

New Support Solutions Ltd

New Support Solutions

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

New Support Solutions is a domiciliary care agency providing support to people living in their own home within the community. At the time of the inspection they were providing personal care for three people.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good:

There was a registered manager at the service who was also the provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People received safe care from the service. Risk assessments were completed to enable people to receive care with a minimum of risk to themselves or the care staff. Robust recruitment procedures were followed to ensure as far as possible only suitable staff were employed. Staff were trained to safeguard and protect people. They were aware of their responsibility to report concerns.

People continued to receive effective care from staff who were trained in the necessary skills to fulfil their role. Staff felt supported, they had one to one meetings, appraisals and staff meetings which provided time to seek advice, discuss and review their work. They had opportunities to develop their skills and knowledge as well as gain relevant qualifications.

People's healthcare needs were monitored and advice was sought from healthcare professionals when necessary. 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.

The service remained caring and people said staff were kind, caring and patient. Staff protected people's privacy and dignity and treated them with respect. People were involved in making decisions about their care.

The service remained responsive to people's individual needs. Staff knew people well and individual care plans were person-centred. They focused on the preferences of each person and their desired outcomes. People knew how to make a complaint or raise a concern but had not found it necessary to do so.

The service continued to be well-led. The registered manager promoted an open, person centred culture. They listened to feedback and worked toward making improvements in the service. People's views were sought and the quality of the service was monitored. Action was taken to make improvements when issues were identified.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

New Support Solutions

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 was a comprehensive inspection which took place on 4 and 8 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we therefore needed to be sure that someone would be available in the office to assist with the inspection. On the first day of the inspection we visited the service's office and on the second day contacted and spoke with people who use the service. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. There had been no notifications received since the previous inspection. A notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and contacted community professionals for feedback. We received feedback from one professional. We also reviewed the responses sent in reply to survey questionnaires sent by the Care Quality Commission to people and care staff.

We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with or received feedback from the three people who use the service. We spoke with or received feedback from four members of staff including the registered manager and three care staff. We looked at records relating to the management of the service including the three people's care plans and associated records. We reviewed two staff files including the recruitment records of the most recently employed staff. We looked at staff training records, the compliments/complaints log and accident/incident records.

Is the service safe?

Our findings

People told us they felt safe with the staff from New Support Solutions. They told us if they had any concerns they knew who to contact. They were confident they would be listened to and action would be taken. Staff were trained in protecting people from abuse and knew their responsibilities with regard to reporting concerns to safeguard the people they cared for. Staff told us and records confirmed they refreshed their training each year. The registered manager emphasised the importance of discussion and sharing of experiences in this training to ensure staff had a good understanding. She said, "We learn from each other how to deal with situations, through experience, not just theory." She told us staff meetings and one to one supervision sessions also provided opportunities to embed knowledge of safeguarding people. The provider had a whistleblowing policy which staff confirmed they were aware of.

People were protected from risks associated with their health and the care they received. Risks were assessed and where necessary management plans put into place to lessen risk. Examples included, risks related to falls and poor hydration as well as loneliness and isolation. Care plans provided guidance for staff on how to minimise the risk without restricting people or their independence. People's home environment was assessed to identify safety risks to both people using the service and the care staff visiting them. All risks were reviewed regularly and one member of staff told us, "We are always thinking about keeping people safe, always making sure the client is as safe as possible, checking for risks is so important. Any little thing must be reported to [name of registered manager]."

We found that staff were recruited safely. Recruitment checks were thorough and included those to confirm that candidates did not have a criminal conviction that prevented them from working with vulnerable adults.

The number of staff required was determined by the needs of the people using the service. No new packages of care were accepted unless the registered manager was certain there were sufficient staff to accommodate another person's assessed needs. The registered manager told us recruitment was on-going but they only accepted the 'right candidates'. An on call system was operated and staff told us they could contact the registered manager for advice should they need to. People also said they were able to contact the registered manager whenever they needed to.

Staff received training in the safe management of medicines and there were systems available to check staff competency in managing medicines safely. However, at the time of the inspection the service was not supporting anyone with medicines.

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People felt confident the care staff had the necessary skills and training to care for them effectively. When asked if they felt the staff had been well trained one person said, "Oh gosh yes, they are very skilled."

People benefitted from being cared for by staff who were supported in their job role. Records showed staff had regular one to one meetings with their line manager. In addition, annual appraisals provided an opportunity to assess their work and plan their development needs. These were conducted once staff had worked with the provider for over a year. Training was provided either through classroom teaching, eLearning or through discussion sessions. The registered manager had training qualifications and provided some of the training herself. Training was also sourced from the local authority and other training providers. One member of staff told us, "This is the best training I have ever had, it gives you good skills." Records showed training was up to date and where necessary refresher training was booked.

All staff were provided with an induction to the service when they began work. This included being introduced to the people they would be visiting to provide care. The registered manager conducted these introductions personally and described the importance she placed on this. She told us that she spent time working alongside the new staff member with the person using the service. This was to ensure they knew the small details of how the person liked things done. Emphasis was placed on good communication and the understanding of people's needs. She told us, "If you get communication wrong, you get everything wrong." It became clear during the inspection that the registered manager knew people extremely well and communicated with them on a regular basis. We heard her speak with people on the telephone throughout the day to check on their well-being and assist them in organising health appointments.

Staff new to care work completed the care certificate which is a set of standards used by all care staff in their day to day work. The care certificate was also used for experienced staff as a refresher of their knowledge. Staff were encouraged to gain recognised qualifications in health and social care and at the time of the inspection two staff had done so.

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. The registered manager was aware that any applications to deprive a person of their liberty would need to be made to the court of protection via the local authority. No applications had been necessary at the time of the inspection. Staff had received mental capacity training. People told us staff asked their permission before completing any tasks and said they made their own choices which staff respected. People had signed their care plans to say they had been involved and agreed with the content.

Staff provided support with eating and drinking if this was part of the planned care. People's nutritional intake was monitored if necessary. We saw one person had needed their fluid intake monitored for a period of time following a hospital admission but once they had recovered and regained their independence this had ceased. People were supported with healthcare appointments if necessary and records showed staff acted promptly if medical attention was required. For example, an ambulance was called for a person who was found to be unwell when the care staff arrived. The registered manager explained how they ensured the person was accompanied to the hospital by a member of staff as they had no family to go with them. They told us this had comforted the person and reassured them.

Is the service caring?

Our findings

People continued to benefit from a caring service. They told us staff were caring and kind. One said, "As far as I'm concerned she's absolutely marvellous." This was in reference to the regular care worker who visited them. The registered manager believed strongly in providing continuity of care for people. Each person had a nominated care worker who undertook their regular care visits. Only during periods of illness or holiday were people visited by other staff. People and staff confirmed care staff never worked unsupervised with anyone until they had been introduced to them and had some time to get to know people. People said having this continuity was important to them and made a positive difference to their lives.

People's diversity was valued and the registered manager spoke about there being, "Huge advantages to working with different people and appreciating their diversity." As part of their introduction to people, staff were assessed as to their suitability and compatibility with people. This took into account culture and interests as well as personality. People's care plans recorded their preferences regarding such things as the gender of support workers and their daily routines.

People felt staff showed respect and said their privacy and dignity was protected. They were supported to remain as independent as possible and care plans contained information on what people were able to do as well as areas they required assistance with. One staff member described how they showed respect toward people. They said, "I try to give my all, I try to relax people, give them time and don't rush them. Also, do that bit extra if you can, like ironing their bed sheets so they look nice. It makes them feel better."

We saw the service had received a number of recent compliments and thank-you cards. They demonstrated the caring attitudes shown by staff toward people. One described how the person appreciated the care they had been shown and indicated they felt they would not have been able to manage without the support they had received.

People's personal information was stored securely in the service's office in order to maintain confidentiality. Entry to the office was via a number of coded doors and then a locked office door. Computer records were password protected and people's records kept in their own homes were stored in accordance to their individual wishes.

Is the service responsive?

Our findings

The service continued to be responsive. People had their individual needs assessed before they began using the service. This assessment recorded information on their personal likes and preferences. The registered manager told us they personally carried out these assessments whenever possible. They also said they spent time with people finding out about the way they liked things to be done and their individual routines. They would then complete the first visit themselves to ensure they had captured the correct information for the care plan. Staff confirmed the registered manager introduced them to people before they worked with them unsupervised. They told us the registered manager ensured they had sufficient information about people and their routines. This enabled them to provide what one staff member described as, "Very person centred care."

Reviews of people's care plans were carried out at least annually or more often if their needs had changed in any way. For example, we noted that one person's visits had increased following an illness and hospital admission. Their increased needs had been assessed and the care plan reflected them. Changes in people's needs were communicated to staff by a variety of methods including phone calls and text messages. Staff felt they were always made aware of important information relating to people's care needs promptly. One commented on getting information when it was needed and said, "Communication is very important, yes we get the information we need."

People's needs were responded to extremely well and on occasion the service went over and above what they were commissioned to do for people. We were told of an example of a person changing their mind about having something done after a care worker had left an evening visit. They contacted the registered manager and asked if a care worker could return. Although the person would not have come to any harm without this task being completed, the registered manager realised they may have become anxious and perhaps not have slept for the night. Therefore a care worker was contacted and asked to return to complete the task. They told us this ensured the person was "settled, happy and relaxed for the night". This showed the service responded to and had insight and empathy with people's needs.

The provider had a clear complaints policy. People said they knew how to make a complaint if necessary but no-one had felt this necessary since the previous inspection. The registered manager attributed the lack of complaints to "good communication and dealing with any minor issues immediately".

Is the service well-led?

Our findings

The service continued to be well-led. The registered manager was also the provider of the service and was clearly passionate about the care provided. They were clear about the vision and purpose of New Support Solutions, how it operated and the standard of care it wanted to achieve. The registered manager stated, "We provide a unique service to the highest standard. Tailor made for each person."

The registered manager had extensive experience in the health and social care profession. They were supported by a small team of care staff.

Services are required to inform CQC of certain types of incidents so we can ensure they have taken appropriate action. The registered manager was aware of the type of incident which would require a notification to be made to CQC. No such incidents had occurred since the previous inspection.

People received a service from staff who were happy in their work and said they worked in an open and friendly culture. We found the service to be person centred, inclusive and empowering. Staff told us the registered manager was approachable and dealt effectively with any concerns they raised. They felt supported in their role. One commented, "I feel I receive good support allowing me, to do my job efficiently." Another told us there was a good team spirit and said, "It's a team effort, we all work together."

Staff meetings provided opportunities for staff to gather as a team and discuss their work. We saw from the minutes that best practice areas were discussed as well as issues relating to health and safety and working with other agencies. Staff were able to discuss their work at these meetings, share any worries they had about individuals and seek advice. They told us they could bring their views to the meetings and they were listened to.

People felt the service was well led and said they received clear information from the service. People were given the opportunity to provide feedback and request changes. We reviewed the results of the last quality survey of people who used the service. Two replies were received. Both were positive and both indicated how the consistency and continuity of care staff was appreciated. In addition to this formal review of the service, the registered manager visited people regularly and at times assisted in providing the care. She told us this gave an opportunity to gather more informal feedback as people were often willing to chat and tell her how things were going. This provided an insight into how well staff were working with people and indicated if anything was needed to improve the service for that person.

The quality of the service was monitored and audits were carried out to identify shortfalls or areas for development. Examples of audits included those carried out on care files and spot checks of care practice. Any identified concerns were addressed in order to improve the service.