

Supportive SRC Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Supportive SRC is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to children, younger and older adults. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection they were 136 people receiving personal care.

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

Overall the feedback we received from people and relatives was complimentary. However, we found continued concerns about the aspects of managing risks, medicines, records and the governance of the service. Although there had been some improvements, legal requirements were still not consistently met.

There were enough staff to ensure people were safe. Staff had received training to safeguard people from abuse and knew how to report concerns. The management team sought to learn from any accidents or incidents involving people.

Staff had received training to understand how to support people well. Care records provided information in relation to people's backgrounds, interests and care needs. Staff felt supported in their role, however records showed a lack of supervisions were taking place.

We have made a recommendation about supervisions.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; systems supported this practice. The registered manager ensured care was based upon good practice guidance to help ensure people received an effective service.

Promoting independence was encouraged and people were offered choices.

The registered manager and staff team worked closely with external healthcare professionals to ensure people's health and wellbeing was maintained.

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 28 December 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvements had not been made and the provider was still in breach of regulations.

The last rating for this service was requires improvement (published 28 December 2018). The service remains rated requires improvement. This services has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified two breaches in relation to the management of risk, records and governance.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Supportive SRC Ltd

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

The inspection team consisted of one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

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. A previous manager had left the service in August and a new manager had started working at the service three weeks ago. This manager was in the process of registering with CQC and would take over from the current registered manager.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). 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 requested feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They did not share

any concerns with us about the care provided. We used this information to plan our inspection.

During the inspection

We spoke with 20 people who used the service and six relatives. We spoke with six members of staff including the registered manager, manager, deputy manager and support workers.

We reviewed a range of records. This included people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- At the last inspection there was no guidance to support staff in using specialist techniques such as percutaneous endoscopic gastrostomy (PEG) which is a specialist feeding tube, and where people were receiving their medicines covertly [hidden] these were not safely managed. At this inspection information to support staff to administer medicines covertly had been updated. However, where people received their medicines via a PEG, there was no information available to staff, to support this.
- We could not evidence people were receiving their medicines as prescribed. Medication administration records (MAR) were not completed correctly, there were gaps with no explanations, crossings out, incorrect spellings and staff had signed on incorrect days.
- One person was receiving one of their medicines crushed. However, there was no guidance recorded as to why this was. A prescribed medicine for another person directions stated, "Family want this to be administered twice." However, there was no record of the family having power of attorney over health and wellbeing or what the prescribed dose was. The new manager followed this up after the inspection and ensured the correctly prescribed dose was documented.

Assessing risk, safety monitoring and management

- At the last inspection Individual risks to people had not been assessed or managed. At this inspection we found some improvement, but further work was needed.
- One person's care plan stated they were on a normal diet and fluids. However, further on in the care plan it was recorded by the Speech and Language Therapists (SALT) that the person food was to be minced and moist and fluids were to be thickened to a level three consistency. The new manager arranged for another review from the SALT team after the inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- There were systems in place to ensure people were protected from the risk of infection and staff had access to a plentiful supply of personal protective equipment.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and secure when staff visited their home. One person said, "Oh I am very safe

and they [staff] are nice and regular, they are friends not carers."

- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns. Staff told us they were confident any concerns they raised would be acted upon.

Learning lessons when things go wrong

- There was an incident management procedure in place. Any accidents or incidents were logged, and the provider's health and safety team analysed these to see whether any follow up actions were required.

Staffing and recruitment

- People were supported by staff who had been safely recruited; appropriate checks helped make sure suitable staff were employed.
- There were enough staff to meet people's needs and deliver good quality care. Generally, staff arrived as expected and people were contacted if there were any unforeseen delays. Comments from people included, "Mostly they [staff] do arrive on time but sometimes they can run ten minutes late, but I don't care, they are the most honest people that I have ever met" and "They advise me what days they are coming and ring if they are running later, but we know all of the staff and they have never missed a call and only been late once but they rang anyway."

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 remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 the last inspection staff did not demonstrate a clear understanding of MCA and no best interest meetings had taken place for people receiving their medicines covertly. At this inspection we saw records to show best interests meetings had taken place. However, not all staff could provide an explanation of their understanding of MCA. The new manager said they would source some easy read guidance on this subject. We received further information on this after the inspection.

Staff support: induction, training, skills and experience

- Staff we spoke with said they felt supported by the management team and received a yearly appraisal. However, they were not given opportunities to review their individual work and development needs through supervision. The registered manager said, "We have lots of chats with staff but unfortunately we don't always record them."

We recommend the provider ensures staff are supported through supervision in line with their own policy.

- People were supported by staff who were trained with the required skills. Staff had completed training in safe working practices and to meet the specific needs of people which included topics such as dementia and epilepsy and received competency checks.

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

- Staff supported people to eat and drink enough to maintain a balanced diet, where required.
- Care plans included information about people's likes, dislikes and preferences around food and drink.

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

- Staff talked about people's individual needs and explained how they provided the support people needed. Staff knew people well and encouraged them to make choices and decisions about their day to day support and care.
- People's needs were assessed, and care plans were formulated to document what actions staff needed to take to meet people's needs.

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

- There were good links to external health and social care professionals and visits or appointments were made when needed.
- Care records showed other professionals were involved in the care and consulted to make sure people's health care needs were met.

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 good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People who used the service were complimentary about the staff. Comments included "They [staff] are wonderful, I always have the same staff which is great as we get to know each other" and "They are very caring, always polite and nothing is too much trouble for them."
- The provider had set up a festive incentive for staff. Staff were given two hours to provide someone with extra time, they could choose who to support with this. Whether it be someone who would value a chat for a couple of hours, or a respite break for their loved one to grab a couple of hours to themselves.
- Staff had received training on equality and diversity and the registered manager was clear about their responsibilities in this respect.

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

- People had been consulted about their support and in making decisions about the daily level of support they required. One person said, "It really makes my day when they have five minutes chat with you and just take the time to talk really."
- Staff went out of their way to allow people to make their own day to day decisions and complete and follow their activity timetables as they wanted.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One staff member said, "For one person we know we need to prepare early if we are providing personal care, we keep it private, calm and quiet and talk through what we are doing at all times."
- Staff encouraged people to maintain their independence where possible. One staff member said, "We are always trying to promote independence as best as we can. I always say, "can you do this", we also promote choice."

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 now deteriorated to requires improvement. This meant people's needs were not always met.

End of life care and support

- Some people were receiving end of life care. However, there were no records on people's end of life wishes and preferences to inform staff on how the person or their relatives wanted to be supported. How staff knew a person was receiving end of life care was due to the care plan being printed on purple paper. The new manager agreed this was not acceptable and would arrange to update the care plans straight away.

We saw and heard of staff being complimented on the support people had received at the end of their life. Therefore, this was more of an issue with records. However, the lack of records placed people at risk of not receiving the care they preferred. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The new manager was in the process of having sensitive discussions with people or their relatives to develop end of life care plans which would inform staff of how the person wanted to be supported.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a care plan in place which provided staff with personalised guidance on how people wanted and needed to be supported. People and relatives had contributed to their care planning where possible. One person said, "My care plan was reviewed last week, and they record what they do and it is always accurate. I read it and I check it."
- The new manager had recognised that work was needed to each person's care plan to make them easier to navigate and to make sure they contained current and correct information.

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.

- Staff knew how people preferred information to be provided to them.
- We saw some good communication care plans which detailed how people expressed a need. For example, "Don't say you don't understand me, keep listening and repeat back what you do understand."
- The management team ensured people's communication needs were assessed and any measures put in place to support them. For example, one person used photos to support communication and understanding.
- We were told that information was available in different formats such as large print, braille or picture

format.

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

- People were supported to engage in activities that stimulated and interested them and increased their community involvement and self-esteem. Records showed examples of people being supported to visit places of their choice, go shopping, watch football, swimming and enjoy their favourite music or television programmes.

Improving care quality in response to complaints or concerns. The provider had systems to analyse complaints and concerns to make improvements to the service.

- Information relating to how to make a complaint was readily available to people in all formats.
- Complaints were appropriately managed by the service.

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 remained requires improvement. 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

- The previous registered manager left in August 2019 and another person became a registered manager as 'caretaker' until the new manager took over the registrations. The new manager had been at the service for three weeks and had already identified areas for improvement. One staff member said, "They are like a breath of fresh air, hopefully things will be done right now, that is what is needed here."
- We found the provider still needed to make improvements. Quality audits were not effective, although medicine audits took place they had failed to identify shortfalls in medicine management. Records in relation to risks, people's needs, medicines and staff supervisions were lacking.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The management team demonstrated a commitment to providing consistent and person-centred care that met people's needs in a way that promoted their individuality. One person said, "The service we are getting from the carers and the office is more than my expectations, much more, they really seem on the ball."
- We found a positive and inclusive atmosphere with all levels of staff dedicated to providing personalised care and support. Staff we spoke with were committed to ensuring people received high quality care.
- Staff told us they felt valued and enjoyed working for the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding's and serious incidents as required by law.
- We found the registered manager and new manager were open and honest with us about the service, its strengths and weaknesses and areas they knew needed developing.
- The registered manager engaged well with the inspection process and additional information was

provided promptly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had established processes in place to communicate with people. This included newsletters, and formal surveys. One person said, "I have recently filled in a survey, but I haven't heard anything back yet, probably because I said everything was great."
- The service worked in partnership with health and social care professionals who were involved in people's care.
- Regular staff meetings occurred; staff said they felt listened to and able to contribute. Staff also received a weekly briefing to keep them updated.
- Engagement with the local community was very important to the management team and people who used the service.

Continuous learning and improving care

- The management team were committed to making the improvements to the service.
- The registered manager was open and responsive to our inspection feedback.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was not doing all that was reasonably practical to mitigate risks or ensure the proper and safe management of medicines. Reg 12 (2) (b) (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have systems and processes in place to monitor and improve the quality and safety of the service provided. Records relating to staff supervisions and the care and treatment of each person were not always complete, legible, accurate or up to date.</p>