

Support Care Services Ltd

Support Care Services

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

About the service

Support Care Services is a domiciliary care agency that provides personal care to people living in their own houses and flats in the community. CQC only inspects the service being received by people provided with 'personal care', that is help with tasks related to personal hygiene and eating. Where they do this, we also take into account any wider social care provided. At the time of our inspection there were five people using the service.

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

The quality and safety of the service had improved for people since our last inspection. The registered manager had made sure all staff received the training they needed to help them meet the range of people's needs. Changes had been made to recruitment and selection processes to reduce the risk of people being supported by unsuitable staff. The quality of information recorded by staff about the support people received had improved which helped keep everyone involved in people's care up to date about their current health and wellbeing. The quality monitoring system had been updated so audits and checks now covered those areas of the service where we previously found issues. This helped reduce the risk of these reoccurring.

The registered manager's knowledge and understanding of legal requirements had improved. But there was some inconsistency around how they applied this in some instances. The registered manager was not always clear about when to tell us about events and incidents involving people. We also found the rating from the last inspection was not clearly displayed on the new website for the service, to inform people and others about the quality and safety of the service. The registered manager took immediate action after this inspection to ensure the rating was clearly displayed.

People received their medicines as prescribed. But, medicines records were not always maintained in a consistent way. The registered manager was already aware of this and was working with a dispensing pharmacist to improve the quality of information for staff about medicines, so that this could be properly recorded.

People received the care and support planned and agreed with them. Their choices for how support was provided were respected and staff delivered this in line with their wishes. There were enough staff to meet people's needs. Staff knew people well and understood their needs and how these should be met.

Staff were encouraged to treat people with respect, maintain their dignity and privacy and to encourage their independence wherever possible, especially when being supported with their care needs. 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 helped to eat and drink enough to meet their needs. Staff demonstrated they knew what people's healthcare needs were and how they should be supported with these. They reported any issues

and concerns about people promptly so that appropriate support could be sought for them, especially if they became ill.

Staff were trained to safeguard people from abuse and to report any concerns they had to the appropriate person and agencies. Staff knew how to manage and minimise identified risks to people's safety and wellbeing. They followed good practice when providing personal care and when preparing and handling food which reduced hygiene risks.

People, their representatives and staff were encouraged to have their say about how the service could improve. The registered manager investigated all events, incidents and complaints and kept people involved and informed of the outcome. Learning from investigations was shared with staff to help them improve the quality and safety of the support they provided. The registered manager worked in partnership with other agencies and healthcare professionals to make sure people received the care and support they needed.

New technology was being introduced to improve the service further. This would give staff secure access through mobile smart phones to information about people's care and support needs. The registered manager told us this would help them monitor that people were getting the right care and support at the right time.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 August 2018) and there were two breaches of regulation. Since this rating was awarded the registered provider of the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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?

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Support Care Services

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 undertaken by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced and took place on 24 July 2019. We gave the service one week's notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection we reviewed information the provider is required by law to send us about events and incidents involving people. We also used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed a range of records. This included three people's care

records, two people's medicines records, three staff recruitment files and other records relating to the management of the service including policies and procedures.

After the inspection

We spoke with three relatives of people using the service who shared their feedback and experiences of the service. We also sought feedback from a professional who worked with the service. The registered manager sent us information we requested which included training and supervision records for staff, information about complaints and copies of quality surveys completed by people using the service.

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 good. At this inspection this key question has remained the same and rated as good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At our last inspection we found the registered manager did not routinely check the authenticity of references provided in support of staff employment applications. This meant they did not have all the assurances they needed about staff's suitability to support people.
- At this inspection we found the registered manager had improved recruitment and selection processes. We looked at records for three staff employed since the last inspection. The registered manager had checked the information collected about the staff member as part of the recruitment process to make sure this had been verified and there were no discrepancies in the information provided. This helped to ensure only suitable staff were employed by the provider to support people.
- There were sufficient numbers of staff to support people using the service and meet their needs safely.
- Staff had been trained to deal with emergency situations and events to reduce the risk of harm to people and to themselves.

Using medicines safely

- At the time of this inspection, two people were being supported by staff to take their prescribed medicines. Staff had been trained to administer medicines and maintained a written record each time medicines were administered, which was signed and dated. There were no gaps in these records which indicated people received their prescribed medicines when they needed these.
- However, records were not always maintained in a consistent way. Staff completed a medicines administration record (MAR) for one person, provided by their dispensing pharmacist, which reflected current best practice so that a clear and accurate record was always maintained.
- For the second person, staff only recorded the number of tablets given and at what time. They did not record the name of the medicines given at those times which was not best practice.
- The registered manager through their own quality checks had already identified this as an issue and was working with the person's dispensing pharmacist to improve the information available to staff about the medicines being administered so that this could be properly recorded. This was important because, for example, in a medical emergency, healthcare professionals would need this information to help them make critical decisions about the type of support a person might need. We will check at our next inspection of the service to see if this improvement was made.

Assessing risk, safety monitoring and management

- The registered manager assessed and identified risks posed to people from their specific healthcare conditions and by their home environment. They made sure staff had access to up to date information in people's records about how identified risks should be managed to keep people safe.

- The registered manager monitored identified risks as part of their reviews of people's care and support needs to check for any changes to these that staff needed to be aware of.

Systems and processes to safeguard people from the risk of abuse

- People were safe with staff. A relative told us, "I have no concerns about how they look after [family member]. I have never seen anything to worry me."
- Staff received training in how to safeguard people from abuse and how and when to report concerns about a person to the appropriate individual and/or authority.
- The registered manager worked closely with the local authority when a safeguarding concern about a person was raised. This helped the local authority carry out a full investigation and to identify any actions needed to ensure the person's ongoing safety.
 - At the time of this inspection, there were no current safeguarding concerns raised about, or by, the provider.

Preventing and controlling infection

- Staff had received training in infection control and had access to supplies of personal protective equipment (PPE) to help them reduce infection risks associated with poor cleanliness and hygiene.
- Staff were also trained in basic food hygiene, so they were aware of the procedures that needed to be followed when preparing and storing food to reduce risks to people of acquiring foodborne illnesses.

Learning lessons when things go wrong

- Events and incidents involving people were recorded by staff. These were investigated by the registered manager. The registered manager shared any learning from investigations with staff to help them improve the quality and safety of the support they provided.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found staff did not receive all the training they needed to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- A relative told us about staff, "They understand [family member], where they are coming from and what they need."
- Staff had now received relevant training to meet the range of people's needs. This included specialist training to help staff support people with autism, challenging behaviour and pressure sores.
- New staff had to successfully complete a programme of induction before supporting people unsupervised.
- Staff had supervision (one to one) meetings with the registered manager to discuss their work, any issues or concerns they had about their role and any further training or learning they needed to help them provide effective support to people.

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.

At our last inspection we made a recommendation to the provider that they find out more about training for staff, based on current best practice, in relation to their role and responsibilities regarding the MCA and associated code of practice. None of the staff at that time had been trained in the MCA which meant there was a risk they could act unlawfully if a person became unable to make an informed decision or consent to their care and support. We checked at this inspection whether the service was now working within the

principles of the MCA.

- All staff had now received training in the MCA and associated codes of practice. The registered manager understood their responsibilities under this Act.
- Systems were in place to assess people's capacity to make and consent to decisions about specific aspects of their care and support. There were processes in place where, if people lacked capacity to make specific decisions about their care and support, the service would involve people's representatives and others such as healthcare professionals, to ensure decisions would be made in people's best interests.

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

- People's care and support needs were assessed with them prior to them using the service. These assessments took account of information provided by people and others involved in their care, about their existing healthcare conditions, their care needs, and the outcomes people wished to achieve from the support provided.
- Information from these assessments was used to develop an individualised care plan for people. People were able to state their choices for how, when and from whom they received their care, and this was recorded in their care plan so that staff knew what support to provide.
- Staff were informed of changes to people's support where these were identified. This helped to ensure people continued to receive the support they required to meet their needs.

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

- Where staff were responsible for this, people were supported to eat and drink enough to meet their needs. Information had been obtained about people's dietary needs and how they wished to be supported with these including any specialist requirements people had due to their healthcare conditions.
- Staff recorded what people ate and drank so there was information available to others involved in people's care to check they were eating and drinking enough to meet their needs.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- The registered manager, who was one of the staff members that regularly supported people, knew people well and understood how they should be supported to stay healthy and well.
- Staff recorded the support provided to people at each visit which kept others involved in people's care up to date and informed about their wellbeing.
- Staff reported any concerns they had about a person's health and wellbeing promptly so that people received appropriate support in these instances.
- Staff shared information with other healthcare professionals such as the GP and district nurses when needed to make sure people experienced a consistent, joined up approach in the support they received.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same and rated as 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

- A relative told us, "The regular carer has developed a good bond with [family member] and [family member] trusts her and really likes her. They really take good care of [family member]."
- Recent feedback given by people and their representatives to the provider through spot checks and surveys, indicated they had no concerns about how staff treated them.
- People received support from the same staff so the care they received was consistent. People had a say in who they received their support from and the registered manager made sure people's wishes about this were respected.
- People's wishes in relation to how their social, cultural and spiritual needs should be met were noted in their records so that staff had access to information about how people should be supported with these. For example, it was recorded in people's records if they had specific religious and cultural needs that needed to be respected when being supported.

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

- People and their representatives were involved in making decisions about their care. They were asked for their views and choices prior to using the service and then ongoing through spot checks, surveys and reviews of their care and support needs. This meant people and their representatives continued to have a say about how their current and future care and support needs should be met.

Respecting and promoting people's privacy, dignity and independence

- A relative told us about staff, "They respect [family member] when they provide personal care and make sure [family member] can do things themselves when they can."
- People's records prompted staff to seek their consent before providing any support. Staff were encouraged to offer people choice, respect their privacy and dignity and give them enough time to do things at their own pace. This helped to ensure staff would be sensitive to people's needs and discreet when providing care and support.
- People's records set out their level of dependency and the specific support they needed help with, such as getting washed and dressed. Staff were encouraged to prompt people to do as much for themselves as they could to help them retain control and independence over their lives.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same and rated as 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; end of life care and support

- People's decisions and choices were used to inform staff how support should be provided. People's records contained information about the help they needed from staff with their personal care needs, their dietary needs and their physical and psychological health needs.
- Records maintained by staff indicated people received the support agreed and planned for them.
- People and their representatives were involved in reviews of the care and support provided to them. This helped to ensure the support provided to people was tailored to meet their specific preferences and choices.
- The registered manager, who was one of the staff members that regularly supported people, knew people well and understood their needs, preferences and choices.
- People using the service at the time of this inspection did not require end of life care and support. However, the registered manager had established relationships with the relevant healthcare specialists who would need to become involved if this need was identified in the future.

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 had been identified, recorded and highlighted in their records so that staff had access to relevant information about how they should be supported with these. We saw for one person with a disability, it was stated in their records how staff should communicate with them to help the person understand the support being provided to them.

Improving care quality in response to complaints or concerns

- Relatives had no concerns about the support provided to their family members. One relative said, "[Family member] is happy with their carers."
- Recent feedback given to the provider by people and their representatives through spot checks and surveys, indicated they had no issues or concerns about the quality of care and support they received from staff.
- There were arrangements in place to deal with people's complaints if they were unhappy with any aspect of the support provided. People were provided information about what to do if they wished to make a complaint and how this would be dealt with by the service.
- The registered manager acted on complaints and concerns and made changes to the support people

required when this was needed. During this inspection a relative gave us feedback raising a minor concern. We shared this with the registered manager who took immediate action to try and resolve this with the person and their relative.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we found gaps in the registered manager's knowledge and understanding of legal requirements. This was a breach of regulation 7 (Requirements relating to registered managers) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 7.

- The registered manager had developed an improvement plan after the last inspection which set out the actions they would take to meet legal requirements.
- The registered manager had done what they said they would in their plan and improvements had been made. Staff had received the training they needed to support them in their role. This included training in the MCA so staff were now aware of their responsibilities in relation to the Act.
- In addition to meeting legal requirements, changes had been made to recruitment and selection processes to reduce the risk of people being supported by unsuitable staff.
- Records maintained by staff about the support they provided had also improved. These now contained better quality information about the support people received. This was important as this helped keep everyone involved in people's care, updated and informed about their current health and wellbeing.
- Despite the improvement in the registered manager's knowledge and understanding of legal requirements, we found some inconsistency around how they applied this in some instances.
- The registered manager was not always clear about when to tell us about events and incidents involving people. Our records showed they told us about most events and incidents such as when people using the service had died. But, for one person previously supported by the service where there were known ongoing concerns about their safety and wellbeing at home, the registered manager had not told us about new safety concerns as they became aware of them. Records clearly showed the local authority were kept updated and informed about these new concerns and the registered manager had worked closely with them to make sure the person was protected. However, because we were not told about these new concerns we could not check appropriate action was being taken to ensure the person's safety and welfare. The registered manager told us this was a misunderstanding on their part and said they would make sure all new concerns about people would be notified to us without delay.

- The provider had recently launched a website for the service which they showed us during the inspection. We saw a link to the report from the last inspection was available on the website so people could read our findings. However, this did not fully meet the legal requirement that the rating from the last inspection be clearly displayed on the provider's website to inform people and others about the quality and safety of the service. We discussed this with the registered manager who took action and had the necessary changes made to ensure the rating was clearly displayed.
- During the inspection the registered manager was not able to give us some of the information and evidence that we needed to see. The registered manager explained this was due to the implementation of the new electronic system which was causing difficulty getting access to the information requested. Because of this, we had to ask the registered manager to send us additional information after the inspection, which they did.

Continuous learning and improving care

- The registered manager had introduced new quality checks which covered those areas of the service where we previously found issues. This helped reduce the risk of these issues happening again.
- The provider was investing in new technology to improve the service further. At the time of this inspection they were implementing a new electronic system which would give staff secure access through mobile smart phones to information about people's care and support needs. Staff would be able to record what support they had provided at each visit. The registered manager told us this would help them monitor that people were getting the right care and support at the right time.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

- Relatives spoke positively about the registered manager and said they were approachable and supportive.
- The registered manager carried out spot checks on staff to observe their working practice and to check they were providing the care and support people needed. Staff were given feedback from these checks to help them reflect and improve their working practice. This helped make sure people experienced positive outcomes in relation to their care and support needs.
- People and staff were provided opportunities to have their say about how the service could improve. People's views were sought through spot checks, surveys and reviews of their care and support needs. Staff's views about the service were sought through individual supervision and at team meetings with the registered manager.
- There were systems in place to investigate events and incidents involving people. The registered manager made sure people were informed of the outcome of investigations and involved in deciding what action needed to be taken to reduce the risk of these happening again.

Working in partnership with others

- The registered manager worked with other agencies to develop and improve the delivery of care to people. They worked closely with the authorities funding people's care, so they were kept up to date and well informed about people's care and support needs. This helped to ensure people continued to receive the appropriate care and support they required.