

Superior Homecare Services Ltd

Superior Homecare Services

Inspection report

17 Presley Way
Crownhil Industrial Estate
Milton Keynes
MK8 0ES

Tel: 01908522245

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01 June 2023

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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

Superior Homecare Services is a domiciliary care agency. It provides personal care to people living in their own homes.

Not everyone who used the service received personal care. 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. At the time of this inspection 99 people were receiving support with personal care.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location provided care and support for 1 person with a learning disability. We assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Right Support

There were systems and processes in place to safeguard people from potential harm. Staff completed training about safeguarding and knew how to report abuse. Risks to people using the service were assessed and strategies were put in place to reduce the risks. Staff supported people to access health and social care support, which included a regular review of their prescribed medicines.

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.

Effective systems were in place to closely monitor incidents and prompt action was taken to mitigate the risk of repeat incidents.

Right Care

People received care and support that was personalised and provided by a staff team who were well trained and supported. Reviews of people's care were held regularly to ensure their care was regularly assessed and updated if changes were needed.

People felt well cared for by staff who were kind and considerate. People and relatives told us they had the time they required to communicate with staff and felt listened to. Care was personalised to people's needs, and staff understood people's likes and dislikes.

Right culture

Staff placed people's wishes, needs and rights at the heart of everything they did. The service promoted a culture of inclusion, diversity and equality.

Staff supervision, staff meetings and spot checks were undertaken regularly and used to develop and motivate staff, review their practice, and focus on professional development.

People and those important to them, were involved in planning their care. There was good management oversight of the service. A range of quality assurance audits were in place and were effective at identifying concerns or areas for improvement. Records management was organised which made accessing and reviewing information easier.

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 Good (published 14 March 2018)

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, which will help inform when we next inspect.

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?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Superior Homecare Services

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

Superior Homecare Services is a domiciliary care agency. It provides personal care to people living in their own homes.

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

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

Inspection activity started on 30 May 2023 and ended on 01 June 2023. We visited the location's office on 30 May 2023.

What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about) and any feedback about the service. 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. We used all this information to plan our inspection.

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During the inspection

We spoke with 7 people using the service and 8 relatives. We spoke with 8 staff that included the deputy manager, rota coordinator, a care manager, business manager, 2 human resources coordinators and 2 care and support staff. We also spoke with the nominated individual who is also the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We sent emails to 16 staff members for feedback, and we received 10 responses.

We reviewed a range of records. This included 6 people's care records and risk assessments. We looked at staff recruitment checks and a variety of records relating to the management of the service including staff training and supervision records, quality assurance information and feedback from people and staff.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place to protect people from the risk of abuse. People and relatives said they felt their family members safety was protected. One person told us, "I do feel safe with them. I have a shower chair and I feel better with them here." A relative said, "I very much do believe [family member] is safe. They [staff] are confident with the hoist."
- Staff told us and records confirmed they received safeguarding training and knew how to recognise and report any concerns of abuse. One staff member commented "I would report any safeguarding incident by speaking to my manager. If not, I can reach out to the local authority."
- Safeguarding referrals were made where required. The manager worked alongside the local authority to investigate any concerns.

Assessing risk, safety monitoring and management

- Risks associated with people's care, support and environment had been identified, assessed and plans put in place to reduce risks. For example, if a person was assessed to be at high risk of falls, a risk management plan and guidance for staff was put in place to reduce the likelihood of further falls.
- Staff understood people's needs before they supported them. Care plans were in place so that staff had guidance on how to meet people's needs. One staff member told us, "We have detailed risk assessments to help us keep people safe."
- Risk assessments were reviewed and updated swiftly if there had been any changes or incidents.

Staffing and recruitment

- There were enough skilled and competent staff to ensure they could safely support people who used the service. One person told us, "Times aren't an issue. If the rota is correct, it works well. If I notice something on the rota I don't think will work, such as too early or too late, they are very responsive and listen to me."
- People told us staff were punctual and stayed for the allotted time. If staff were delayed, people said they were contacted by telephone. There had been no missed visits. One person commented, "My calls are usually on time. They will call me if they are going to be late."
- People told us they saw the same staff which provided constancy and made sure they received their care by staff who knew them well. One person said, "Yes I get consistent care over both the week and weekend."
 - Safe recruitment practices were followed for staff working with children and adults. Checks were carried out including references and the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely and as prescribed. One person told us, "My medication is in a locked box, and I give them the key." Relatives told us they had no concerns about how their family members received their medicines.
- Care plans had information recorded about the level of support needed by people to take their medicines safely.
- Staff received medicines training and records showed that competency assessments were completed to ensure staff followed the medicines policy and procedures.
- Regular audits took place on the medicines systems to check that staff consistently followed the administration and storage procedures. Records showed that people had regular reviews of their medicines to ensure they remained appropriate to meet their needs.

Preventing and controlling infection

- People were protected from the risk of infection. A relative said, "Yes, they always wear PPE, gloves, aprons, masks and shoe covers."
- Staff were trained in infection prevention and control and had received additional training on preventing the spread of COVID-19. This included the correct procedure for putting on and removing personal protective equipment (PPE) and correct handwashing procedures.
- Staff were provided with ample supplies of PPE, such as disposable gloves, aprons and face masks.
- The provider's infection prevention and control policy was regularly reviewed and kept up to date.

Learning lessons when things go wrong

- Records showed that accidents, incidents, and near misses were closely monitored, and prompt action was taken to mitigate the risk of repeat incidents.
- Staff told us, and records showed that incidents were discussed with staff to reflect and learn from them. Lessons learned were shared within the staff team and with appropriate healthcare professionals.

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 our last inspection we rated this key question Good. The rating for this key question has remained 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

- People's needs, preferences and choices were assessed prior to them receiving care and support. The provider carried out a comprehensive assessment with people and their relatives to ensure they could meet their needs.
- An assessment tool considered people's physical and mental well-being, level of independence, their preferences, social circumstances, communication needs and dietary requirements. People's support plans covered their diverse needs, for example, their cultural background and gender identity.

Staff support: induction, training, skills and experience

- People were supported by staff with the right skills and knowledge to keep them safe and respond to their needs. One person said, "My carers are very well trained. They know how to care for me, and they act if they think something is wrong."
- Staff received a comprehensive induction programme before working with people. This included a mixture of online and face to face training accompanied by regular shadow shifts. One staff member told us, "The induction was very good. Very thorough. I had good mentoring and training for my role."
- We saw that an ongoing schedule of training was in place, to ensure staff kept up to date with good practice. The provider had also introduced a training programme for overseas staff to provide additional support with their transition to the UK and to equip them with necessary skills, knowledge and cultural competence to support people in line with their preferences.
- From 1 July 2022, all health and social care providers registered with CQC must ensure their staff receive training in learning disability and autism, including how to interact properly with people with a learning disability and autistic people.
- Staff received training in relation to autism, conflict management, positive behaviour management, behavioural and motivation assessment. The provider informed us that whilst all of the above training was currently in place, as part of their development plan and training needs analysis the 'Oliver McGowan mandatory training on Learning Disability and Autism' will be part of future training for staff.
- Staff felt well supported and they told us they had regular supervision and spot checks to ensure they were working in line with best practice guidance. One staff member commented, "The support we get is great. I know I can always ask for advice or more training if I need it."

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

- Staff were aware of people's individual food preferences. People were involved and supported to choose and prepare food and drinks. One person told us, "They will make me what I fancy. They cut up my fruit before they go and always ask if I want another cup of tea."

- People's dietary needs were considered as part of the assessment process. Where people required support staff had clear information about their dietary needs, preferences and level of support to prepare and consume food and drink.
- Staff were aware of potential risks relating to nutrition and hydration and took steps to mitigate these risks. Staff training records showed staff had completed food hygiene training so knew how to handle food safely.

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

- Staff knew people well and reported changes and concerns in a timely manner. This enabled prompt requests for additional advice and guidance to be sought, and referrals to external health and social care professionals to be made when necessary.
- One person told us, "The carers noticed I was depressed during COVID, so they called the doctor." A relative told us, "If [family member] becomes ill, the staff are very good at contacting me direct so I can contact the doctor."
- The service sought advice and support from other agencies, and guidance from healthcare professionals had been incorporated in people's care plans.

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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported to have maximum control over their lives. Where people lacked capacity to make decisions, there were robust assessments in place, taking the persons wishes into consideration and ensuring any decision was in the persons best interests.
- Staff had a good understanding of MCA requirement and ensured records were held of any decisions made on a person's behalf. One staff member told us, "We always seek to gain peoples permission and agreement whenever we do anything."

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 our last inspection we rated this key question Good. The rating for 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 were treated with dignity, kindness, and respect. One person told us, "The carers are lovely. They are really kind and do a little bit extra if I need it." A relative commented, "I know [family member] is well looked after and she is always happy to see the carers. There is real affection there."
- Staff developed positive working relationships with people they cared for. One person said, "The staff who know me well, know me very well." Another person told us about a time they were distressed. They said, "There had been times when I have been very upset, and my carer will always sit with me until I calm down even if its past their time to go."
- Care plans documented how people wished to be cared for, and any protected characteristics. They described people's individual daily routines and staff were able to describe people's preferences in different areas of their care. For example, one staff member described what a person liked to have for breakfast and their morning routine.

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

- People were involved in their own care and making decisions if they were able to. One person said, "I have the final say in how I want my care to be. They do listen to me."
- People's communication needs were assessed before people started using the service. This detailed the person's preferred way of communication to ensure information was shared effectively.
- Records showed that people's care was reviewed regularly and people and relatives, where appropriate, were involved in the process. A relative commented, "I advocate for my [family member]. I am fully involved, and the staff take on board what I say."
- The registered manager said they would support anyone who wanted to use the service of an advocate. An independent advocate helps people have a stronger voice and to have as much control as possible over their own lives.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected by all staff that worked with them. One person said, "The carers always treat me with dignity. They are very kind and respectful." A relative told us, "I hear them talking to [family member]. They are always polite, respectful, and caring."
- People were encouraged to maintain their independence and do as much as they could for themselves where appropriate. A relative told us, "They help [family member] do their exercises. They give lots of encouragement but don't do it for them. This is good because it will help to improve [family members] mobility."

- People's personal information was not shared inappropriately. People's personal information was stored securely at the office location, and within a secure electronic care system. Staff were aware of keeping information safe and data protection.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained 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 received personalised care that met their needs and preferences. One person told us, "We did the care plan together so yes I get the care I need." A relative told us, "[Family member] likes things to be done in a certain way and the carer knows how to do this."
- Staff told us they were kept up to date with people's care needs through an electronic system. A staff member said, "We have easy access to the care app (this is the electronic system the service use for care notes), and all necessary information about people we care for."
- Care plans contained personalised information about people's background history, preferences, hobbies, interests, likes and dislikes. This enabled staff to understand the personality of the person they were providing care to. Staff we spoke with had good knowledge of the people they were providing care to.

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.

- The registered manager was aware of this requirement and was able to provide documentation in different formats if and when required.
- People's likes and dislikes were recorded along with their diverse cultural needs. We saw preferred methods of communication recorded in people's care plans.

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

- Staff supported 1 person who previously had not wanted to go out much, to attend activities of their choice, for example, bowling and shopping. Activity plans were in place and staff were building up the range of activities they could experience and were also looking at college courses.
- Staff were supporting 1 person to move closer to their family, to ensure they were able to maintain family relationships.

Improving care quality in response to complaints or concerns

- There were processes in place to ensure that all complaints, both formal and informal; verbal and written were dealt with appropriately. We saw that complaints had been thoroughly investigated and actions taken

where required to ensure people felt listened to and their concerns were acted upon.

- There was a complaints procedure and policy in place that had been provided to people using the service and their relatives, so they knew how to make a complaint. People told us they knew how to complain if needed and felt comfortable any issues would be quickly rectified.

End of life care and support

- At the time of our visit there was no one receiving end of life care. In the event this type of care was needed, there was a policy in place for the registered manager to be guided by. The registered manager told us they had previously worked with Macmillan nurses and GPs to support people with end-of-life care.
- Staff had received end of life training so they could support people appropriately with their end-of-life needs.

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 our last inspection we rated this key question Good. The rating for this key question has remained 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

- The service was led by a motivated management and staff team. People and relatives were complimentary about the quality of the care they received. One person told us, "I get good care. I can't complain about any of it."
- The service had a positive ethos and staff members were enthusiastic about their roles and committed to providing good care. One member of staff said, "I come away and feel like I've helped to improve someone's life. We get good support from the management. It's a good place to work."
- The management and staff team worked closely with healthcare professionals and were open to advice and recommendations to drive improvement at the service.
- The provider had introduced numerous incentives to make staff feel valued and supported. These included an employee of the month scheme where staff received a gift voucher. There were also financial incentives and the provider held BBQs in the summer and Christmas parties so people and staff could attend. In addition, the registered manager told us that everyone received a present at Christmas and an Easter egg at Easter.

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

- There was a systematic approach to the quality monitoring of the service. Audits and checks were carried out on people's care and their care records. Staff were supervised, trained and their practices were checked.
- Staff told us they felt well supported. One told us, "The management team make themselves available to all staff if we need support or advice."
- Policies and procedures were reviewed and updated regularly. The provider ensured staff understood these and discussed them in training and communications to keep staff up to date with any changes.
- Systems in place to manage staff performance were effective. There was a supervision, appraisal, and training programme in place. A staff member commented, 'I have had good training and there is a lot of support for us. I feel listened to and communication with the office is brilliant. I never feel that I'm doing this on my own.'
- The registered manager understood their responsibilities to notify CQC and other relevant authorities of any incidents which took place that affected people who used the service.
- The registered manager ensured there were systems in place to ensure compliance with duty of candour.

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

- The provider gained the views of people using the service, relatives, and staff by using a satisfaction survey. We saw the latest survey. Feedback was positive and people were satisfied with the level of care they received. One comment read, "My carer is brilliant and always puts a smile on my face. Very happy with my carer and the care I get."
- People were asked to complete feedback in relation to staff performance during unannounced spot checks to observe staff performance. We saw that all feedback was positive. Comments included, "My carer is wonderful and such a credit to the company." And "My carer is very good. I can't find fault."
- Staff were asked to provide feedback and give their views about the service and the care they provided. Feedback was positive and comments included, "I am happy working here at Superior Homecare and I feel valued as a member of staff." Another commented, "Honestly, I am happy and proud to work with Superior Homecare."
- The provider used connect teams (a communication software app) to communicate with staff. Each different group of staff had their own chat, and some knowledge-based tutorials were also used on the app to provide staff with up-to-date practice.

Continuous learning and improving care

- We found a commitment to the continuous improvement of the service and the care provided. The registered manager told us they ensured information from audits, complaints, feedback, care plan reviews and accidents and incidents were used to inform changes and improvements to the quality-of-care people received.
- We found that lessons were learnt when things went wrong, and improvements were made to the systems in place to enhance the care people received. These were shared with staff during meetings and supervisions.
- The provider had implemented different protocols following the identification of areas where improvements were needed. For example, it had been identified that some staff left calls early if they had finished all their tasks. The provider implemented a protocol for leaving care calls early which staff had to follow.

Working in partnership with others

- The service worked in partnership with others. This included housing providers and driving instructors to support overseas workers with housing and transportation.
- The provider had links with the local college where they supported an apprentice scheme for an administrative apprentice.
- The provider raised funds and made donations to local charities such as dementia friends, Helping Hands, and the Fusiliers charity for soldiers. In addition, every September the provider held a MacMillan coffee morning to raise funds for the Macmillan nurses.
- Contact with health professionals was made promptly to ensure joined up care was effective and met people's needs. For example, continence teams, GPs, district nurses and occupational therapists.