

Smarter Care Provision Limited

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Inspection report

6-10 Dunston Street
London
E8 4EB

Tel: 02034887388
Website: www.sundaycaretherapy.com

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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

About the service

Smarter Care Provision is a domiciliary care agency providing personal care and support to people living in their own homes, for older people with dementia and learning disabilities or autistic spectrum disorder and mental health. At the time of this inspection 8 people were receiving the regulated activity of personal care from the service. 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

People's needs were appropriately assessed before support began. The service worked together with healthcare professionals and relatives to ensure people's needs could be met. People felt safe in the care of Smarter Care Provision. People received support with their medicines as prescribed.

People's care plans were detailed and kept up to date to ensure they received effective care and support. The service encouraged people to be independent and maintain a safe living environment.

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; the policies and systems in the service supported this practice.

At the time of the inspection, the service did not provide care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Staff understood people and their individual needs well. People's needs were appropriately assessed before the service began in the person's home. People were supported by appropriate numbers of staff on each visit to ensure their safety and support needs were met. Staff knew people well and provided kind, caring, person-centred care and support. Staff communicated with people in ways that met their needs. There were appropriate risk assessments in place to support people to keep safe and maintain their environment.

The outcomes for people using the service reflected the principles and values of Implementing the Right Support by promoting choice and control, independence and inclusion. Care was person-centred and promoted people's dignity, privacy and human rights. Staff understood how to protect people from poor care and abuse. Staff were appropriately trained on how to recognise and report abuse and they knew how to report safeguarding concerns.

The registered manager promoted a positive and open culture at the service, and people experienced good quality care, and support because trained staff could meet their needs. Staff told us they felt supported by the management team and that they were able to contact a senior person when needed. Staff

demonstrated good understanding about providing people with person centred care and spoke knowledgably about how people preferred their care and support to be given. The Provider was focus on the recruitment and development of staff to ensure that people received a safe, caring and responsive service.

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 the 2 December 2020 and this is their first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service

Follow up

We will continue to monitor information we receive about the service until we 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 safe.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well led.	Good ●

Smarter Care Provision 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector and 1 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The provider was given 17 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 28 October 2022 and ended on October 2022. We visited the location's office.

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 annually with key information about their service, what they do well, and

improvements they plan to make.

During the inspection

We spoke with 6 people and 2 relatives about their experience of the care provided. We received feedback from members of staff including senior care workers, an Occupational therapist and the registered manager.

We reviewed a range of records. This included three people's care and support records and two people's medicine administration records. We looked at three staff files in relation to recruitment and training. We also reviewed a variety of records relating to the management of the service, including policies and procedures, staffing rotas, accident and incident records, safeguarding records and quality assurance reports.

Is the service safe?

Our findings

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse. The provider had policies and procedures in place that provided staff guidance.
- People told us they felt safe with the staff. Comments included, "In the past I have had dreadful experiences with care agencies leaving me reluctant to have carers from an agency, however I feel very safe with my carers from this agency, "I feel safe with the carers, they are brilliant."
- A relative also told us, "I know my [person] is 100% safe with carers."
- Staff had received up to date training and knew how to identify the signs of abuse and who to report concerns to both internally and externally. One staff member said, "I would inform my manager, and if the [person] was in immediate danger I would call the police."

Assessing risk, safety monitoring and management

- Individual risk assessments for people were detailed and regularly reviewed, which helped staff to reduce the risk of avoidable harm.
- People's care plans contained information and guidance for staff, on how to manage and support people with their anxieties.
- People told us that since they have been using the agency, they have not had any falls. Comments included, "Since the carers have started coming to me I have not had a fall." "I have had lots of falls in the past. I have not had any falls with these carers." "The carers always alert me to risks if I am doing anything incorrectly."
- Risks were identified at the initial needs assessments carried out by the registered manager, this included skin integrity, manual handling, eating and drinking, and falls risks.
- Environmental risk assessments were also in place and identified risks to people living in their own homes and for staff working at the property, for example, fire risks, trip hazards and risks for staff using equipment, such as hoists.

Staffing and recruitment

- The provider carried out robust checks on all staff before they started working at the service. These included employment references, proof of identification and right to work in the UK. Disclosure and Barring Service (DBS) checks were carried out. A DBS check is a way for employers to check staff criminal records, this helps to decide whether they are a suitable person to work with vulnerable adults.
- People and told us they had regular and familiar care staff and cover arrangements were in place. For example, comments included, "I feel safe with the regular carers I now have. "I understand that each of us

have different needs so can't be trained from the word go for eventualities, but I let the carers know what I need." "I was able to choose the carer I wanted as the first carer I had, I didn't feel they were suitable for me, so the manager arranged another carer to support me." "At my request I asked for regular carers, who I like and can get on with. I have one regular carer and two who cover if my main carer is off sick or on leave."

- Staff confirmed there was enough staff to meet people's needs. One staff said, "Before we support a new [person] the manager will assess what level of care is needed, it is agreed how many staff will visit the [person]."

Using medicines safely

- People received their medicines safely as prescribed. The provider had a medicines policy in place and staff were assessed and trained before they administered medicines to people.
- People received support with their medicine one person said, "My [medicine] comes in a Dosset box and my carers take the [medicines] out in front of me so I can take it myself. The staff check with me to see if I have taken my [medicines] as sometimes I forget to take them."
- People told us there were no paper copy of the medicines sheet kept in their home and that they only had access to the medicines record online. The registered manager told us, "We are at present reviewing our systems and will be offering [people] a choice if they would like paper or online access."
- There were regular weekly and monthly medicine audits completed by the management team. These were done to ensure errors or concerns were identified and addressed appropriately.
- We reviewed medicine administration records (MAR) for 2 people and saw these had been correctly completed.

Preventing and controlling infection

- There were appropriate systems for preventing and controlling the spread of infection. These included training and information for staff, as well as audits and checks carried out by the provider to ensure that staff was following the correct guidance.
- We were assured that the provider was supporting people to minimise the spread of infection.
- Staff told us they had enough supplies of PPE and stocks were maintained.
- The provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There were processes in place for reviewing and learning from things that went wrong within the services. For example, the registered manager told us these included, analysis of accidents, incidents, complaints and any safeguarding alerts and where required investigation will take place.
- The registered manager told us that, learning was shared with staff through staff meetings, staff supervisions, written communication such as emails.
- Staff also confirmed that they receive regular updates by their manager on any changes as part of lessons being learned. Staff would receive additional training if identified if needed. One staff told us, "We don't work in a blame culture organisation, if something goes wrong the registered manager or senior staff will discuss this with us and we talk it through, so it doesn't happen again."

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 newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider had effective systems in place to assess people's needs and deliver care accordingly. Assessments included physical and mental health support needs. The needs assessments covered areas such as fall risks, manual handling equipment, such as hoists and profile beds. The registered manager was an occupational therapist and when required referrals were sent to other health professionals.
- People told us they were involved with their assessments of needs. Comments included, "I will show [staff] how to do things for me. If I make any changes to my routine or care I inform the office and they ensure the carers know the changes."
- People's care plans were up to date, personalised, and reflected their current needs and aspirations. People's communication support, physical and emotional support needs were recorded.

Staff support: induction, training, skills and experience

- The registered manager was also a qualified trainer and supported staff to receive the right training and skills to support people appropriately.
- There was an induction programme in place for all staff, which included the Care Certificate. The Care Certificate is a set of standards that outline the knowledge, skills and behaviours expected of specific job roles in the health and social care.
- Staff spoke positively about the induction programme and training that is provided and felt supported by the registered manager and senior staff. One staff member told us, "The training is very helpful, and as I'm new to the care sector the training and induction that I have received has helped me develop and learn new skills."
- Training records showed that staff received training in, equality and diversity, person centred approaches, risk assessing, health and safety, medicines, first aid, food safety, infection control, epilepsy, diabetes, autism, learning disabilities and the Mental Capacity Act 2005. This training was mandated by the provider.
- Staff told us they felt supported by the registered manager and received regular supervision and team meetings. Staff supervisions were every 6 weeks and an annual appraisal yearly which reflected staff development and progress.

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

- People were supported by staff to maintain a balanced diet. Care plans identified the support people needed from staff to help avoid malnutrition and dehydration.
- People told us they felt supported by staff to eat and drink. Comments included, "The carer always gives me a choice as to what I might like from the food I have in stock." "They will do whatever I fancy including

drinks and snacks. "We discuss what I want, and staff cook it for me and help me with shopping for the groceries I require for my diet."

- Staff understood the signs and actions required if a person were to become malnourished or dehydrated, for example staff told us, "I have been trained to identify the signs if a [person] was not eating well or not drinking enough. I support my [person] in being weighed on a monthly basis, which helps identify if there are any health concerns."

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

- Staff understood the importance of supporting people to access their healthcare practitioners. For example, comments included, "I would call for an ambulance if a [person] started showing signs of becoming unwell or support them to call their GP."
- People told us that staff supported them to access health care professionals, comments included, "Today the agency, sent a carer to check my blood pressure, heart rate etc. They are doing this over the last 3 months as I have not been well. I told the office I had to go to the hospital and would need the carer to come with me which they arranged for me."
- Staff told us they worked jointly with other health and social care professionals, when needed and would highlight any changes to a person's needs with the GP or any other relevant health care professionals.
- The registered manager told us, the service offered people health checks carried out by trained staff which included, monitoring weight, oxygen level and blood pressure. And the outcome of the health checks were shared with health professionals, for example the registered manager told us, "From carrying out oxygen level and blood pressure check, this identified that a [person] was unwell and staff supported the [person] to the hospital where further checks were carried out and medical intervention was given as needed."

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 MCA 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 decisions 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 Mental capacity assessments (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.

We checked whether the service was working within the principles of the MCA

- People's consent to care and treatment was obtained, during the initial needs assessment and were recorded in care records.
- People told us staff obtained consent before they gave care to them. One person told us, "The carers don't force me to do anything, they tell me that they are here to do what I want them to do."
- Staff understood their responsibility to obtain consent before delivering care. Comments included, "I always ask before giving support to a [person] to make sure they are happy for me to help them with their personal care, sometimes when support has been offered to the [person] they may not want it at that time, therefore it's important to offer alternative times as possible or offer again at the next visit."
- Staff were able to explain the process that is followed if a person didn't have capacity to make decisions, for example, one staff said, "If a [person] was unable to give consent, the manager would organise an MCA

and best interest meeting, and family's as well as other key people would be invited to agree whether the decision is in the best interest of the [person]."

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 newly registered service. This key question has been rated 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

- Staff demonstrated that they knew people well and were focused on people's personal preferences. Comments included, "It's important to build a relationship and trust up with [people] at the beginning and get to know how they would like to be supported." "Routines are very important to [people] and how [people] things are done as everyone is different."
- People told us that staff were kind and compassionate. Comments included, "When [my carer] comes to help me she is really lovely and so easy to talk to." "My carer is very humble and thanks me when I teach her how to do things the way I like them done. She treats me really well and in a really kind and acceptable way." "They always try to cheer me up when I am down, and they know I have no family to help me."
- The service used a system whereby a named carer had overall responsibility for the care the person received, and they liaised with key people that were important to the person. The service matched care staff with the individual persons taking language and culture into consideration.
- The manager told us staff received training in equality and diversity. The training matrix confirmed this. Staff told us they had this training,

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

- People were enabled to make decisions and choices for themselves. For example, people's care assessments captured and recorded how people are involved in making decisions on how their care will be delivered and were able to communicate their wishes and future goals to staff.
- One relative told us, "I was very much involved in mum's care plan and got what I felt was required."
- Staff told us how they supported people to express their views. Comments included, "I always sit with the [person] I'm supporting before starting any care support, this gives me time to listen to what the person wants help with as not every day is the same for [people]."
- The manager told us how they work with people and families in understanding their decisions and listen to [people's] views. "We meet with [people] or relatives to help understand their likes and dislikes, which is then feedback to staff, and care plans are updated."

Respecting and promoting people's privacy, dignity and independence

- People's told us their privacy and dignity was respected. Comments included, "Absolutely, [care staff] close curtains and doors before starting my personal care. "They are all very respectful."
- People were supported to be as independent as possible. One person told us, "The carers are very good at encouraging me to do things."
- Care plans and needs assessments reflected peoples independence, and the support they needed.

- People's personal information was kept secure and the management team understood the importance of keeping documents and care records secure to ensure people's confidentiality was maintained.
- Staff understood how to promote people's privacy and dignity. Comments included, "Consent is always asked for before any care is given by the [person], "I always ask the [person] if they are happy for be to support them before care is given."

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 newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were personalised and outlined the persons support needs and how they wanted those to be met.
- People told us care staff supported them with their care in the way they chose.
- Staff were able to access people's care plans on an electronic care planning system. This meant staff had access to the most up to date information.
- Staff knew people well and were flexible in their approach. A staff member told us, "It's important to be flexible in this job as [people] have the right to have control in how they would like to be supported."
- Care plans were frequently reviewed, with involvement from people. This meant people's changes in need could be identified and actioned quickly.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were very knowledgeable about the communication needs of people at the service. For example, staff told us, " We use peoples facial expressions and body language, some staff are employed to speak the same language for example, we have staff that speaks Turkish which helps the person we supporting feel listen to."
- People's communication needs were assessed at the initial needs assessment stage and recorded in their care plans of the support that was needed. For example, some care plans had pictorial information for people that found it difficult to read.
- The provider worked with relatives and other professionals, to support people with their communication needs, for example referrals would be completed and sent to the speech and language team.
- The registered manager told us, "Myself and another occupational therapist is trained in British sign language and Makaton. We also employ staff that can speck different langrage's."

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 pursue social and leisure interests. For example, staff comments included, "We support [people] to go shopping and accessing the community," [people] are supported to see shows and

meals out," "We support people to visit their families."

- Staff understood the importance of developing people's relationships with others to help prevent social isolation.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place for staff to follow if people or relatives wished to make a complaint.
- Overall people's feedback to us was positive about the service, however we did receive some feedback from people about areas of improvement that could be made, for example comments included, "I want a written copy of my medicine record and don't want access to an electronic records" "I would like paper copy of my care plan."
- The registered manager informed us that they are in the process of reviewing how [people] receive documentations, for example the registered manager said, "At present we use mainly online electronic systems however, we are adjusting the initial assessment form to recall people's preferences so we can give the person paper information from when the service starts."
- The registered manager kept a complaints log with actions taken and were appropriate was communicated to staff in team meetings as part of their response to share information and learning.
- The registered manager told us, "Making improvements to our service is very important to us as a provider, therefore we have been working with a consultant that has been helping us to look at how we continue making improvements to the service. For example, we are looking at how we can make it easier for people to make complaints also how we capture concerns or suggestions in a different way that works for the person."
- Staff told us, how they would respond to complaints or concerns, for example, comments included, "It's important for the [person] to feel listened to and that action will be taken, therefore I would give reassurance and explain the actions that I will take." If a [person] was not happy with their care, I would signpost them to the manager."

End of life care and support

- The provider was not supporting any person with end of life care at the time of inspection.
- The provider had an end of life care policy which gave guidance to staff about how to provide this type of care sensitively.
- Staff received training on how to support people with end of life care.
- The registered manager knew how to access palliative care services should this be needed.

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 newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture within the staff team. Staff members told us: "The management team are very supportive and are very passionate about ensuring people receive good care. I feel valued listened to when I go to them."
- The registered manager, spoke positively about the importance of promoting an inclusive and person-centred culture. The manager told us, "The aim of this organisation is for staff to empower people to be able to live in their own homes as they choose to and with the right support in place for people to achieves their outcomes."

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 the requirements of the duty of candour. They were aware of their responsibility to be open and honest when things went wrong. The manager said, "We ensure that the message is very clear to staff as part of their induction, that we should be open and honest when things go wrong, and that we have a duty of care to report to the relevant authority, families and to CQC. So, we are able to work together and learn from mistakes."
- Staff understood their responsibility in reporting any concerns. One staff said, "I always hold my hands up and report to my manager if something went wrong as we all have a responsibly to report concern or Issues."

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

- The registered manager had a clear structure of governance in place and showed a commitment to learning and making Improvements where identified. A range of audits were frequently completed and were, analysed to make data more accessible and meet the regulatory requirements.
- The provider had a data system in place to ensure care was delivered and was safe and responsive to the persons needs that were identified in the care plan and needs assessment. This helped ensure visits to people were carried out and the care tasks were completed in the allocated time to the person.
- The provider had up to date policies and procedures which reflected good practice guidance and legislation.
- Staff performance was monitored by the senior management team. Staff understood their roles and responsibilities within the service and felt supported by the registered manager. Comments from staff

included, "The manager is very supportive." "The reason why I like working for this provider is that I feel listen to and supported."

Continuous learning and improving care

- The provider had systems and processes in place for monitoring the quality of the service and these were operated effectively. The systems comprised of weekly audit of care visits, monthly, medicines audit and care plan an overall annual quality assurance. report that shows outcomes and areas for improvement.
- We received some mixed feedback from people that had not been communicated to the provider. The manager informed us that he was reviewing this area to make improvement to help capture people's views. For an example at present the manager holds drop-in meetings for people and will look at how discussions about their service can be discussed in a way that people feel comfortable opening up."
- There was oversight of accidents and incidents in the service to safeguard people and to identify any actions to help prevent a recurrence.

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

- People were involved in the running of the service. The registered manager regularly asked for feedback on the service they provide from people and their relatives.
- Care plans showed that joint partnership working was taking place to review people's health and wellbeing.

Working in partnership with others

- Staff worked in partnership with external professionals, when people asked for support in this area, such as the GP, mental health team, opticians and pharmacies.
- Care plans showed that joint partnership working was taking place when required.
- The registered manager and staff were clear about the importance of working with external health professionals when needed.