

Supporting Care Ltd

Supporting Care North East Branch

Inspection report

UNIT G8, EAST LONDON BUSINESS CENTRE
93-101 Greenfield Road
London
E1 1EJ

Tel: 02070789515

Date of inspection visit:
04 February 2020
05 February 2020

Date of publication:
12 March 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 North East Branch is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to younger disabled adults and older people, some living with dementia. At the time of the inspection the provider was supporting 24 people in the London Borough of Tower Hamlets.

People's care was either funded by NHS Continuing Healthcare or 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 purchase services that will meet their needs.

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

People and their relatives were positive about the caring nature of the whole staff team. A recent compliment stated, 'I am most impressed with Supporting Care. The carers are very understanding and professional. I have found the office staff most courteous and helpful. Thank you.'

People and their relatives benefitted from office-based staff and care workers being able to communicate with people in their own language and have a good understanding of their cultural requirements.

People and their relatives felt they received a personalised service and the provider listened to them about how they wanted to be supported. New care workers were introduced to people and their relatives and shadowed regular staff to ensure they had a good understanding of their care needs.

We saw the provider had been flexible to accommodate people's changing needs. For example, we saw extra calls were scheduled in emergencies and correspondence showed care workers regularly spent extra time with a person due to a change in their wellbeing.

People and their relatives felt staff were experienced and knew how to manage complex health and medical conditions, working in partnership with a range of health and social care professionals to ensure people's needs were met. A health and social care professional confirmed this and told us they had confidence when referring people's care to them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported by a motivated staff team that felt valued and supported in their role. Care workers complimented the open and inclusive working environment and told us they were always listened to if they had any issues or concerns.

The provider was proactive and before we requested a formal action plan, they sent us an action plan on 7

February 2020 based on the initial feedback given at the end of the inspection.

We have made two recommendations that the provider ensures records are updated regarding the support people receive with their medicines and safer recruitment processes are always followed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was registered with us on 5 February 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration date of the service.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Supporting Care North East Branch

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

Supporting Care North East Branch is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. A registered manager is a person who is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the provider three days' notice because we needed to ensure somebody would be available to assist us with the inspection.

Inspection activity started on 4 February and ended on 11 February 2020. We visited the office location on 4 and 5 February 2020 to see the management team and to review care records and policies and procedures. We made calls to people and their relatives between 5 and 6 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included 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 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 six people's care records and four staff files in relation to recruitment, training and supervision. We also reviewed records related to the management of the service, which included complaints, minutes of team meetings and a range of quality assurance checks.

We spoke with 11 staff members. This included the registered manager, the office manager, a care supervisor and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with five care workers who were present during the office visit and two care workers over the telephone.

We made calls to all 24 people who used the service and managed to speak with two of them. As the majority of people were unable to fully communicate with us over the telephone we also spoke with 16 relatives.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager updated us on a review carried out for one person on 7 February 2020 where we requested further information about how they were supported with their medicines. We also contacted four health and social care professionals who had experience of working with the service and heard back from one of them.

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 for this newly registered service. This key question has been rated Requires Improvement. 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.

Staffing and recruitment

- The provider did not always follow safer recruitment procedures to ensure staff were suitable to work with people who used the service. Where two care workers had previously worked in health and social care settings, the registered manager acknowledged although they had obtained employment references for both staff members, they had not requested a reference from their previous employers in health and social care.

We recommend the provider follows safer recruitment processes and ensures they request suitable references to evidence satisfactory conduct in previous employment within the health and social care industry.

- Disclosure and Barring Service (DBS) checks for staff had been completed at the time of recruitment along with appropriate identity documents. 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 people and the provider regularly checked with people if they received their calls on time. There were currently 40 active care workers, with a further 14 registered and available to work. At the time of the inspection, the provider was in the process of implementing an electronic call monitoring (ECM) system where care workers logged in and out of their calls.
- People and their relatives had no concerns with the timekeeping of their care visits and samples of telephone monitoring records showed people were happy with this. One relative said, "They always come in the morning and evening, they are really good."

Using medicines safely

- The provider had procedures in place for staff to follow if they supported people with their medicines. At the time of the inspection the registered manager told us they were not supporting people with their medicines, as this was the responsibility of people's relatives.
- However, we saw records for two people needed to be clearer to include the support that was provided when people's relatives were away. For example, one person's relative who was responsible for their medicines was absent for one week and staff were responsible for this task during this time. The care plan did not have information about the person's medicines and the support provided in these circumstances.

We recommend the provider consider current guidance on supporting people with medicines in a home care setting and update their practice accordingly. We shared The National Institute for Health and Clinical Excellence (NICE) guidelines for managing medicines for adults receiving social care in the community with

the provider during the inspection.

- The provider was proactive and sent us an action plan on 7 February 2020 in response to our initial feedback during the inspection. They confirmed care records would be updated with plans in place should the responsible family member be unavailable for a period of time.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy in place and was shared with people and their relatives at the start of their service with information about who to contact if they had any concerns.
- Staff completed safeguarding training and had a good understanding of their safeguarding responsibilities. It was also regularly discussed during team meetings. One care worker said, "If I did have an issue, they'd know what to do and I'm very confident they'd deal with it. They are always reminding us about this."
- People and their relatives told us they received a safe service and were comfortable with their care workers. Comments included, "Everything is fine and there are two staff for all the moving. They are safe and well experienced" and "I do think my relative is safe with the staff here. The carers are really good."
- Staff were given information to ensure they knew what procedures to follow if a safeguarding alert needed to be raised. Safeguarding guidance was given to staff during their induction and the incidents procedure had been discussed in team meetings.

Assessing risk, safety monitoring and management

- Risks to people were assessed before the service started with clear guidance in place for staff to follow to keep people safe. Risk assessments were in place, including moving and handling issues, falls risk assessments and pressure sores.
- There was guidance in place for people living with diabetes and epilepsy, with information about the symptoms staff needed to be aware of. Internal and external risk assessments were also completed to ensure people could be supported in a safe environment.
- Where people had more complex health conditions, the staff team worked closely with a range of health and social care professionals who provided added support. One health social care professional said, "They are very good with complex care, working closely with district nurses. They inform us of issues and take preventative action right away."
- Care workers had a good understanding about people's conditions and associated risks, being able to explain how they kept people safe. People and their relatives were positive about the support they received and how staff kept them safe.

Learning lessons when things go wrong

- There were procedures in place for the reporting of any incidents and accidents across the service. The incidents procedure had been discussed in team meetings to ensure staff knew what procedures to follow.
- The management team had discussed incidents at group supervision meetings to ensure there was learning for staff. For example, the confidentiality policy was discussed and explained to staff in response to a safeguarding concern. One to one supervisions and spot checks were also completed as part of following up on any concerns.

Preventing and controlling infection

- There was an infection control policy in place and staff confirmed they had access to personal protective equipment (PPE), such as gloves and aprons. People's care records had information about cleaning tasks and safe food hygiene procedures and best practice was discussed during the staff induction.
- Spot checks followed up if care workers were wearing PPE and following safe infection control

procedures. People were asked if staff followed safe practices during telephone monitoring calls. One relative said, "Yes, they use aprons, gloves and shoe covers. We are very happy with that."

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 for 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 were assessed before they used the service and there was information related to people's health conditions. We saw people were reassessed when there were changes in needs, including whether the level of support was increased or decreased.
- The provider had information from NHS continuing healthcare plans for people with more complex health conditions, including guidelines for staff from an occupational therapist for safe moving and handling procedures. Further training had also been arranged with health and social care professionals to provide further support for staff to help meet people's more complex health conditions.

Staff support: induction, training, skills and experience

- Staff completed an induction and shadowed regular care workers before they started working independently. The induction programme for new staff was focused around the Care Certificate, which included both practical and theory based training. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment.
- Staff told us for people with complex health conditions, they had an introduction and detailed explanations about the support needed. One care worker said, "It was good to get an understanding about what was going on before I started. We discussed the care plan and health conditions, which really helped."
- We saw the provider liaised with health and social care professionals to arrange specific training related to people's health conditions, with demonstrations being carried out in people's homes.
- Staff were positive about the level of training they received and were further supported with regular supervision to support them in their role. One care worker said, "We get to discuss our clients and any issues we might have. We can contact them anytime about this and they respond well."

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

- People were supported to eat and drink if this was part of their agreed care and support needs. Care records included the level of support needed, including support from relatives or health care professionals, cultural requirements and any nutritional risks.
- People and their relatives were positive about this support they received. Comments included, "They keep a close eye on them in case they choke" and "We work together with this and share the support between us."
- We saw one person's daily records did not always record the full level of support that was provided, when compared to their care plan. The registered manager said they would follow this up with the staff involved to ensure more accurate recording.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff supported people to access healthcare services and monitored any changes in people's needs, health and wellbeing. We saw funding authorities were contacted when care workers reported deteriorations in people's health, which resulted in increased levels of support.
- Care records included details about people's relevant health and social care professionals, with a breakdown of tasks that were the responsibility of district nurses or other care agencies.
- Staff were aware of the importance of recording and reporting changes in people's needs and samples of daily logs confirmed this was done on a regular basis. Staff were also given emergency procedures guidance and what to do in the event of an emergency.
- A health and social care professional was positive about the provider's joint working relationships with more complex cases and felt staff were capable of dealing with any issues should they arise.

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 provider followed best practice to ensure they recorded people's consent to their care and support. Mental capacity assessments were completed, with supporting documents from funding authorities confirming if people lacked capacity. Assessments recorded people's relatives were involved in best interests meetings, including if people's relatives had the legal authority to consent to care on their behalf.
- People with capacity had signed their care plans to consent to their care. Where one person had capacity but was unable to sign their consent form due to a physical condition, the provider recorded the reason and involved the person's representative, confirming they had verbally consented to their care and support.
- Staff completed MCA training during the induction programme and explained how they supported people to be fully involved in their care and support. One care worker said, "I always ask the person if they want to do something, I know I just can't do it. I explain what it is, letting them know I am here to help them."

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 for 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 and their relatives spoke positively about the kind and caring attitude of the staff team and how they interacted with each other. Comments included, "The two carers we have are brilliant and operate at an optimum level. I'm so glad about this agency" and "They talk, have a laugh, always chat and try to do their best to make [family member] happy."
- The provider tried to ensure people had regular care workers where possible and relatives confirmed they had introductions to meet new and cover staff. One relative told us before their regular care worker went on holiday, a new care worker was introduced and shadowed for two weeks to help to get to know their family member.
- Care workers told us they were motivated to ensure they made people feel happy and respected. One care worker said, "I enjoy working with people and I want to do this job to make them happy. If I can make them happy, I'm happy." Another care worker told us they had attended a funeral for a person who had recently passed away. They added, "They were like family and I miss them."
- We saw a compliment from a relative which stated, 'I wanted to express my thanks for sending such a wonderful carer. We've never had a carer with so much compassion and care and I cannot express how wonderful he is.'

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

- People and their relatives confirmed they were involved in making decisions about their care and support. Records also highlighted who should be involved when decisions or a review needed to be made.
- The management team, office staff and the majority of care workers were bilingual and were able to communicate with people and their relatives from the Bengali community to help them be fully involved in their care and support. Care workers confirmed speaking with people in their own language increased their understanding.
- One relative told us they had been fully involved when identifying new care workers to start working with their family member.

Respecting and promoting people's privacy, dignity and independence

- Staff were regularly reminded about the importance of respecting people's privacy and dignity and promoting their independence. Care plans highlighted this, especially during personal care. It was also discussed during supervision meetings. One care worker said, "We discuss our clients, how we can respect their dignity and give them the best care possible."
- New staff covered this topic during the induction programme about respecting and promoting people's views and supporting them to make informed choice about their care and support. The care supervisor told

us they checked staff respected people's privacy and dignity during routine spot checks in people's homes.

- People and their relatives told us staff respected them and building positive relationships with each other had helped this. A compliment from a relative stated, 'My [family member] was treated with the utmost privacy and dignity at all times and I'd highly recommend Supporting Care.'

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 for 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's care records were person-centred and had information about how people wanted to be supported. There was information and step by step instructions for care workers to follow so they knew what people's needs were. One care worker said, "We get to see the care plan but we get information all the time, or speak with the office or family so we know what to do."
- Where people had Direct Payments in place, we saw people and their relatives had requested care workers they had worked with from previous care agencies. We saw the provider listened to this and went through the recruitment processes to ensure people received care from staff they were comfortable with and knew well. One care worker had worked with a person for over seven years.
- We saw the provider had tried to be as flexible as possible to help meet people's needs. One person's support hours were moved to cover support at night as this was more helpful to the person and their family, which had been agreed by the funding authority.
- Comments from relatives included, "They are quite eager to please", "When we have changes, they try to accommodate them" and "Well, I interviewed them and they do what I want. I'm happy with it."

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 assessed as part of the initial assessment and there was information for staff to explain effective way of communicating with them. Service user guides given to people at the start of the service highlighted information could be made available in other formats and languages.
- We saw staff used translation software to help support one person with their communication needs and that they understood important information about their care and support. The staff team were also able to interpret information on people and their relatives behalf.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider supported people's religious and cultural needs. We saw people were supported to attend the mosque on a weekly basis. One person, who had limited mobility and was unable to attend the mosque, was supported to pray at home. One relative said, "They made sure we had female carers."
- People received support to take part in activities of interest or access the local community if this was part of their agreed care. One person was supported to a day centre twice a week. They were also supported to

go to the gym, with flexible arrangements depending when they wanted to go.

- One relative told us their family member was supported in the community, which allowed time for them to have a break from their caring responsibilities. They added that despite the challenges and complex health conditions, the care workers managed this very well.

Improving care quality in response to complaints or concerns

- People and their relatives were given the provider's complaints procedure at the start of the service.

Regular communication also gave people and their relatives further opportunities to discuss any issue or concerns they had.

- Complaints had been recorded and followed up in line with their policy and we saw action was taken, such as supervisions with care workers or disciplinary action, if necessary. Complaint records also recorded a summary of lessons learnt.

- People and their relatives told us they would call the office if they wanted to make a complaint. A health and social care professional told us the provider had managed a concern from one family very well and resolved it right away.

End of life care and support

- The provider confirmed they supported people at this stage of their life and worked closely with the relevant health and social care professionals, including the local hospice. The registered manager added, "Due to many people's cultural requirements, they are cared for at home by their families, as their main carers, with the support from our staff."

- People's records had information about people's advanced wishes and if there was a Do not Attempt Cardiopulmonary Resuscitation (DNACPR) document in place. Staff covered end of life training during the induction, which included information from the Department of Health about promoting high quality care for adults at the end of their life. One care worker said, "We have to be dedicated, aware of their conditions, make them comfortable, be gentle, calm and reassure them."

- A compliment from a relative stated, 'Prior to their death, the team delivered excellent care. The carers were professional, caring and supportive throughout this time.'

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 for 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management team were aware of their responsibilities regarding notifiable incidents and had followed their procedures for a safeguarding incident since the service was registered.
- Care workers were given information and discussed their key responsibilities during the induction programme. This included guidance on how to complete medicines records, daily log records and financial records. Reminders were also discussed during supervision and team meetings.
- Spot checks on staff also ensured staff were completing records accurately and following care tasks set out in people's care plans.
- The management team were open and honest with people and their relatives. Samples of complaints showed they had acknowledged and apologised if there had been issues and worked to resolve them immediately. One care worker said, "We work closely with the family for my client and I know I have to tell them if something went wrong."

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

- The management team were motivated and had regular communication with people, their relatives and the staff team to ensure they were providing a personalised service to meet people's needs. Comments included, "The company is new but operates as if it has done for years", "Without them, my life would be no good" and "The manager takes things seriously and is fantastic. I have nothing but praise."
- Staff praised the support they received and the positive working environment across the service. Comments included, "The best thing is that they are very open and willing to help at any time. They are amazing people and I've learnt from them" and "I'd recommend them. They listen to us, understand us, are respectful and flexible."
- We saw samples of positive feedback from a range of health and social care professionals how the staff team had worked hard to manage complex and challenging cases, where previous care agencies had failed. One health and social care professional said, "They are excellent and happy to have them around. It is a pleasure working with them."

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

- The provider sought people and their relatives' views through regular communication and telephone

monitoring calls. An annual survey was in the process of being sent out to people and their relatives to obtain further feedback about the service. One relative said, "They enquire every month how [family member] is doing."

- Only one relative felt the management team needed to make improvements and involve them more. They added, "It would help to know more about what's going on, especially with new carers. But they are getting there."
- Staff complimented the management team about the feedback they received about their performance and how they felt respected and valued. One care worker said, "They text or call us after a spot check to tell us what we are doing well, which is really nice." Another care worker said, "The best thing is they don't discriminate against us or treat us differently. We work as a team and all work well together."
- The provider understood the importance on investing in staff and supported them in obtaining vocational qualifications in health and social care. We saw work life balance was also discussed during team meetings to ensure the stressful nature of the job had a minimal impact on the staff team.

Continuous learning and improving care

- There were processes in place to monitor the service to ensure people received the care and support they needed and made any necessary improvements. Management meetings discussed staff responsibilities, training and supervision schedules and any issues across the service.
- Along with telephone monitoring, unannounced spot checks were carried out to make sure people were receiving the correct levels of care. Spot checks also reviewed documents, such as daily log records, to make sure they were completed accurately and were up to date.
- Staff confirmed they had regular communication with the management team about the support they were providing and if any issues needed to be addressed. One care worker said, "They do give us feedback about how we are working and if we haven't completed the records, they do tell us. We then discuss it in team meetings."
- Due to the diverse staff team, the provider also had access to Bengali speaking trainers to make sure staff fully understood their training and responsibilities.

Working in partnership with others

- Due to the complex nature of some of the health conditions people were supported with, the provider worked closely with a range of health and social care professionals to ensure their needs were met.
- The provider had registered for information and advice learning sessions with the local authority to discuss approaches to improving health and social care. They also attended local provider forums and had been involved in local community activities.
- The management team felt the work they had done in the local community had been a positive factor since they had registered. The registered manager said, "We have created job opportunities for people in the local area who can support people from the same background and can communicate with them in their own language."