completed so that a full summary of people's needs and outcomes were available and understood.
- Staff told us they communicated with each other to ensure people received the support they needed and that care plans were helpful.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were set out in their care and support plans. Staff told us they followed the person's communication plan. Staff told us were able to use signs and gestures to communicate with people who were less verbal.
- Staff were also able to communicate in the same language if they had been matched this way by the management team at the person's request.
- The provider was able to provide information about the service in large print and easy read formats that was suitable for people to understand, such as how to contact the service or make a complaint.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure should people wish to make a complaint if they were not happy with aspects of the service. There had been no complaints about the service since its registration.
- The registered manager told us they would investigate complaints according to the complaints policy and provide people and relatives with an outcome for their complaint.

End of Life care and support

- The service did not support people with end of life support needs. However, there was a policy in place should this change in future. The policy set out how people's wishes for end of life or palliative care would

be assessed and respected.

# 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.

This is the first inspection of this newly registered service. This key question has been rated 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;

- Feedback we received from staff, people and relatives indicated there was a positive culture and the service was person centred, empowering people to achieve good outcomes. One person said, "Very good. I am happy." A relative told us, "I am happy with the service [family member] gets. They are good. I can talk to the manager."
- Staff told us there was an open-door policy and they could approach the management team with any issues. A staff member said, "The manager is a very nice person. Very supportive." The care coordinator said, "[Registered manager] is very passionate and caring. They go the extra mile to make sure people are getting good care from us. I also feel very respected and we work very well together." The registered manager told us, "I know all of our service users as they are local. I feel privileged to serve the community, they are like my own family."

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

- Managers and staff told us they were clear about their roles and responsibilities and who they reported to. The registered manager was also the owner and provider of the service. They were supported by a care coordinator and they worked together to monitor and manage the day to day running of the service.
- Records showed the performance and conduct of staff was assessed to ensure they provided care to people that was safe and respectful.
- The service supported a small number of people from the local area but the registered manager told us they planned to recruit more administrative staff and care staff should the service being to grow.

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 was aware of their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or incidents involving the police.
- The registered manager told us they were open and honest with people. The registered manager said, "I have got to know our clients very well and will always be honest with them." People and relatives told us the registered manager was always helpful, open to feedback and communicated clearly with them when addressing any concerns.

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

characteristics; Continuous learning and improving care

- The provider ensured they engaged and involved people and relatives in the running of the service. People and relatives told us they were contacted by the service to check how they were and if they had any issues. One relative said, "Yes, the service calls us to see if everything is alright."
- We saw records of telephone monitoring to check staff were providing a safe service to people. The care coordinator said, "I go out to see the clients and call them once a week." They showed us records of these calls and visits, which included a summary of what the person told them.
- Feedback from people was positive and was used to drive continuous improvements in the service.
- Comments from people and relatives showed they felt involved in the service and were satisfied with the care they received.
- Staff meetings were used by the management team to share important information and discuss any issues. Topics discussed included safeguarding, training, supervision, COVID-19 guidance and equality and diversity. A staff member said, "It's nice to work for them. There is also good communication between us so we know what's going on."
- People were consulted about their equality characteristics and these were recorded in their care plans for staff to be aware of and understand. For example, some people had cultural or religious needs and required food that was only permissible according to their religion.

Working in partnership with others;

- The provider worked with other agencies, such as the local authority and district nursing teams to ensure people received the care they needed.
- The registered manager was a member of registered manager networks within the local authority, to help develop best practice and share knowledge. They discussed issues such as staff recruitment, training and infection control procedures.