

Support Asia Limited

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## Inspection report

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Date of inspection visit:  
22 May 2017

Date of publication:  
07 July 2017

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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

This inspection took place on 22 May 2017 and was announced.

Support Asia is a domiciliary care service registered to provide personal care to people within their own homes. At the time of the inspection the service was providing support and personal care to 30 people who were living in their own homes or within '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.

The service had a registered manager. 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.

At our last inspection of this service in April 2016 we found the provider was meeting the regulations of the Health and Social Care Act 2008. However we did identify some areas that required improvement in relation to the service not working in accordance with the principles of the Mental Capacity Act (2005) and staff had not received training in relation to this legislation. Care plans needed more detailed information about people's needs, and systems were not in place to review the care records completed by staff.

On this inspection we found the provider had made all of the required improvements since our last inspection. However we found that some of the audits the provider had introduced needed to be more effective in order to identify shortfalls with the records that were returned to the office. We also found the provider had not displayed their quality rating in the public area of the office on our arrival. The provider did take action to address this at the time of our visit.

People were supported by sufficient numbers of staff who had undergone recruitment checks to ensure they were safe to work. Staff understood how to report concerns on abuse and manage risks to keep people safe. People were supported with their medication by staff who had received training in how to do this.

Staff had access to training and supervision to support them in their role. Staff understood the importance of seeking consent in line with Mental Capacity Act 2005 and knew how to support people to make their own decisions. Staff monitored the health and wellbeing of people and knew the action to take if someone became unwell.

People and relatives described staff as kind and caring, and confirmed staff treated people with dignity and respect. People were involved in the planning and review of their care. People felt supported by staff who knew them well. People and relatives knew how to make a complaint if needed.

People, relatives and staff spoke positively about the registered manager and the leadership of the service.

People and relatives made positive comments about the service they received.

## 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 when being supported by staff who knew how to identify and act on concerns of abuse.

Recruitment checks were in place to ensure people were supported by suitable staff.

People were supported with their medication by staff who had received training in this area.

### Is the service effective?

Good ●

The service was effective.

Staff received training and support to enable them to fulfil their role.

People's consent was sought before their care was provided.

People were supported with their meals where required and their healthcare needs were monitored.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who involved them in their care and treated them with respect and dignity.

Systems were in place to support people to access advocacy services where required.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the planning and review of their care.

Staff were knowledgeable about people's needs.

There was a complaints procedure in place.

### **Is the service well-led?**

The service was not always well-led.

Systems were in place to monitor the quality, and safety of the service provided but these were not always effective in identifying shortfalls.

Staff told us they were supported by the registered manager who promoted an open and transparent service.

People and staff were encouraged to share their views about using this service.

**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 22 May 2016 and was announced. We gave the provider 48 hour's notice that we would be visiting the service. This was because Support Asia provides a domiciliary care service, and we needed to make arrangements to speak with people using the service, staff and have access to records. The inspection was undertaken by an inspector and an expert by experience who completed telephone calls to people and their relatives to gain feedback about their experiences. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We asked the provider to complete a 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. The form was completed and returned so we were able to take the information into account when we planned our inspection. We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We also contacted the local authority who monitor and commission services, for information they held about the service. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with three people who used the service and eight relatives, five care staff, the registered manager and the nominated individual. We looked at a sample of records including seven people's care records, four staff files and staff training records. We also looked at records that related to the management and quality assurance of the service, such as complaints, rotas and audits.

## Is the service safe?

### Our findings

People who used the service told us they felt safe when staff supported them in their home. One person said, "I am very happy with them and I am definitely safe with them". A relative we spoke with told us, "Yes they keep our family member safe. They have a key safe and the staff make sure the door is locked when they leave. We have no concerns".

Staff we spoke with told us they had received training in safeguarding people and understood the action to take if they had any concerns that someone was at risk of harm. One staff member told us, "If I had any concerns I would report it straight away. I am confident the manager would take action. I know I can also report any concerns to CQC, the police and the local authority if needed". Records we looked at demonstrated that all staff had completed safeguarding training. We saw that the registered manager had taken the appropriate action where concerns had been raised and reported incidents to the appropriate safeguarding agencies.

Staff we spoke with all demonstrated their knowledge of how to respond to any emergencies or untoward events. Some staff provided us with examples of the action they had taken in these situations. This included contacting emergency services for assistance.

The provider told us in their provider information return (PIR) that risk assessments were undertaken prior to people receiving a service. This was confirmed by people and relatives that we spoke with who told us assessments had been undertaken to ensure any risks associated with their care had been identified and reduced. A relative told us, "The staff take our family member out and about, which they would not be able to do on their own. The staff know exactly how to care for them and keep them safe".

Staff we spoke with had a good understanding of how to identify and support people to manage risks to them. One staff member said, "The manager completes risk assessments which we read and follow. A copy is available in people's homes for us to refer to. I support some people to eat a meal as they are at risk of choking so I make sure I use the right spoon and take my time". Another staff member told us, "Sometimes I have to use equipment so I check it first to make sure it is safe to use". Records showed that comprehensive risk assessments had been carried out in a variety of areas which included mobility, skin condition, assistance with food, medication and the home environment. These gave staff information on what risks had been identified and the strategies to manage these. Records showed the assessments were up to date and reviewed on a regular basis or when risks had changed. We saw that a system was in place to record any accidents or incidents that had occurred. These had been analysed and we saw that action had been taken to reduce the risk of these reoccurring such as referrals to healthcare professionals.

There were effective systems in place to reduce the risk of unsuitable staff being employed by the service. Staff told us they had provided the required recruitment information before they had commenced employment and this included a check with the Disclosure and Barring service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults. Records we looked at confirmed that all of the required checks had been completed.

People and relatives we spoke with said there was enough staff to meet their needs as they received a reliable and consistent service. One person said, "Generally the staff arrive at the agreed times". A relative told us, "The staff arrive on time and everything is ok with that aspect".

Relatives we spoke with told us that care was provided by a regular team of staff. One relative said, "Yes they seem to be a regular team of the usual ones". Another relative told us, "Our family member has the same staff they do rotate but usually the same team. The staff look after [person] very well". Staff we spoke with told us they had a consistent rota which only changed due to holidays or sickness. The registered manager confirmed this and explained how they aimed to provide consistent care and how they tried to match staff with people to enable them to develop more effective working relationships.

Some people who received care from the service required support with their medicines. Relatives we spoke with told us staff supported people to take their medicines as required. One relative told us, "The staff take the tablets out of the blister pack and give them to our family member with a drink of water". A person told us "I take my own tablets but the staff make sure I have taken them. We saw that improvements had been made since our last inspection and more information had been included in people's care records about the support they required with their medicines. Records showed that any incidences with medicines were reported and action was taken to address these. This included retraining of staff and performance issues being addressed. Staff told us and records confirmed that staff had received medicines training and had their competency to administer medicines checked following this training.

## Is the service effective?

### Our findings

At our last inspection we found that improvements were required as staff had not completed training and the service was not working in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty requirements. On this inspection we found that the required improvements had been made and staff had completed training in these areas.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and we found they were.

People and the relatives we spoke with told us staff sought consent before providing their care. One person said, "Yes and they always say what they are going to do". A relative told us "Yes as far as I am aware they do". Staff we spoke with knew about the importance of obtaining people's consent before providing them with support. One staff member said, "I do ask permission before I provide any support to make sure people are okay with me undertaking tasks". Another staff member told us, "I have had training about this legislation and I do ask people if it is okay to provide their care and if they said no I would not provide the support. I would record and report this to the manager". Staff we spoke with confirmed they had received training and they demonstrated a good understanding of how the legislation impacted on their role. We found that where people's liberties were being restricted applications had been made to the appropriate agency to enable them to make an application to the court of protection.

People and their relatives told us they felt the staff had the skills and knowledge for their roles. One person told us, "I am very happy with them, they are a much improved company". A relative told us "They are definitely well trained. They have worked hard to understand [person] needs". Another relative said "They do introduce new carers and I particularly like the fact that they then shadow an experienced member of staff for a while".

The provider told us in their PIR that staff received an induction to their role. Staff we spoke with confirmed this. The induction provided involved completing training, shadowing more experienced members of staff and observations of staff member's competencies to complete tasks. One staff member said, "I enjoyed the induction and thought it was good. It included training and an opportunity to shadow experienced staff which enabled me to meet the people I would be supporting and to get to know them and read their care plans". Another staff member told us, "I hadn't worked in care before and I think the induction gave me a good insight into what the role involved. I felt prepared when I actually had to support people on my own". Records we looked at confirmed staff had completed an induction which included completing the Care Certificate. The Care Certificate is a set of induction standards designed to assist staff to gain the skills and knowledge they need to provide people's care.

Staff told us they had been provided with training which was specific to the needs of the people they supported. One staff member said, "I work with some people with complex needs such as epilepsy and dysphasia and I have been provided with some training to give me an awareness of these conditions and how to support people". Records we looked at confirmed that staff had completed training relevant to their role and they were given opportunities to access training to further develop their skills and career development.

Staff we spoke with told us they received regular supervision with their line manager to discuss their role. One staff member said, "I feel very well supported and there is always someone I can go to if I need advice or guidance". Another staff member told us "There are support systems in place and I do feel supported in my role. We have a meeting to discuss my role and my career and areas I may need to develop". Records showed that supervisions and appraisals were provided.

Some people received support with meal preparation. Relatives told us they were satisfied with the support staff provided to people. One relative told us, "The staff get the meals ready for [person] when they are hungry. [Person's] appetite has gone down. The staff also drop in to make [person] a cup of tea". Another relative said, "They encourage [person] to cook simple meals, with close supervision and take [person] food shopping". Staff we spoke with had a good knowledge about people's dietary needs and staff confirmed they had received training to support people with complex needs such as assistance to take food through a feeding tube. Records we reviewed contained information about people's dietary requirements and the support they required with meals. We saw that staff monitored people's fluid and food intake where this was needed and completed the appropriate records.

Some relatives we spoke with told us that staff supported their family member to attend healthcare appointments. One relative said, "The staff arrange doctor's appointments and for the chiropodist to visit [person] at home". Another relative told us, "Staff make appointments for our family member and they keep us informed and let me know what is happening". Staff we spoke with knew about people's health care needs and described the actions to take if someone became unwell. One staff member said, "If I had any concerns I would ring the emergency services and then contact the appropriate people to make them aware of the situation". Records showed that staff sought advice and reported concerns to healthcare professionals where required.

## Is the service caring?

### Our findings

People and relatives we spoke with told us that staff were kind, polite and caring in their approach. One person said, "They are very kind and caring, I get on very well with them and they are very friendly". A relative told us, "They are fantastic, natural carers. Our family member can be difficult and they know just how to support them". The provider told us in their PIR that their ethos was one where the development of relationships based on mutual trust and respect was vital in order for them to meet the needs of people.

People were involved in their care. This was confirmed by the relatives we spoke with who told us that staff kept them up to date with any changes in their family member's wellbeing. One relative told us, "They keep me informed and always listen to us". Staff told us how they supported people to make choices with regards to their care. This included talking and asking people about how they would like their care to be delivered. One relative said, "The staff treat [person] very well and always ask if they want to do things". Another relative told us, "We work together as a team and it works very well. They are lovely with [person] and honestly could do nothing better".

Staff told us that where people could not communicate, they were aware of people's body language and facial expressions to ascertain if they were happy with the support provided. One staff member told us, "Communication is key to everything we do, I always talk to people and make sure they are involved in what tasks I am undertaking and I ask them if they are happy with the support I am providing". Records showed that people's communication needs were recorded for staff to refer to.

People and the relatives we spoke with told us the staff treated them with respect and dignity. One person told us, "Yes always, they are first class". A relative said, "They definitely treat [person] with respect and dignity and they always listen to me if I suggest something". Staff we spoke with told us how they supported people in a respectful and dignified manner. One staff member said, "I always knock the door before entering and wait for the person's permission to enter". Another staff member told us, "If it is safe to do so I give people private time when using the toilet and wait outside".

People and relatives told us they supported people to maintain their independence. One person said, "The staff support me to go out to different clubs and shopping which I like". A relative said, "The staff have given [person] a quality of life, they go the extra mile. They support [person] with their exercises which helps to keep [person] mobile". Staff told us they were careful not to undermine the independence of people. One staff member we spoke with said, "It is important that where possible people are encouraged to do things for themselves so they maintain their skills". Another person said, "We support people who live in supported living facilities and it is important that we encourage these people to be self-managing and undertake daily living tasks so they learn and retain daily living skills".

The registered manager had a good understanding of when people may require an advocate and knew how to refer people for this service. She advised that people had previously used advocacy services to assist them to make decisions affecting their lives. The registered manager advised that she did not know of anyone that currently used the services of an advocate. Advocacy is about enabling people who may have

difficulty speaking out, or who need support to make their own, informed decisions that affect their lives.

## Is the service responsive?

### Our findings

People and the relatives we spoke with told us that prior to receiving a service an assessment was completed to discuss people's care needs and their preferences with regards to their care. People and relatives also told us they were involved in reviews of their care. One relative said, "The manager did an initial assessment and now we are all involved in reviews of the care plan". Another relative told us, "My family member has a care plan in place and we are involved reviews". Records showed that assessments were completed with people and their relatives where applicable and people had regular reviews of their care undertaken.

The provider told us in their provider information return (PIR) that they tried to ensure they matched staff with people to ensure their preferences were met. People and the relatives we spoke with confirmed this and told us the staff were responsive to their care needs and if possible adapted the support to meet the person's preferences. One relative said, "We are very happy with them they do an excellent job. They know what to do. They have introduced Punjabi speaking carers and have provided training in specific areas to meet our family member's needs". Discussions with the registered manager demonstrated how, as part of the matching process they tried, where possible to ensure the communication needs of the person were met. They did this by providing staff who were able to communicate with people in their first language. The registered manager also told us how they ensured they asked people about their preferences in relation to the gender of the staff that supported them.

The provider told us in their PIR that equality and diversity training was made available to staff. Staff we spoke with confirmed they had received this training and were able to explain how they ensured equality and diversity was integral to how people received support. Staff we spoke with demonstrated a good knowledge of people's care needs and how people liked their care to be provided. One staff member said, "It is important that we get to know the person and their preferences as it's the little things that matter such as ensuring I do things in the right order". Care records we reviewed contained personalised information about people to ensure they received care in line with their preferences. Records provided staff with information about people's food and drink preferences, their interests and hobbies and their religious observances.

People and relatives told us they were aware that a complaints procedure was in place. One relative said, "If I had any concerns I would know how to complain. I've never had any though". Another relative told us, "We would speak directly with the manager if we have any real concerns, she is very helpful". Staff we spoke with were clear on the complaints procedure and what action to take if people expressed a wish to raise a concern. A staff member told us, "If someone had concerns I would help them to make a complaint. The procedure is in the files in their homes and I would direct them to this or I would share the concerns with the manager myself". We reviewed the records held about complaints and saw that where complaints had been made, these had been investigated by the registered manager and the outcomes recorded and shared with the complainant.

We saw that the service had received some compliments from people, relatives and healthcare professionals. Comments included, "Staff were very professional and personable. They were sympathetic

and understanding to our needs for providing care for our family member. We also valued the way staff interacted with our family member, treating [person] respectfully and normally" and "Thank you for all your help, good care and willingness to be flexible to support [person].

## Is the service well-led?

### Our findings

At our last inspection we found that improvements were required as the systems to regularly assess and monitor the quality of the service that people received did not identify certain shortfalls that we found during that inspection. On this inspection we found that all of these shortfalls had been addressed but we found that the audits still required further improvements to ensure they were effective.

The provider had taken action and ensured that staff had received training in relation to the principles of the MCA and they had completed applications where people's liberties were being restricted. They had completed protocols for people who were administered 'as required' medicines in order to provide consistent guidance for the staff. People's care records had also been updated to include more detailed information about the support people needed with their medicines. The provider had introduced an audit to review the care and medicines records when these were returned to the office. These were completed by the team leaders and care co-ordinators. However we found these audits were not always effective and robust.

We reviewed a sample of the Medicines records that had been checked as part of the internal audit and we found that although the audit stated that these had been completed in full we found unexplained gaps on some of these records which had not been followed up. We also reviewed people's daily care records and found that staff had started to provide support to a person with medicines, however this was not reflected in their care plan which said the person did not require this support. The registered manager advised that in response to our findings they would undertake the audits of the medicine and care records to ensure they were effective in identifying any shortfalls. They also advised that a new care plan would be completed for the person that received support with medicines. The registered manager took action following our visit to explore the reasons for the gaps in the medicines and advised us of the action taken to ensure improvements were made to ensure records were completed in full.

At our last inspection in April 2016 we rated the service as Requires Improvement. The provider was required to display this rating of their overall performance. This should be both on their website and a sign should be displayed conspicuously in a place which is accessible to people who used the service. We found that the provider did not currently have a website and when we arrived at the service we saw the rating was not displayed. We were advised the rating had been taken down and was downstairs in the office. The registered manager and nominated individual took immediate action and displayed the rating in the office which was accessible to the public.

People and relatives told us they knew who the registered manager was and that they were happy with the service provided. One relative told us, "The manager is very helpful. The communication between us is very good, she sends any new information to me direct, including the weekly rota". Another relative said, "The manager often drops in for a cup of tea and a chat and also (staff member) does too. I would recommend this service to anyone". We received comments from other relatives which demonstrated their satisfaction with the service provided.

We saw that an electronic system was in place which monitored the call times of the staff and which alerted

the office if staff were running late. The registered manager advised that each staff member was provided with a work phone which they should use to contact people if they were running late so that people were made aware of this. Feedback we received from people and relatives demonstrated they were contacted if staff were running late. The registered manager told us she monitored this system and the service provided. We saw that any missed or late calls were investigated and the reasons for these were recorded. We saw action was taken where required to address these. This included discussions with staff about their performance.

Staff spoke positively about the management team and told us they felt supported in their role. One staff member told us, "The management team are all good and very supportive. The on-call phone is always answered. We receive any updates on our work phones so communication is good as we are informed of any changes quickly. The registered manager is approachable, open and transparent; I enjoy working for this company". Another staff member said, "This is a good company and I love my job. The manager is approachable and she listens to us, and is open and gives clear guidance and direction. There is a good team work and everyone works well together. We have good communication as we are provided with phones so we receive alerts to make us aware of any changes or important messages". Staff told us that meetings took place to discuss the service and people's needs. Staff felt able to raise suggestions and felt listened to. Records we looked at confirmed that some staff had received spot checks which involved observations to ensure staff carried out tasks correctly. Discussions with the registered manager demonstrated that spot checks were undertaken focusing on the person's home and the service provided as opposed to being a system to monitor staff member's on-going performance. The registered manager agreed to review this system. Records were in place of the spot checks undertaken and meetings held.

The provider told us in their PIR that staff were supported to challenge any practices that did not promote the ethos of the service. This was confirmed by the staff we spoke with who confirmed that a whistleblowing procedure was in place. Staff told us they felt confident to raise any issues they had. One staff member said, "I would report any concerns I had about another staff member as the people I support are my priority". Whistleblowing is the process for raising concerns about poor practice.

Systems were in place to obtain feedback from people, relatives and healthcare professionals about the service provided. These included telephone calls to people and relatives, feedback from reviews and surveys were sent out. The registered manager told us surveys had been sent out at the beginning of this year but they had received a poor response with only one survey being returned. The registered manager advised they would repeat this survey. Feedback we received was positive. One person told us, "It is a first class service for me". A relative said, "Their excellent care has probably allowed our family member to stay at home so we are very happy".

The registered manager knew and understood the requirements for notifying us of all incidents of concern and safeguarding alerts as is required within the law and we saw that these had been reported appropriately.