

Supporting Care North East Branch Ltd

Supporting People

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Supporting People is a domiciliary care agency. It provides personal care to people living in their own homes. They are registered to support both older people and younger adults.

Not everyone who used the service received 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.

At the time of the inspection the provider was only supporting one person with personal care.

This person's care was funded through a local authority direct payment agreement. A direct payment is the amount of money that the local authority has to pay to meet the needs of people and is given to them to have control and choice over who they choose to provide their care.

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

The person's relative was very positive about the level of care their family member received. They felt they received a safe service and had developed a good relationship with the care staff and management team. They added, "They just do everything really well, communicate with us, listen and involve us and keep [family member] happy and comfortable."

The relative was positive about the kind and caring attitude of the staff team, who supported them regularly and knew their family member well. They added, "Because of this, they fully understand their needs and know if they are becoming unwell."

Although the issues we found did not directly impact the level of care and support the person received, some improvements were needed as important information related to their care was not always recorded or in place to ensure staff were following best practice.

The provider was aware of the increased risks of COVID-19 to the person and ensured staff had the necessary training and equipment to keep the person safe and reduce the risk of cross infection. The relative said, "They kept us updated throughout the pandemic and did a great job, keeping the care we needed throughout. It was very helpful."

The relative was positive about the management of the service and told us they had regular opportunities to feedback about the care. They knew how to contact the provider and were confident they would deal with any issues if they did arise.

The person was supported by staff who told us they were well supported in their role and spoke positively about working for the company.

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 the service under their previous location name was good, published on 12 March 2020.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Supporting Care North East Branch on our website at www.cqc.org.uk.

Why we inspected

This inspection was prompted by a review of the information we held about this service. This was also due to the service changing its location name on 27 April 2021.

As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Enforcement

We have identified one breach in relation to safe care and treatment.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

During the inspection, the provider told us they were planning on deregistering this service and any people using the service would be transferred over to their other registered service called 'Supporting Independence', managed by the same provider. The provider told us this would likely be done within the next three to six months.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Supporting People

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

This consisted of one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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

We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 May 2022 and ended on 1 June 2022. We requested a range of policies and procedures that were sent to us by the provider on 24 May 2022. We visited the office location on 26 May 2022 to see the registered manager and to review records related to the service. We made calls to the person's relative and three care workers during the inspection on 26 May 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and any significant incidents that occurred at the service. The provider was not asked to complete a provider information return

prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the last inspection report and also contacted the local authority commissioning team. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records. This included records related to one person's care and support and four staff files in relation to recruitment and training. We also reviewed records related to the management of the service, which included minutes of team meetings, supervision records and quality assurance checks.

We spoke with five staff members. This included the registered manager, three care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

The person receiving care was not able to fully communicate with us so we spoke with their relative.

We continued to review records after the inspection, which included further information related to recruitment, an updated policy and procedure and samples of rotas and timesheets.

We provided formal feedback to the registered manager on 1 June 2022 via email.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has stayed the same. This meant 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.

Assessing risk, safety monitoring and management

- Important information and guidance about the person's care and support needs was not in place which could have resulted in them being placed at an increased risk of coming to harm or receiving care that was not in line with best practice. Although risks to the person had been assessed, there were inconsistencies within the records we reviewed and limited guidance in place for staff to follow for all of their support needs. Information related to the person's risks were not always recorded by staff.
- The person's local authority assessment had information about epilepsy and the types of seizures the person could have, with information about each type. This was not included in the care plan and the only information for staff was to call 999 if seizures lasted longer than five minutes.
- Staff told us they needed to record the length of time of any seizures that occurred and report it to the office. This information was not in the care plan and where staff had told us about seizures, they had not been recorded within the daily logs.
- There was also limited guidance in place about the support required during transfers when using a ceiling hoist and no moving and handling plan available that had input from an occupational therapist.
- We discussed this with the registered manager who told us due to the funding arrangements they did not have communication with other professionals involved and only communicated with the person's relative. However, the provider had been supporting this person since July 2019 and requesting this information would have supported their own assessments and ensured staff were following best practice.

Although we found no evidence that the person had been harmed, the lack of information and guidance for staff created a risk to their health and safety. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us after the inspection they had contacted the relevant health and social care professionals for any related assessments and guidance for staff to be aware of.
- The relative was positive about the level of support their family member received and told us staff had a good understanding of their care needs and were aware of all associated risks to help keep them safe.
- They added, "Staff get the training and have shadowing to help understand their needs. It is very safe and I'm really happy. I don't need to keep teaching care staff what to do, as this has been frustrating with previous agencies."

Using medicines safely

At our last inspection we recommended the provider review guidance and best practice on supporting people with medicines when there was support provided by family members. The provider had made improvements in this area.

- The provider had updated their medicines policy to include more detailed guidance and information for staff to follow within the communication section regarding family support.
- The provider was not supporting this person with their medicines at the time of the inspection. However, we saw where staff were responsible for applying barrier creams at each visit, this was not always recorded in the person's daily logs.
- We discussed this with the registered manager who acknowledged this was not being done and would follow up immediately with the staff team. They told us going forward, this would be recorded on their electronic system when the person transferred over to their other service.
- We received positive feedback from the relative about this support and they confirmed it was always completed and was confident with the staff team providing this support.

Staffing and recruitment

At our last inspection we recommended the provider review their recruitment practices to ensure they could evidence satisfactory conduct in previous employment for applicants who had worked within health and social care. The provider had made improvements.

- Safer recruitment procedures were followed to ensure staff were suitable to work with people who used the service. Disclosure and Barring Service (DBS) checks for staff were in place along with appropriate references and evidence of a full employment history. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- There were sufficient levels of staff to support the person and the provider carried out regular checks to ensure they received their calls on time. The person had regular care staff and their relative confirmed there were no timekeeping issues and were always updated about any changes. They added, "There aren't many changes which really helps. This is very important for us."
- Due to the number of people being supported and the future plans for the service, the provider did not have an electronic call monitoring (ECM) system to check staff arrived on time. However, there was regular contact with the relative, who also signed timesheets to confirm calls had been completed.

Systems and processes to safeguard people from the risk of abuse

- There was an appropriate safeguarding policy in place and staff completed safeguarding training as part of their induction and refreshed annually. We saw staff also had opportunities to discuss safeguarding in supervision and team meetings.
- Although there had been no safeguarding incidents related to the person using the service, the provider had taken action and completed an investigation for a person who used to use the service. Staff were confident any issues raised would be dealt with immediately. One care worker said, "They never dismiss our concerns."
- The person's relative told us they felt the service their family member received was safe and had never raised any issues or concerns.

Preventing and controlling infection

- The provider had policies in place to ensure staff were aware of protocols to follow to ensure they knew how to keep people and themselves safe. They also had a dedicated COVID-19 policy for further guidance to

help reduce any risk of COVID-19.

- Staff completed training in infection control and told us they were regularly updated with any information related to COVID-19, including during team meetings. Staff said they always had access to the necessary personal protective equipment (PPE) and could contact the office if they needed more. One care worker said, "They have been very helpful with this, even when it was difficult. We appreciated this support."
- The provider ensured staff were involved in the current COVID-19 testing programme in line with government guidelines. The person's relative confirmed this and said they also saw staff test results before they started their shift.
- The relative praised the provider and staff team for their support throughout the pandemic. They said, "They have protected [family member] and themselves. They wear their PPE and are aware of the risks. They have taken this very seriously."

Learning lessons when things go wrong

- There were systems in place for the reporting of any accidents and incidents and the provider had a policy in place with procedures to follow.
- We saw the provider had used a recent safeguarding investigation as an opportunity to share learning with the staff member involved, and across the whole service. After completing their investigation, this was discussed in a team meeting and staff were reminded about their professional boundaries.

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 the last inspection this key question was rated as good. At this inspection this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. However, leaders and the culture they created promoted high-quality, person-centred care

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

- Although there were systems in place to monitor the service and ensure the person and their relative were happy with their care, the provider had not always picked up some of the inconsistencies we found during the inspection.
- Daily logs were returned to the office to be checked by the care coordinator to ensure the correct care was being provided and to identify any areas of improvement. Samples of daily logs reviewed between 1 March and 20 April had not identified the correct care tasks had been recorded. There were also some recording issues regarding waking night support where tasks were not always recorded.
- Despite this, staff confirmed there were regular spot checks to monitor the service. Care workers told us once they returned the daily logs, they were contacted if there were any areas of improvement.
- We saw samples of audits had picked up areas of improvement during audits in January and February 2022 and staff were reminded about their responsibilities for this during team meetings, but this was not always being done. The registered manager acknowledged this and said they would follow this up with staff right away.
- The provider had monthly team meetings and group supervision to discuss issues across the service. They also carried out regular telephone monitoring and asked if there was anything they could improve with their service. The relative said, "They always call us, come out and visit and check that everything is OK."
- The registered manager had a good understanding of their regulatory responsibilities and knew when notifications had to be submitted to the CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team and office staff had regular communication with the person's relative through monitoring visits and telephone calls to ensure they were satisfied with the level of care provided. The relative was very positive about the management of the service and told us they were a great support for them and their family member.
- They told us they had recommended the service to their friends and family due to the level of support they received and the positive culture and friendly atmosphere. They added, "I tell everybody how great a service it is, I cannot fault them and am very happy."
- Care workers told us they were well supported by the management team and it was a positive experience working for the organisation. Comments included, "The best thing about them is that they are very approachable and very attentive" and "They try and sort anything out for you, resolve any problems. They

are always trying to help us which makes me happy."

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

- We saw the relative had opportunities to be involved in the service and give feedback about their care. Samples of feedback records showed they were happy with their care. The relative said, "They provide extra support if needed, emotional support, support with contacting other agencies for further advice and guidance."
- Staff were also positive about how they were involved and kept updated with the service. Staff told us they had opportunities to get updates and felt there was good communication across the service. Care workers told us there was a WhatsApp group where they received regular updates and reminders, including information related to training opportunities.
- Other positive comments from staff included, "They always want to know how we are and check in on us and our wellbeing" and "They had an Eid party for us, it made me feel valued and it was a great community atmosphere and spirit."

Working in partnership with others

- Due to the funding arrangements of the person's care, the registered manager explained their main involvement and communication was directly with the person's relative rather than any relevant health and social care professionals.
- We discussed this with the registered manager who acknowledged it would have been beneficial for them to have the relevant information when carrying out their initial assessments and reviews.

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

- There had been no incidents or concerns regarding the care and support this person received. The registered manager was aware of their responsibilities of making sure they were open and honest with people and their relatives. The relative was confident the provider would do the right thing if something went wrong.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have information related to the risks to the health and safety of service users receiving care and do all that is reasonably practicable to mitigate any such risks.</p> <p>Regulation 12 (1)(2)(a)(b)</p>