

Support Asia Limited

# Support Asia Limited

## Inspection report

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Date of inspection visit:  
20 April 2016

Date of publication:  
09 June 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The Inspection took place on 20 April 2016 and was announced. We told the provider that we were going to visit 48 hours before our inspection. This was because the service provided domiciliary care and we wanted to ensure that staff would be available to talk with us about the service. At our last inspection of this service on 29 April 2014 we found that they were meeting all the regulations that we assessed.

Support Asia Limited is registered to provide personal care and support to people in their own homes. At the time of the inspection the service was providing support and personal care to 36 people who were living in their own homes or within five 'supported living' facilities within the community. Supported living enables people who need personal or social support to live in their own home supported by care staff as an alternative to living in a care home or with family.

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

The systems in place to monitor the quality of the service had not always been effective at identifying where improvements were needed. Improvements were needed to ensure staff had an understanding of the legislation relating to people's capacity and robust auditing of people's care records needed to be in place to ensure people received effective care.

People and their relatives told us that they felt safe with their staff. Staff were trained in safeguarding adults and understood how to protect people from abuse.

People had been involved in the planning of their care and received care and support in line with their plan of care. People told us that staff were usually on time for their care call. People who needed help with their medicines received the help they needed.

Risks to people were minimised because there were arrangements in place to manage identified risks with people's care. Checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service.

Staff gained people's consent before providing care and ensured people were supported to make day to day choices. Relatives told us that they were involved in making decisions for people who were unable to make decisions for themselves.

People were able to raise concerns and generally felt that they received a good response from the office staff. People were happy with the service they received and told us staff were caring, their only concern was

that there had been a lot of staff changes.

## 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.

People felt safe with the staff that supported them and staff had the skills and knowledge to keep people safe from the risk of abuse and harm.

Risks to people were assessed and managed.

There were sufficient staff to meet people's needs.

Staff had been recruited safely and people received their medicines as prescribed.

### Is the service effective?

Requires Improvement ●

The service was effective.

People's consent was requested before care was provided.  
Staff's knowledge of the relevant legislation relating to providing care with lawful consent was limited.

Staff were supported to carry out their role.

People who required staff support to eat and drink received the support they needed.

### Is the service caring?

Good ●

The service was caring.

Privacy, dignity and independence were promoted.

People were supported by staff that were caring and kind.

People were able to make decisions about their care.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in decisions about their care and were able

to raise their concerns if needed.

Staff were kept informed about people's needs.

People were able to raise concerns and were confident they would be listened to.

**Is the service well-led?**

The service was not consistently well – led.

Systems in place to monitor the service had not always identified where improvements were needed.

People were satisfied with the service they received.

The registered manager was open and transparent and committed to providing a safe and reliable service that met people's needs.

**Requires Improvement** 

# Support Asia Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 April 2016 and was announced. We told the provider that we were going to visit 48 hours before our inspection. This was because the service provided domiciliary care and we wanted to ensure that the manager and staff would be available to talk with us about the service.

We looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority and asked for their views; they shared some recent information about the service with us.

We spoke by telephone to nine people who used the service or their relatives. We spoke with seven staff. This included care staff, senior staff and the registered manager.

We looked at the care records of five people to check the care they received. We looked at four staff files to check the recruitment process, training and the support they received to carry out their role. We looked at other records related to how the service operated. This included electronic records for managing staffing allocations, complaints and quality audits.

# Is the service safe?

## Our findings

People and the relatives we spoke with told us that they felt safe with the staff. One person told us, "I do feel safe". Another person told us, "I like all the staff and I feel safe with them". A relative told us that they were very happy with the care and support their family member received.

Staff told us they had received training in how to keep people safe from harm. Staff were knowledgeable about the different types of potential abuse. Staff understood how to report concerns on to senior staff and they told us that they were confident that action would be taken to protect people from harm. The registered manager was clear about her responsibility to report safeguarding concerns to the local authority and to notify CQC.

There were procedures to identify and manage the risks associated with people's care. This included risks in the home or risk's to people. Staff told us that they had access to risk assessments in people's care records so that they knew how to support people safely. A staff member told us, "I know how to support [Person's name] safely when we are out in the community. I know about the risks and what to do to keep [Person's name] safe". Staff told us and records confirmed that they had received training in areas such as moving people safely. The registered manager told us that they were in the process of making some improvements to the recording of risk assessments so that information was easier for staff to follow and we saw that information about this was included in the provider's action plan.

The registered manager told us that there was a system in place for identifying the number of staff hours needed and that there were sufficient numbers of staff employed so that they were able to cover for unplanned absences for example, staff sickness. They told us that as the service was growing and taking on additional care packages and that they had identified the need to employ additional senior staff to support care staff in their role of delivering care to people. All the staff we spoke with told us that there was enough staff to cover all the care calls. People told us that staff were usually on time for their call.

Some people needed two staff to help provide care and support. Staff told us if the second person had not turned up for a two person call they would ring the office and another staff member would be sent to the call. Staff told us that they knew what action to take in an emergency situation for example, if someone was unwell or they could not get access to a property.

Staff told us that there was always staff available for support and advice. During office hours staff told us that office staff and the registered manager were always available. Staff told us that there was also an on call system for out of hours for advice and support.

Staff told us that prior to commencing in post, all the necessary pre-employment checks had been completed, including checks with the Disclosure and Barring Service (which provides information about people's criminal records). The registered manager told us that improvements had been made to their recruitment policy following feedback from the local authority. We looked at the files of four staff members. We saw that application forms requested only five years' work history and not a full employment history with

any gaps in employment explored, to show only fit and proper staff are employed.

People received support with taking their medicines where required. One person told us, "The staff help me take my medicines. I know what I have and what they are for". A relative told us that they were very happy with the support their family member received from staff to manage their medicines safely. They told us staff were very good at checking the medicines that were received from the pharmacy and were quick to alert a family member to any problems they had identified. All staff spoken with knew the procedures to follow for supporting people with their medicines. Staff told us that they received training to carry out this part of their role and that they felt confident. People's care records had only limited information recorded about how people would like to be supported to take their medicines. The registered manager told us that they recognised that more information was needed in people's care records to ensure people received consistent support.



## Is the service effective?

### Our findings

The MCA 2005 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff we spoke with understood that they should support people to make their own decisions and they described to us how they did this in their day to day practice. Staff understood that they needed to ask people's consent before providing their care. However, staff had very limited knowledge about the MCA and had not received training on this.

Deprivation of Liberty Safeguards (DoLS) requires providers to identify people they provide care to who may lack the mental capacity to consent to care and treatment. They are also required to submit an application to a 'supervisory body' for the authority to deprive a person of their liberty in their best interests in order to keep them safe. The registered manager told us that they understood that DoLS may apply to some of the people living in the supported living part of their service. There was a lack of clarity about whether social workers had started this process. The registered manager took action at the time of our inspection and made the necessary applications.

People and their relatives spoke positively about the staff that supported them. People told us that staff had the skills and knowledge needed to meet their needs. One person told us, "The staff are very good". A relative told us, "Even though there has been a lot of staff changes the new staff pick things up quickly and they seem to know what they are doing". The registered manager told us that additional training was provided in relation to certain disabilities and medical conditions so staff had an understanding of the needs of the people they supported. For example, a nurse had provided training to staff that supported a person with a feeding tube. Staff told us that they were satisfied with the training they had received. They told us that they had one to one meetings, staff meetings and could contact the registered manager or office staff where they could discuss any concerns about people's care.

All the people and relatives told us that consistency with staffing was really important to them. However, most people told us that there had been a lot of staff changes due to staff leaving and new staff starting. One person told us, "I get on really well with the staff, I like them. Sometimes I have a new staff member and I just have to get use to them". A relative told us, "There has been a big staff turnover however, they [agency manager] seem to be doing the best they can to manage this".

Some people we spoke with needed support with their meals. One person told us, "The staff do the cooking and I help". Another person told us that they were offered a choice and staff prepared what they wanted. Staff were aware of how to support people who may be at risk of not eating and drinking enough to remain healthy. We saw that where needed advice from health care professionals in relation to people eating and drinking needs were referred to in people's care records and staff understood these needs.

All the staff we spoke with told us that they would inform the office staff immediately if they had any

concerns about an individual. For example, if a person was unwell or there had been a change in their care needs. A relative told us that staff supported their family member with medical appointments and they were pleased with the support the person received. People's care records had information about health care needs and medical conditions so staff had this information to refer to.

## Is the service caring?

### Our findings

People we spoke with told us that staff were friendly and caring and treated them with dignity and respect. Comments included. "The staff are very caring. They are polite. This is the best care company I have dealt with". And "My [Family member] is very happy with the staff. I would know if they were not happy. The staff are good and communicate with [person's name] in a way that they understand".

People told us that care staff respected their privacy and dignity. They told us that staff would always explain what they were doing. Staff told us that they involved people in their care and would always ensure people's privacy and dignity was respected. Staff told us that they enjoyed their role. A staff member told us, "I love to see them smile it makes me happy. I know that I am helping them" .

People and their relatives told us that they were involved in discussing people's care needs. One person told us, "The staff do ask me what I want to do". A relative told us, "I was absolutely involved. They discussed things with us and made suggestions. They [Staff] were very good".

Staff spoken with described to us how they promoted choices and enabled people to make day to day decisions about their care.

Some people that we spoke with lived within 'Supported Living' facilities. Supported Living enables people who need personal or social support to live in their own home supported by care staff as an alternative to living in a care home or with family. One person told us "I absolutely love it. I am very happy with the staff. I go shopping and help out in the house". Another person told us, "I love it to bits. I am very happy here". Staff that supported people living in the supported living facilities told us that they encouraged people's independence and supported people to do as much as they could for themselves. A staff member told us, " I encourage [Person's name] to do what they can. They chose their clothes, put the washing in the machine, help mop the floor they help a lot and enjoy doing it".

Staff told us that they understood their responsibility to maintain people's confidentiality. They told us that information was kept safe and secure. We saw at the office that arrangements were in place to ensure that people's information was held securely. We saw that the employee handbook which was distributed to all staff contained information about ensuring staff respected people's confidentiality and also contained other useful information about staff role and responsibilities.

## Is the service responsive?

### Our findings

People told us that their care and support needs had been discussed with them when the service first started. All the people we spoke with told us that they had a care plan in their home and that staff always asked them what they wanted help with. A relative told us that their family member's transition into supported living had been managed extremely well and this had helped their family member to settle well and quickly into their new home. They told us, "The staff were brilliant and very patient. They [Agency staff] put a lot of time in in the beginning and it all went really well. [Person's name] is really happy there".

Staff spoken with were able to describe people's care needs and preferences. Staff told us that they had access to information about how to support and care for people in all of the homes that they visited. They told us that the records were kept up to date. Staff told us that if they were providing care to a person they had not met before or the person was new to the service they always received the information they needed about how to care for the person safely. We saw that the pre-assessment process ensured that information gathered from people, their families and other professionals was used to inform staff on how to support people in the way that they wanted to be supported.

Staff told us that meetings took place so they could discuss any work related issues and the care needs of the people they supported. The registered manager told us that meetings were arranged into 'teams'. There was a domiciliary care team and then a team for each of the supported living facilities that they provided care to. Minutes of these meetings showed that issues specific to the team were discussed. For example, one team had discussed activities and health care appointments for an individual that they supported. Staff told us that in the supported living services handover took place to ensure continuity of care. A staff member told us, "The handover is always written and signed off by staff and passed to the person who is taking over from you".

People told us that they were provided with information about how to complain and who to contact if they had any concerns. Everyone we spoke with told us that they would speak to staff that supported them or the office if they were not happy about something. One person told us, "If I wasn't happy about something I would speak with [Registered manager]. She comes to the house to see us. I would tell her". Relatives that we spoke with told us that the registered manager was very approachable and quick to respond to any queries or concerns they had. A relative told us, "They are very professional. I had a few issues and they were quick to sort things out". Another relative told us, "The manager is good and quick to get back to you she will call you and you can email her. I am happy with how my queries were dealt with".

## Is the service well-led?

### Our findings

There were systems in place to regularly assess and monitor the quality of the service that people received. We saw that some of these systems were well established and some needed improvement so that they were more robust with identifying where improvements were needed. For example, the systems in place had not identified that the provider had not effectively implemented the requirement of DoLS where they believed that a person they were providing a service to was being deprived of their liberty in their best interest to keep them safe. However, at the time of our inspection the registered manager took immediate action on this and applications have now been made to the supervisory body. In addition the registered manager told us that staff training on MCA and DoLS would take place. We also found that people's care records needed more information about their medicines arrangements and how people liked to be supported to take their medicines. We saw that a few people had been prescribed medicines to take on an 'as and when' they required it basis and protocols were not in place to ensure that staff knew the circumstances when they should be given. Robust systems for the checking of people's care records had not always taken place. However, the registered manager had taken steps at the time of our inspection to ensure that daily records and medicine administration records would be collected from people's homes on a monthly basis and checked to ensure people received the care that had been agreed.

The provider had an electronic system for planning and monitoring calls and they were in the process of having the system improved so that there was an automatic alert system to monitor missed calls. The local authority told us that following a visit by them in April 2016 the suspension had been lifted and the agency could take on new care packages again.

There was a registered manager in post. The registered manager understood her responsibilities and the requirements of their registration. They were open to the inspection process. They knew the people who used their service and visited the supported living service to speak with people. The registered manager told us that they wanted to continue to improve and develop the service they provided. There was a management structure in place to ensure that the service was appropriately managed. The registered manager told us that as the service was developing and they were increasing the number of people they provided a service to they had identified that additional senior staff were needed and that these posts had been advertised.

We had received some information shortly before our inspection to say that handovers of information were not always being carried out effectively. We shared this information with the registered manager and saw that systems were in place to ensure communication happened between staff members within the supported living facilities. Some concerns had also been investigated under safeguarding and the investigation had been closed.

There were systems in place to monitor and gather the views of the people that used the service. This included making telephone calls to people to ask them about the service. People were mainly very satisfied with the service they received from Support Asia people's main concern was that that had been a lot of staff changes. Comments we received included, "I am very happy with everything" and "The service is very good".

"The manager is professional and helpful". A relative told us, "I think they really bother about people and that comes from the top".

All the staff we spoke with told us that they felt supported by the registered manager, senior staff and office staff. A staff member told us, "I get really good support from management and the staff team". Staff told us that the arrangements in place for communication were good and included handovers in supported living facilities and staff meetings. Staff told us that they felt listened to by managers and they were confident that if they raised any concerns these would be dealt with. Staff told us that the office staff would ring them, send information via text and emails to keep them up to date with information that they needed to know. They told us that spot checks were carried out and they received feedback on their performance.