

Super Healthcare Ltd

Superhealthcare

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Superhealthcare is a domiciliary care service providing the regulated activity of personal care. The service provides support to people living in their own homes. At the time of our inspection there were 4 people using 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. All people using the service were receiving the care package of personal care.

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

Whilst the provider had made some improvements since our last inspection in July 2022, the provider was still required to ensure effective oversight and ongoing sustainability and improvement in the longer term to demonstrate compliance with regulatory requirements. Some improvements were still required to the service's recruitment, induction, supervision and medication practices and procedures, and to their call monitoring arrangements. Recommendations have been made relating to induction and supervision.

Relatives told us their family member was safe and they had no concerns about their safety. Suitable arrangements were in place to protect people from abuse and avoidable harm. Staff understood how to raise concerns and knew what to do to safeguard people. Risks to people's safety and wellbeing were assessed, recorded, and followed by staff. Enough numbers of staff were available to support people safely. People were protected by the service's prevention and control of infection arrangements.

People and relatives spoke positively about the kind and caring attitude of staff. People's care and support needs were clearly documented, and staff had a good understanding and knowledge of these and the care to be delivered. 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.

Suitable arrangements were in place to ensure staff were appropriately trained. Staff told us they felt valued and supported by the provider. People were supported with their dietary requirement needs. The service worked collaboratively with others and people were supported to access healthcare services when needed. Relatives told us the service was well managed.

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 Inadequate [published September 2022].

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

improve. At this inspection we found improvements had been made and the provider was no longer in breach of Regulations 12 [Safe care and treatment] and 18 [Staffing]. However, we found the provider remained in breach of Regulation 17 [Good governance] and Regulation 19 [Fit and proper persons].

Why we inspected

This inspection was prompted by a review of the information we held about this service and to follow up on action we told the provider to take at the last inspection.

Enforcement and Recommendations

We have identified a breach in relation to the provider's quality assurance and governance arrangements at this inspection.

Please see the action we have told the provider to take at the end of this report.

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.

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services 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, 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 always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate 

Superhealthcare

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

The inspection was completed 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, and specialist housing.

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.

The provider is the registered manager of the service.

Notice of inspection

We gave the service 48 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 25 April 2023 and ended on 3 May 2023. We visited the location's office on 25 April 2023.

What we did before the inspection

We reviewed information we had received about the service since the last 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. We used all of this information to plan our inspection.

During the inspection

We spoke with 2 people's relatives about their experience of the care provided. We spoke with the provider and 2 members of staff. We reviewed a range of records. This included 3 people's care plans, risk assessments and daily care records. We reviewed 2 people's medication records. We reviewed 8 staff files, including information relating to their recruitment, induction, training, and supervision. A variety of records relating to the management of the service were also reviewed.



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 Inadequate. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection to the service in July 2022, the provider's recruitment practices were not safe. This was a continued breach of Regulation 19 [Fit and proper persons] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Not enough improvement had been made at this inspection and the provider remained in breach of this regulation.

Staffing and recruitment

- Where recruitment files were in place for 2 members of staff employed since our last inspection, not all recruitment checks had been completed. For example, other than a completed application form, proof of identification and a Disclosure and Barring Service [DBS] check performed for 1 member of staff, no other records were available.
- Although the majority of records were in place for the second member of staff, only 1 written reference was evident. This was not from their most recent employer and was received after they commenced in post. The employment history recorded within their application form did not match information recorded on their curriculum vitae and the reason for leaving employment was not routinely recorded.
- A written record was not completed or retained for 1 member of staff, to demonstrate the discussion taken place as part of the interview process and the rationale for their appointment. This showed robust measures had not been undertaken to make an initial assessment as to the applicant's relevant skills, competence, and experience for the role.
- Whilst there was no impact for people using the service, the provider did not have an effective system in place to monitor people's call times. The current arrangement of staff notifying the provider through an instant messaging platform when staff arrived and left a person's home to demonstrate the visit had been undertaken and the time spent at the person's home was ineffective and inconsistent. The provider confirmed following our inspection that they had purchased a new electronic call monitoring system.

Effective recruitment practices were not in place to keep people safe. This was a continued breach of Regulation 19 [Fit and proper persons employed] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- Following our previous inspection in July 2022 the provider had completed a review of all staff recruitment files. Gaps previously identified relating to documentation had now been sought and acquired.
- Relatives told us their family member was supported by a consistent team of staff and there were enough staff available to meet their needs. Staff arrived at the agreed time and contacted people's relatives if there were any unforeseen delays. Staff stayed for the arranged time and were not rushed when providing care.

At our last inspection to the service in July 2022, the provider was not ensuring the administration of people's medication was safe or that staff responsible for the administration of medication were suitably trained and competent. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Enough improvement had been made at this inspection and the provider no longer remained in breach of this regulation. However, improvements were still required to sustain these and to embed this in the provider's day to day practice.

Using medicines safely

- A person did not receive their medication as prescribed. The prescriber's instructions stated one of their medicines should be given 30 to 60 minutes prior to food and all other medication. The MAR showed this medicine was being given at the same time as all other medication and did not suggest it was administered as the prescriber intended.
- The support plan for 1 person referred to them being prescribed a thickening powder. The rationale for its use and the specific dose to be administered to ensure the right consistency was not recorded.
- No unexplained gaps were noted on the Medication Administration Record [MAR] form. People's care plans contained information about what support they required to manage their medicines.
- Staff who administered medication were now trained and had their competency assessed to ensure they remained competent to undertake this task.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they had no concerns about their family members safety or wellbeing when staff visited them. One relative told us, "I feel [relative] is definitely 100% safe, I have no concerns." Another relative told us when asked if they were assured their family member was safe when staff visited, "Oh, I would say so, yes".
- Staff understood what to do to make sure people were protected from harm or abuse. Staff confirmed they would escalate concerns to the provider and external agencies, such as the Local Authority or Care Quality Commission.
- No safeguarding concerns had been raised since our last inspection to the service in July 2022. The registered manager was aware of their role and responsibilities to safeguard people from harm and abuse.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed to enable people to live in their own homes safely. These primarily related to people's manual handling needs, environmental risks to ensure people's and staff's safety and medication. Other risks were also identified, for example, where people's skin integrity was compromised or where they were at poor nutrition and hydration risk.
- Staff were aware of people's individual risks and how to help keep them safe whilst reducing any restrictions on people's freedom.
- Key safe arrangements were in place as a means of providing access for staff to enter the person's home and to keep individual's safe from harm.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had received infection, prevention, and control training.
- Staff confirmed they had enough supplies of Personal Protective Equipment [PPE], such as face masks, aprons and gloves when providing care to people in their own homes.

Learning lessons when things go wrong

- The provider had made some improvements since our previous inspection to the service in July 2022, however consistent and effective action had not been taken in all areas in response.

- The provider had a system in place to record and review any accidents and incidents which may take place. Feedback or improvements needed were shared with staff during team meetings.

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. At this inspection the rating has changed to 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

- There was no evidence of a completed induction for 1 member of staff who was newly employed at Superhealthcare since our previous inspection in July 2022. The provider was unable to provide a rationale for this oversight.
- Following our inspection in July 2022 staff had now received both mandatory and specialist training to enable them to carry out their roles and responsibilities. A member of staff told us, "We've had a lot of training since you [Care Quality Commission] were last here. All of my training is up to date." The training record provided by the provider confirmed this as accurate.
- Staff employed at the time of our inspection in July 2022 had now completed the 'Care Certificate'. This is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff had also received formal supervision and spot visits. The latter is where a representative of the organisation can observe the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations. However, where issues were highlighted, no information was recorded detailing how this was to be monitored, followed up and addressed. This oversight could potentially place people at risk and suggest to staff that their voice is not important.

We recommend the provider seek guidance and support to ensure their induction and staff supervision practices and procedures are effective and in line with national guidance.

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

- People's eating and drinking needs had been assessed and their care plans contained information about what level of support they needed.
- Staff supported people as needed with the provision of meals, snacks, and drinks to ensure their nutritional and hydration needs were met.
- Staff had received food hygiene training to ensure their practice was appropriate and safe.

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

- Staff worked with other organisations to ensure they delivered good care and support. The domiciliary care service worked with healthcare professionals, for example, occupational therapists, GP surgeries, pharmacies, and District Nurse services.
- People's healthcare needs were met, and they received appropriate support from staff. If staff were concerned about a person's health and wellbeing, they relayed these concerns to the domiciliary care office

for escalation and action.

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's capacity to make decisions had been assessed and these were individual to the person.
- People told us staff sought their consent prior to providing support.

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

- Relatives told us staff were kind and caring. Comments included, "[Relative] has been with Superhealthcare for 4 years, they are absolutely marvellous, I wouldn't change them. The carers are wonderful. The service gives me piece of mind and relief." Another relative told us, "The staff are very good, and they look after [relative] very well."
- People received consistent support by the same staff, so they got to know them well and developed good relationships with them.
- The provider had considered people's protected characteristics as part of their initial assessment and documented their needs and preferences in their care plans.

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

- People and those acting on their behalf were supported to make decisions about their day-to-day care. People's care plans contained clear guidance about how to offer choices and the importance of listening to people.
- People and those acting on their behalf had been given the opportunity to provide feedback about the quality of the service through the completion of satisfaction surveys. Comments recorded were positive and included, 'The care staff I have are excellent, they are always polite, approachable, and respectful of my wishes. I feel that I am able to talk to my care staff about any issues that I'm having each day and they take time to assist me. My condition has become worse since receiving care and my carers have adapted to this in the care they provide' and, 'Staff are always polite, never a concern.'

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain as much independence as possible. Staff were provided with clear information about what people were able to do for themselves and what areas they required support with. For example, with managing some aspects of their personal care and eating and drinking with minimal support.
- People and those acting on their behalf told us staff were respectful and provided support in a dignified way. Comments included, "They're very respectful and kind" and, "I feel that I can speak to staff in confidence about any issues I'm having during the day."

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; End of life care and support

- People told us they or their family member received personalised care that was responsive and met their needs.
- Support plans covered all aspects of a person's individual circumstances and needs. This included the level of support required, the number of staff required to provide support and additional duties and tasks to be undertaken, such as housekeeping chores.
- Staff employed at the service were knowledgeable and had a good understanding of the care needs of the people they supported.
- The provider confirmed no one currently was assessed as being at the end of their life. The provider told us, where people required end of life care and support, they worked with healthcare professionals, including local palliative care specialists and others, to provide a dignified and pain-free death that was as comfortable as possible.

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.

- People's communication needs were assessed, and this was recorded within their support plan, so staff knew the preferred way to communicate with people who were in receipt of a care package.
- The provider told us effort would and could be made to ensure information was supplied to people in a format they could understand if required. Currently, no one using the service had specific communication difficulties requiring information in braille, larger print, pictorial or in another language.

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

- The provider had considered people's relationships and the relatives and friends who were important to them. This information was documented in people's care plans, for example, with family members and friends.

Improving care quality in response to complaints or concerns

- Guidance on how to make a complaint was given to people when they first started using the service. The

service had not received any concerns or complaints since being newly registered in June 2019.

- Relatives knew who to approach if they had any concerns or complaints and were confident these would be taken seriously and used as an opportunity to improve the quality of the service provided. One relative told us, "I have no concerns. I don't mince my words and have confidence in Superhealthcare." Another relative wrote on satisfaction survey, 'Any concerns I have are always addressed and sorted.'
- A record of compliments had been maintained to demonstrate the service's achievements.

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 Inadequate. At this inspection the rating has remained the same. 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.

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

- As already highlighted within the 'Safe' and 'Effective' sections of this report further improvements are still required to ensure effective oversight and ongoing sustainability and improvement in the longer term to demonstrate fundamental standards are being fully met.
- For example, in line with conditions imposed on the provider's registration, monthly reports submitted recorded staff recruitment files had been checked and safer recruitment processes were being followed. This was not accurate, and their quality assurance arrangements had failed to pick this up. The provider's quality assurance arrangements had failed to pick up improvements were still required to their call monitoring system and some aspects of medicines management.
- The above does not provide sufficient assurance that the provider's arrangements to maintain and sustain improvement are in place in the longer term or embedded.

Effective arrangements are not in place to assess and monitor the quality of care provided, to ensure full compliance with regulations. This was a continued breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. This has been breached for a fifth consecutive time.

- However, the Care Quality Commission recognised the provider had made some improvements since our previous inspection to the service in July 2022 to achieve compliance with regulatory requirements.
- A review of staff recruitment files had been conducted and records previously identified as missing had now been sought and acquired. Some improvements had been made to the service's medication practices and procedures. Staff had completed appropriate training and received formal supervision. Various audits had been introduced and feedback from people and those acting on their behalf had been initiated.
- Relatives spoke positively about the culture and attitude of the management and staff team. Relatives told us they would recommend the service to others.

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

- The provider understood their responsibility to submit notifications to the Care Quality Commission when needed. Concerns were reviewed, and people and relatives were kept informed. The provider had been open and honest and apologised to people and those important to them when appropriate.

- Staff were positive about working at Superhealthcare and told us they were supported by the provider. Comments included, "I feel very supported" and, "I know I can always go to them."

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

- Arrangements were in place for gathering people's views of the service they received, those of people acting on their behalf and staff employed at Superhealthcare.
- Staff meetings were held to give the provider and staff the opportunity to express their views and opinions on the day-to-day operation of the service.

Working in partnership with others

- The provider worked in partnership with other health professionals to improve people's care.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Effective arrangements are not in place to assess and monitor the quality of care provided, to ensure full compliance with regulations. This was a continued breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Effective recruitment practices were not in place to keep people safe. This was a continued breach of Regulation 19 [Fit and proper persons employed] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.</p>