

Supreme Care Services Limited

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Inspection report

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05 December 2022

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Supreme Care Services Limited is a domiciliary care agency providing personal care to older people in their own homes.

At the time of the inspection, there were 156 people using the service who were receiving help with personal care. The Care Quality Commission (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

Feedback from people and their relatives was generally positive about the care that was delivered by staff.

The provider had acted upon the breach we found at the last inspection in relation to managing risk.

However, we found there were some instances where the provider failed to notify CQC of some safeguarding concerns that had been raised and feedback received was that the response from the office was slower when the registered and service manager were not available and have made a recommendation to the provider about this. We have also made a recommendation in relation to staff recruitment files.

People using the service told us they felt safe in the presence of staff. We found there were enough staff employed to support people. The provider used an electronic call monitoring system in place to monitor timeliness of care visits and there had been an improvement in this area since the last inspection. There were safe recruitment procedures in place.

People received appropriate support with regards to their medicines and care workers wore the appropriate protective equipment, such as gloves and mask when supporting people.

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.

Feedback from people was that the service was generally good. The provider undertook unannounced spot checks, telephone monitoring and surveys to gather feedback about the service. There were a number of audits and quality checks to monitor the level of service, including medicines audits, auditing care worker visit times and carrying out mock CQC inspections.

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 13 October 2021) and there was a breach of regulation in relation to safe care and treatment. 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 improvement had been made in relation to the breach and the provider was no longer in breach of this regulation.

Why we inspected

This inspection was carried out to look at improvements against the breach found at the previous inspection. As a result, we undertook a focused inspection to review the key questions of safe and well-led only and also targeted to look at staffing in the key question effective and complaints management in the key question responsive so we could look at the training provision for staff and how the provider managed any complaints it received.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed to good based on the findings of this inspection.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Supreme Care Services Limited on our website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Inspected but not rated

Inspected but not rated.

Is the service responsive?

Inspected but not rated

Inspected but not rated.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Supreme Care Services Limited

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

This inspection was conducted by one inspector and two Experts 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. The Expert by Experience made calls to people or their relatives.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. This is help with tasks related to personal hygiene and eating.

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 inspection was unannounced.

Inspection activity started on 01 December 2022 and finished on 14 December 2022. We visited the office location on 01 and 05 December 2022.

What we did before the inspection

We reviewed information we had received about the service since it had registered with us.

The provider completed 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 this information to plan our inspection.

During the inspection

We spoke with 10 people and 17 relatives/friends of people who used the service. We spoke with the quality and compliance consultant, care co-ordinator and 6 care workers. The registered manager was not available at the time of the inspection.

We reviewed a range of records. This included 6 care records, 10 staff files in relation to their recruitment, training and support, and medicines records. A variety of other records relating to the overall management and governance of the service were also looked at.

We reviewed additional evidence that was sent to us after our inspection. This included records relating to training records, care plans and care worker visit schedules.

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 changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found although risks to people were assessed and reviewed, some risk management plans did not contain sufficient information on managing the identified risk. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made in respect of the way the provider identified, managed and monitored risk. This meant the provider was no longer in breach of regulation 12.

- At the last inspection, we found a number of risk assessments in relation to medicines were not fully completed and did not document the list of current medicines, dosage, and potential side effects. In some cases, they did not always identify clearly what level of support staff were providing. At this inspection, the provider had made improvements. There were medicines risk assessments in place, with details of any allergies, the medicines taken, dosage, route, frequency and any known side effects and details of the support required.
- Moving and handling assessments for people included details about the mobility aids used, people's mobility support needs and how they transferred from different positions and their functional capabilities. People were assessed and given a risk rating and if this was deemed to be a high risk, referrals made to professionals.
- Generic risk assessments included a premises and environmental risk assessment, a health assessment, medical history and skin integrity.
- The provider carried out needs assessments on activities of daily living, these were scored low, medium or high and included ways in which staff could support people to manage and reduce the risk.

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.

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

- People and their relatives told us that their consent was sought by the care workers before they were

supported during their visits.

- People were given copies of their care plans which were kept at home. They told us that the provider made any changes if requested which helped to ensure that care was delivered in line with their wishes.

Staffing and recruitment

- The provider completed appropriate pre-employment checks to ensure their suitability for the role. These checks included right to work in the UK, proof of identity, previous employment and references. People's employment was also subject to a satisfactory Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Some of the staff files contained incomplete records, for example some files did not contain completed induction checklists for staff. We raised this with the Quality and Compliance Consultant during the inspection. They produced further evidence that staff had undergone these checks.

We recommend the provider ensures the induction checklist are completed for all newly recruited staff. Progress made to achieve this stated aim will be assessed at the service's next inspection.

- There were enough staff employed to meet people's needs.
- Although people and their relatives told us that timekeeping was generally good, some of the comments we received were mixed especially in relation to call visit times on weekends. People and their relatives told us, "They (carers) turn up on time and certainly stay the time", "It is consistent, Monday – Friday but Saturday and Sunday can change and be different people", "Weekend replacements are problematic, the carer then might not come on time", "[Family member] gets his carer 3 times a day and the timekeeping is ok. He has certainly never had any missed calls." We raised this with the care co-ordinator who told us they regularly asked for feedback about timekeeping from people and their relatives through telephone and unannounced spot checks and this was always followed up.
- Despite the mixed feedback, people were happy with the care they received and the Quality and Compliance Consultant confirmed that electronic call monitoring was in place to monitor care worker visit times and these were discussed every week in management meetings.

Using medicines safely

- People were supported to take their medicines.
- Care plans included details about the medicines that people had been prescribed and the support they needed from staff.
- Care workers completed medicines records when they administered medicines to people. These were brought back to the office for auditing purposes.
- Training records showed staff received medicines training and were also spot checked which helped to ensure they continued to be competent in administering medicines training.
- People using the service and their relatives told us they received their medicines. Comments included, "[Care worker] gives [family member] all her medication and its written down" and "Yes, they give me the pills from the blister pack."

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to protect people from the risk of abuse and neglect.
- People using the service and their relatives told us they felt safe. Comments included, "I feel safe with my main carer and trust her 100%", "I have a [regular] carer come in once a week and I do feel much safer knowing she is there to support me" and "I feel very safe being looked after by them [carers]."
- Records showed that staff had received training in safeguarding adults and children. They were aware of

what steps they would take if they were concerned about the safety of people using the service and who they would report any safeguarding concerns to.

Preventing and controlling infection

- The provider followed current best practice guidelines regarding the prevention and control of infection, including those associated with COVID-19.
- We were assured staff was using personal protective equipment (PPE) effectively and safely. Comments from people and their relatives included, "They always wear their PPE" and "The carers are always wearing their PPE and change gloves afterwards."
- We were assured staff had received up to date infection prevention and control and PPE training.

Learning lessons when things go wrong

- The provider had systems in place to document any incidents and accidents that took place. This helped to ensure that any actions for improvement could be identified and implemented.
- Incidents and accidents that took place were recoded and included actions taken in response, including any lessons learnt.

Is the service effective?

Our findings

At our last inspection this key question was rated good. We have not changed the rating as we have not looked at all of the effective key question at this inspection. This meant people's outcomes were consistently good, and people's feedback confirmed this.

The purpose of this inspection was to check if the provider had processes in place to ensure staff received the appropriate training and support.

We will assess the whole key question at the next comprehensive inspection of the service.

Staff support: induction, training, skills and experience

- There were systems in place to ensure that staff received the appropriate training and support which meant they were able to care for people effectively.
- Staff files included records of spot checks and supervisions that care workers received. These were carried out on a regular basis. Spot checks were used as a way of observing staff working practices during their scheduled visits and also provided an opportunity for field care supervisors to speak with people using the service.
- People received personal care at home from staff who had the right mix of skills, knowledge, and support to deliver it safely and effectively. For example, the providers training records showed us that staff completed training that was split into induction, refresher and optional training. Staff completed training that was relevant to their role and included, moving and handling, medicines, pressure sore management amongst others.
- New staff were also given the opportunity to complete the Care Certificate if they did not have any relevant healthcare qualifications. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- People using the service told us that staff were competent. Comments included, "I think the carers know what they are doing, so they must have been trained. They just get on with it (job)", "They (carers) know their stuff alright", "My carers are nothing but professional", "I think the carer is well trained and does a good job" and "I think the carer has sufficient training and we just let her get on with the job."

Is the service responsive?

Our findings

At our last inspection this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the responsive key question at this inspection. This meant people's needs were met through good organisation and delivery.

The purpose of this inspection was to check the providers systems for reviewing and investigating any complaints they received.

We will assess the whole key question at the next comprehensive inspection of the service.

Improving care quality in response to complaints or concerns

- The provider had systems in place to record, investigate and act upon any concerns or complaints received.
- There was a clear system in place for recording any progress any complaints that had been received.
- Complaints received were logged with details of the nature of the complaint, assigned to a manager to investigate with an expected and actual resolution date and included any actions learnt.
- 11 out of 13 complaints received had been resolved within the expected timescales.
- People and their relatives felt that any concerns raised would be acted upon. Comments included, "I have tackled the office about the late calls on a handful of occasions and it does then seem to get better", "I have not complained. If needed I would ask my [family member]" and "I do have a number (office) but I have had no reason to complain."

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 has remained the same. 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; 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; Continuous learning and improving care

- The provider worked with the relevant authorities to investigate any service concerns or safeguarding raised. However, there were occasions where a statutory notification to the CQC had not been submitted. Although people had not come to harm as a result of this, nevertheless providers are required to notify CQC of any allegations of abuse that take place and the provider failed to identify these notifications had been missed. This failure to notify occurred when the registered manager or service manager were not in the office.
- There were some concerns raised by people, relatives and stakeholders about getting a response from the office when the registered manager or service manager were not available. Feedback was that communication from the office staff would be slower when the service manager was not available. We discussed this with the quality and compliance manager who told us this was something that had been discussed and they were looking into solutions to this, including the use of a generic contact so that any communication received would be accessible to a number of people instead of being reliant on the availability of the service manager. We saw that this had been discussed at a recent staff meeting and had been identified as an action for improvement.

We recommend the provider reviews its management cover and administrative processes when the senior managers are not available. Progress against this will be followed up at the next inspection.

- At our last inspection we found a relatively high percentage of calls were over 30 minutes late, with approximately 5% of these going beyond an hour, in part this had been due to the pandemic. At this inspection we found that there had been some improvement in this area. For the period, 01 November 2022 to 30 November 2022, 83% of calls were delivered within 15 minutes of their allocated time.
- There was a system in place to monitor call visit times and this was reviewed by managers on a weekly basis. We requested raw data from the provider from its call monitoring system to analyse care worker visit times. This showed us that there were still some areas of improvement, including some instances where care workers had been logged in to two places at one time. We raised this with the care co-ordinator who acknowledged that this was a system error and reassured us they would review these anomalies.
- The provider had acted upon the breach from the previous inspection regarding more robust risk

management plans.

- Medicines records and daily notes that were completed by care workers were checked by managers on a regular basis for accuracy. Any issues such as gaps were followed up.
- There were systems in place to monitor the quality of service, including spot checks and staff supervision.
- The quality and compliance consultant also carried out mock CQC inspections, the most recent one was carried out in October during which only some minor areas that needed actioning were found.
- Complaints received were analysed and broken down into the nature of the complaints and also the month so any trends could be identified.
- Communication and daily logs that care workers completed were checked by managers to confirm that all the required tasks and records were completed.
- The provider had made a commitment to improving aspects of their monitoring systems and was looking to introduce electronic all monitoring for all packages of care, instead of just for those living in Wandsworth.

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

- We received positive feedback from people and relatives about the provider. Comments included, "I think they do a good job", "I would recommend them. They (carers) are angels" and "There is room for improvement."
- The service's current CQC inspection report and rating were displayed on the provider's website. This is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- The provider had systems in place to seek the views of people using the service and staff.
- The provider carried out unannounced spot checks which also included asking people for their views about the service.
- Annual satisfaction surveys were also sent out to people and their relatives. The most recent one had been sent in December 2021 and the provider confirmed they were waiting for the responses to the 2022 survey.
- The provider also engaged with staff through supervision and team meetings.

Working in partnership with others

- The provider worked with other agencies and bodies.
- The provider worked in partnership with various community health and social care professionals and external agencies, including commissioning bodies and other health and social care teams.