

Supportive Care Services Ltd

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Inspection report

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Date of inspection visit:
11 January 2023
12 January 2023

Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service

Supportive Care Services, is a domiciliary care agency providing personal care to people in their own homes. The service was supporting 7 people with personal care at the time of our inspection. The service was providing support to children, older and younger adults, learning disabilities; autism; mental health conditions and physical disabilities.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

There was a lack of provider oversight which meant risks to people's safety had not been identified and responded to appropriately. Systems to monitor the quality and safety of the service were not effective, this placed people at risk of harm.

The provider's recruitment practices were not safe or robust, which meant people were at risk of being supported by unsuitable staff. Records had not been completed in relation to known risks to people or plans developed for managing these risks.

People who were known to express emotional distress did not have proactive behaviour strategies in their care records. This meant they did not provide detail on the specific actions staff should take to ensure practices were least restrictive to the person and reflective of a person's best interests.

Staff training was inconsistent, and people were not always supported by staff who had all the skills and knowledge to meet their needs. For example, epilepsy training and catheter care. When people required medicines to be administered, there was no information about how people should be supported to take these safely.

The lack of systems and processes meant the provider had failed to identify the areas for improvement found at this inspection including the care planning, risk assessments, staff training and safe recruitment processes.

People and relatives we spoke with said they felt safe with the care provided and staff felt supported by the provider.

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

Rating at last inspection

This service was registered with us on 11 October 2021 and this is the first inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needed to make improvements

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of Inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Details are in our safe findings below.

Inadequate ●

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 well-led.

Details are in our well-led findings below.

Inadequate ●

Supportive Care Services 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 was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection there were 7 people using the service.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post. The registered manager is also the provider.

Notice of inspection

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection. Inspection activity started on 11 January and ended on 26 January 2023. We visited the office location on 12 January 2023.

What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. We sought feedback from the local authority.

The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with 4 relatives about their experience of the care provided. We spoke with 5 members of staff including the provider (who is also the registered manager), the care co-ordinator, 2 care workers and the director.

We reviewed a range of records. This included 3 people's care records and medication records for 2 people. We looked at 6 staff members files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this service since it was registered. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were not effectively managed. Risk assessments were either not in place or were not sufficiently detailed. For example, some people needed assistance to move, risk assessments did not inform staff how to complete this task safely.
- Care plans and risk assessments lacked any detail about people's care and health needs. This lack of information to guide and inform staff to do this safely, meant people were at increased risk of harm. For example, no risk assessments or care plans had been completed for people with specific healthcare needs, including epilepsy, diabetes and catheter care. This meant staff had no written guidance on how to safely meet their needs.
- Some people required staff support to eat and drink and there were identified risks. There was no care plan or risk assessment in place to guide staff on how the food should be prepared and how the person should be supported to eat safely. The lack of guidance and information placed people at risk of harm.
- Where people had an identified need of becoming distressed, there was no positive behaviour plan in place to guide staff on triggers that may make the person anxious, what to do when an incident occurs and what to do after an incident. This placed people and staff supporting them at an increased risk of harm.

The provider failed to ensure care and treatment was provided in a safe way. They did not ensure all risks relating to the safety and welfare of people using the service were consistently assessed, recorded and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities)

Using medicines safely

- Medicines were not safely managed. The provider's own medication policy stated staff must be suitably trained to administer medicines. Training records showed only 1 of the 7 staff members had completed medicine management training. The registered manager told us, no staff competencies to administer medicines, had been completed.
- There was no care plan or risk assessment in place for people who were supported by care staff with their medicines. This would identify any risks staff would need to know about when supporting the person, any risk reduction measures in place and the level of support needed from staff. The lack of information placed people at risk of not receiving their medicines as prescribed.
- There was a lack of guidance on how and where staff should apply prescribed creams. People's care plan stated, 'carers to apply the creams'. There was no information about the name of the cream, or how or when it should be applied and the cream was not recorded on the medicine administration record (MAR). Body maps were not in place to provide staff with clear instructions on when, where or how the creams should be applied. This meant people were at risk of their skin condition deteriorating.

We found no evidence that people had been harmed. However, medicines management was not robust enough to demonstrate that medicines were managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider had not adhered to safe recruitment practices. This placed people at risk of being supported by unsuitable staff.
- Of the 6 staff files looked at, full employment histories had not been provided on 5. This meant the provider did not follow their own recruitment policy. The registered manager told us this information had not been requested and they had not followed their own policy.
- A staff member had a reference for a job role that was not recorded on their application form and the reference did not state how long they had been employed in the role. Another staff member's application form was incomplete, so information about their suitability for the role, and previous work experience had not been recorded.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safe recruitment. This placed people at the risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us they had experienced no late or shortened calls for their family members and had regular staff which helped with consistency.
- Staff told us they carried out regular calls to people and they had adequate time to travel between care calls. Records we saw confirmed this.

Preventing and controlling infection

- Staff had completed training in infection control.
- The registered manager was aware of the most recent government guidance. They told us they needed to carry out a risk assessment for one person who was at a high risk of catching infections. They told us this would be completed following our inspection.

Systems and processes to safeguard people from the risk of abuse

- The provider told us about an incident that had taken place, but this had not been recorded, the provider told us it was passed on verbally from a staff member. Another incident had occurred and the provider had ended the care package. We discussed with the provider the importance of recording incidents and also sharing information with other agencies.
- People and relatives told us they knew how to raise concerns or make a complaint. One person, told us, "The staff have been good so far and I feel safe. If I had any concerns I would contact the manager."

Learning lessons when things go wrong

- There were no records of any accidents or incidents, therefore we were not able to check records to see what action had been taken in response. The provider told us they would ensure records of incidents were kept and a system for monitoring these would be implemented.
- The provider had not implemented a system for requesting and analysing feedback from people. Gathering this information would help the provider to develop the service.

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.

This is the first inspection for this service since it was registered. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff did not receive the support they needed to carry out their role safely. Staff training records showed staff had not completed all the providers mandatory training in topics such as medicine management, mental capacity and DoLs, first aid, and children's safeguarding. This meant staff may not have the skills and knowledge to support people safely.
- Staff training records did not include any specific training in health conditions, relating to the needs of the people supported. There was no plan in place for any training for known health conditions such as; catheter care and epilepsy. This put people at risk of receiving unsafe care from untrained staff.
- The provider had failed to assess the effectiveness of the training given to staff. For example, spot checks and competency assessments were not completed.
- The care agency employed a small team of staff. Induction training was completed in one day and involved looking at policies and procedures. There was no system for new staff shadowing staff or having their competencies assessed prior to carrying out their role. This meant people were at risk of receiving unsafe care.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the effective induction and training of staff. This placed people at the risk of harm. This was a breach of regulation 18(2)(a) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us the registered manager was helpful and supportive.
- A relative told us, "Staff seem to know what they are doing. I am happy so far with [person's name] care."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Assessments records were incomplete documents and lacked detail about care and support needs. The provider's care planning process was not robust. This meant people's support and health care needs may not be met because staff do not have the information to guide them on how to meet people's needs safely.
- Staff we spoke with knew people's needs and how they liked to be cared for.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- No staff had completed training in people's rights under the MCA and when to act in their best interests to ensure people's safety and welfare was maintained.
- Where a person lacked capacity, and were unable to make their own choices and decisions, the provider had not yet obtained evidence that those making decisions on their behalf had the necessary legal authority to do so. The provider told us they had started the process of obtaining this information from families.
- Staff told us how they offered choice and respected people's choices.
- Relatives told us staff consulted with them and they were involved in their family member's care.

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

- Three of the 7 staff had not completed food safety training. This meant staff may not have the skills and knowledge to support people safely, when preparing food.
- There was no care plan or risk assessment in place to say how people should be supported safely to eat and drink. The lack of guidance and information for staff to follow placed people at an increased risk of harm.

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

- Staff told us they recognised when a person was unwell and required additional support such as a GP or ambulance, and they would take the appropriate action and inform the office.
- There were no records of staff working with other health and social care professionals and the provider when asked, was not able to share examples with us.

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.

This is the first inspection for this service. This key question has been rated requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- The provider's lack of systems and processes meant that people were at risk of receiving care that did not meet their needs.
- People's care plans included some basic information about their preferences and personal histories to help staff get to know them and how they liked to be supported.

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

- There was no evidence of people's views about their care being gathered and reviewed to ensure the service was meeting their needs. Daily records gave no details about people being asked about their care or the person's response to care was not recorded.
- Where people were not able to express their views verbally, care plans did not have clear information about people's communication needs. This information would guide staff in how to involve those people in decisions about their care.
- The provider had received some positive comments from relatives, and these were shared with us.

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

- The provider had employed staff who were reflective of people's cultural and religious backgrounds. This meant staff understood their needs and relatives told us this was important to them. For example, one person told us about a personal care routine, specific to their cultural needs, and the staff were able to support them with this need.
- We received positive comments from relatives about the care their family members received. A relative told us, " They [staff] really understand [person's name] needs. They like things done in a certain way because of their cultural needs, and the staff understand and support them with this."

Is the service responsive?

Our findings

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

This is the first inspection for this service since it was registered. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People's care plans were not personalised and did not reflect people's wishes and choices. Although relatives told us their family members care had been discussed with them, this was not reflected in people's care records.
- Care plans were not in place for known health conditions, this meant people had not been able to contribute to and agree the care plans for this aspect of their care.
- Relatives told us they were happy with the care provided. A relative told us, "The staff are very good and they work well with [person's name] and understand their specific cultural needs, and these needs are well met."
- We saw examples where the provider had responded to requests for changes, for example, when people had requested additional care and support.

Improving care quality in response to complaints or concerns

- The provider told us they had received no written complaints. A complaints policy was in place whereby they would be logged and responded to.
- Relatives told us they would feel able to complain if the need arose and they would ring the office if they had any problems. A relative told us, "I know I can ring the office and speak with the manager about anything."

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 careers.

- We spoke to the provider who said that they were aware of the AIS, but they did not have any alternative formats for communication in place at this time and none had been required. They advised if the need arose they would provide information in appropriate formats.

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.

This is the first inspection for this service since it was registered. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The management of safety, risk and governance had not been effective. There was no auditing system in place. This meant the service had not been operating effectively and had failed to identify the concerns we found during the inspection.
- The provider had failed to identify that accurate records relating to people's care were not being maintained, to ensure staff had access to consistent and accurate information about people's support needs.
- We reviewed care plans which highlighted that plans for specific known health conditions were not in place to provide care staff with knowledge of the person's condition and how to support them. We also saw that risk assessments for known risks to people were not in place.
- A lack of audits meant the provider had not identified people's support with medicines administration had not been risk assessed, and care plans had not been put in place to guide staff on safe administration.
- A lack of audits meant the provider had not identified their own recruitment policy to ensure safe recruitment, had not been followed.
- A lack of audits meant the provider had not identified that staff had not completed the required training to effectively support people's care needs. They also failed to have a training plan in place reflective of people's care and health needs.

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.

Continuous learning and improving care

- The provider was open and receptive to the areas of concern identified during the inspection. They told us they had started to make improvements. For example, immediately following our inspection they took action on improving the staff recruitment records, they also told us they would be introducing an electronic people planner for scheduling and monitoring people's care calls.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives said they felt able to speak with the provider and care staff members at the service

when needed.

- The provider had received some positive comments from people and relatives, about the service. However, they had not yet developed a system to analyse this information and use it effectively to develop 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider understood their responsibilities about duty of candour and promoting an open and honest culture.
- Staff we spoke with told us that they felt provider was very supportive.

Working in partnership with others

- We saw no evidence from looking at records and talking to staff and the provider of where the staff or provider had worked in partnership with other professionals and agencies.