Superb Healthcare Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This was an announced inspection which took place on 11 July 2018.

Superb Healthcare Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. It currently provides a regulated activity to 13 people with various needs.

This was the first inspection of the service which was registered on 12 July 2017.The service was rated as good in four domains and requires improvement in safe. This means the service is overall good.

Why the service is good.

There was a registered manager running the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, staff and visitors were generally protected from any form of harm and their safety was carefully considered. Any risks were identified and action was taken to reduce them, as far as possible. However, some risk assessments lacked enough detail to support staff to offer the safest care.

Staff had been trained in safeguarding vulnerable adults and health and safety policies and procedures and understood how to protect the people in their care. People were prompted or reminded to take their medicines which they retained responsibility for. People were supported by care staff who had been safely recruited although there were some omissions in recruitment records.

The service made sure there were enough suitable staff to meet people's needs safely and effectively. People were provided with the correct amount of staff time to meet the needs stated in their individual packages of care.

People were supported by care staff who had been appropriately trained and supported to enable them to meet people's varied needs. Care staff were effective in meeting people's needs as described in plans of care. The service worked closely with health and other professionals to meet people's specific needs.

People were assisted to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported by a caring staff team. Care staff built relationships with people and knew their needs. People were encouraged to be as independent as they were able to be.

Care staff were responsive to individual's needs. People's needs were reviewed regularly to ensure the care provided was up-to-date. Care plans included information to ensure people's individual communication needs were understood. We made a recommendation relating to person centred care planning.

The registered manager was described as very approachable and supportive. The registered manager and the staff team were committed to ensuring there was no discrimination relating to staff or people in the service. The service assessed, reviewed and improved the quality of care provided, as necessary.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was mainly but not always safe.

The service had recruitment procedures that ensured the registered manager could be as certain as they could be that the staff chosen were suitable to work with vulnerable people. However, the reasons for gaps in employment were not always recorded.

Care staff were trained in and understood how to keep people safe from all types of abuse.

Risk of harm to people or staff was identified and action was taken to keep them as safe as possible. However, the detail in risk assessments was variable and sometimes not enough to support staff to offer the safest care.

Staff did not give people their medicines. They sometimes 'prompted' or reminded them to take them. The service's responsibility for this support was not always clear.

Is the service effective?

Good

The service was effective.

Staff met people's individual, diverse needs in the way they needed and preferred.

Staff were appropriately trained and supported to enable them to provide effective care and support.

The service worked closely with other healthcare and well-being professionals to make sure people were properly cared for.

Is the service caring?

Good

The service was caring.

People received care from a respectful and caring staff team who recognised people's equality and diversity needs.

The management team and the scheduling systems supported

care staff to build positive relationships with people to enable them to offer suitable care to meet their needs.

Is the service responsive?

Good

The service was responsive.

Although care plans were not 'person-centred' people were offered a service that responded to people's individualised needs, in the way they preferred.

People's needs were regularly looked at and care plans were changed as necessary with the involvement of people, their families and other professionals, as appropriate.

People knew how to make a complaint, if they needed to and the service responded appropriately.

The service listened to people's views and concerns and ensured that any issues were addressed and rectified as quickly as possible.

Is the service well-led?

Good

The service was well-led.

The quality assurance process was effective and identified any improvements needed.

Staff felt they were well supported by the management team.

People were asked for their views on the quality of care the service offered.

Superb Healthcare Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The service was registered on 12 July 2017. This was the first inspection of the service which took place on 11 July 2018 and was announced. The service was given two working days' notice because the location provides a domiciliary care service. We needed to be sure that the appropriate staff would be available in the office to assist with the inspection. The inspection was completed by one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us to give us some key information about the service, what the service does well and improvements they plan to make.

We looked at all the information we have collected about the service. This would include any notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. However, the service had not sent us any notifications because there had been no notifiable incidents since registration.

We looked at paperwork for five people who receive a service. This included support plans, daily notes and other documentation, such as medication records. In addition, we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff recruitment and training records.

We received one written comment from people and/or their representatives and spoke with a further three after the day of inspection. We spoke with one staff member and received written comments from a further six staff members. On the day of the inspection we spent time with the registered manager and the care co-ordinator. We requested information from nine external professionals including the local safeguarding team. We received three replies.

Requires Improvement

Is the service safe?

Our findings

People, staff and visitors were not always kept as safe from harm as possible. The service had a detailed overall health and safety policy. Health and safety procedures included first aid, lone workers, environmental risks and risk management. Individual risk assessments were completed for each person's home environment and included areas such as lighting, access to the home and pets. Individual's risk assessment and risk management plans were in place and included falls, medicines, skin integrity and personal care. Some information needed to include more detail to enable staff to minimise risk as effectively as possible. For example, a risk assessment noted a person was at risk of falls but did not explain under what circumstances. This could have caused some confusion for staff as the individual was not able to walk. Other risk assessments and risk management plans were detailed and included the necessary information to inform staff how to offer care as safely as possible. The registered manager agreed to review risk assessments and management plans and bring them up to the same high standard as the detailed ones.

People and staff benefitted because accidents and incidents were reported, investigated and used as a learning tool. Records included the investigation and lessons learned. For example, care staff locked a person's keys in their house and were thereafter instructed to replace all keys in the key cupboards before entering the house. As it was a small service the registered manager was aware of all accidents and incidents and identified if there were any trends or repetitions. Whilst it was clear actions were taken to minimise the risk of recurrence , the actions taken were not always recorded. The registered manager agreed to add an action taken section to the accidents and incidents form.

To ensure continuity of care for people in the event of emergencies the service had developed an emergency procedures document called the 'business continuity policy'. This informed staff the safest way to deal with emergencies such as adverse weather conditions and staff shortages. However, this did not include looking at people's individual risks during an emergency. The registered manager agreed to look at this aspect of emergency planning.

The service prompted or reminded people to take their medicines. They were supported to take their medicines (self-administer) safely, if identified in their assessed needs. The service had a detailed medication policy which clearly described what 'prompting' or 'reminding' involved. Care staff were trained to prompt or remind the individual and their competency was assessed at their practice observations. Medicine administration records recorded whether people had taken their medicines at the correct times. The medicines and dosages prescribed were noted in plans of care. The support individuals needed and/or requested with their medicines was described on their plans of care. However, the responsibility the service took regarding people's medicines was not always clear.

People were provided with care by staff who had been checked to ensure, as far as possible, they were suitable and safe to work with people. Recruitment processes included safety checks such as Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with people. Application forms were completed but three of the four reviewed did not contain enough detail to show a complete history of their employment since leaving full time education.

However, the registered manager was able to explain the 'gaps' in the history of employment but had not recorded the reasons. He agreed to record the explanations for the gaps, on the application forms.

The service ensured there were enough staff to provide the correct amount of time and care to meet people's needs safely and as identified in their care package. Each person had a specified number of hours of care paid for by the local authority or by people, themselves. The service had an ongoing recruitment campaign to ensure they had staff available at all times.

The service kept people safe, as far as possible, from any form of abuse. People said they felt safe and their care staff were, "Trustworthy." One person said, "I feel very safe, they're safe and reliable." The local authority safeguarding team and other local authority representatives told us they were not aware of and did not have any current concerns about the service. There had been no safeguarding incidents or referrals since the service registered.

People were protected by care staff who received safeguarding training and knew how to report any concerns appropriately. Safeguarding training was part of the induction process, was discussed during one to one meetings (supervisions), staff meetings and provided in a more detailed form at a later date. Staff understood their responsibilities for keeping people safe. Staff were aware of the whistleblowing policy and one described what they would do if they had a safeguarding concern. They then detailed what action they would take if the management team did not respond appropriately.

The service did not, currently, support people who had complex behavioural issues. However, care plans reflected any specific information needed to assist staff to meet any special needs, such as dementia, people may be living with. The service's aggression policy included their 'matching' policy. This meant that people who may, on occasion, display distressing behaviours were matched with a staff member who shared interests, background and culture to maximise understanding between them.

Good

Is the service effective?

Our findings

The service provided people with effective care. People's specific needs were identified during an assessment process. People, their families and other relevant people (with their permission and as was appropriate) were involved in the assessment. They were also fully involved in determining what care they wanted and needed and the way in which they preferred it to be delivered. People signed to say they agreed with the content of the care plan. Additionally, they signed some specific elements of it such as the support they needed with their medicines.

People were effectively supported to meet their health and well-being needs, as specified on individual plans of care. The service worked with other professionals in the community to effect the best outcomes for people. Examples included district nurses, physiotherapists and GPs. A detailed and clear visiting schedule informed staff on the times and lengths of the visits and what tasks needed to be completed for the individual.

People were provided with assistance for eating and drinking and other nutritional requirements if this formed part of their identified needs. The service was not currently assisting people with their meals. However, there were care plans and recording tools available for anyone who may need this support, in the future.

People told us care staff usually arrived on time. They said there had been incidences of care staff being late but this was rare and always because an emergency had delayed them. One person had made several complaints about punctuality which the service had addressed. Visiting schedules were, currently, completed by the care co-ordinator. Any 'missed' or late calls were therefore, reported to the service or the service were informed during their three-monthly discussions with people who use the service. The care co-ordinator told us they called care staff every day to check they had completed their calls. However, this was not recorded. There were plans to use a computerised system so office staff could easily identify if a 'missed call' occurred or there was a risk of it occurring. The registered manager was in the process of researching and identifying the system which would best meet the service's needs.

People's right to make their own decisions and their need to consent was understood by the service. Plans of care were signed by people who all had capacity and made their own decisions. The service understood the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so, when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the community people can only be deprived of liberties if agreed by the Court of Protection. The service did not support anyone whose liberty needed to be restricted in any way.

People received support from care staff who received appropriate induction training. One staff member

commented, "My manager is good and knowledgeable and I learn a lot from him." Another said, "I received a comprehensive induction, where I was introduced to all clients, reading through their individual care plans, Superb HealthCare company policies and procedures and attended training. Example, I attended two weeks shadowing senior carers to ensure that I deliver equality care by addressing individual care needs effectively."

Care staff were required to complete the care standards certificate (a nationally recognised induction system which ensures staff meet the required standards for care workers). Care staff completed a one to one (supervision) meeting with senior staff every three months. Additionally, random spot checks on staff's daily work and competency assessments formed part of the supervision processes. Appraisals were completed annually and appraisal records were held in staff files. A staff member told us, "I am very much supported by the management team. They do regular 1:1 supervision and we hold regular staff and management meetings."

People were assisted by care staff who were trained and supported to enable them to meet people's diverse individual needs. Staff members told us they had good training One staff member told us, "Whenever I go for supervision I get the opportunity to request for any training I require e.g. hoist, colostomy, dementia, catheter care and other mandatory training." All the staff had completed the service's mandatory training. The service kept certificates as a record of staff's completion of training and was developing a training matrix to enable them to look at training overall and audit it more effectively.

Good

Is the service caring?

Our findings

People were supported by caring staff who treated people with respect and dignity. People told us staff were caring. Written comments received by the service included, "Carers are attentive, kind and considerate" and, "All the carers are polite and look after my [relative] very well and are very caring."

The provider demonstrated a caring attitude towards people who use the service by ensuring people's wishes and choices were adhered to by care staff. They put in place ways for people to express their views of the service to make sure they were happy with the care they were receiving. People were all able to communicate verbally with staff and the management team. Systems in place for listening to people's views included the management team completing observations and 'spot checks' on care staff where people were asked their views of the staff. Telephone quality reviews were completed with people and care reviews were held regularly.

Care staff considered people's privacy and dignity and they were treated with respect. People told us staff always treated them with respect. One person said, "[Name] is very lucky as he has the same carers coming in regular who are very patient show respect and dignity to [name]. We feel very fortunate to have superb (the service) care." Staff understood how to support people whilst preserving their dignity. They gave specific examples of how to assist people with personal care whilst respecting people's wishes and choices. One staff member said, "We respect people by addressing the person properly, respecting their personal space and possessions." Another said, "I would greet them, and tell them I have come to provide them care, and seek their consent."

People were provided with care by staff who established relationships with people. A team of care staff were allocated to individuals and visited the same people as often as possible. This enabled care staff to get to know people and their needs. People told us they usually had the same care staff. One person said, "I have the same staff visit me and I've got to know them quite well."

People's diverse emotional and spiritual needs were not always recorded in care plans. People's religious, cultural and lifestyle choices were not noted. The registered manager told us that people did not always want these details recorded but had not noted this on individual care plans. The registered manager agreed to review the information on care plans with regard to including further equality and diversity information, as appropriate.

People and staff were protected by the service's equality and diversity policy. The policy noted that it had zero tolerance to any form of discrimination against people or staff and listed specific protected characteristics. The policy additionally advised staff and others what to do if they felt discriminated against. The service tried to 'match' people with care staff they liked and who had the skills to meet their individual needs. The service's zero tolerance to discrimination was noted in the service user guide which was given to people when they began to use the agency.

People were encouraged and supported to be as independent as possible. How people should be

supported with their independence was documented in care plans. Risk assessments assisted care staff to help people retain and develop as much independence, as was appropriate, as safely as possible.

People's personal information was kept securely and confidentially in the care office. People kept some records in their home in a place of their choice. The provider had a confidentiality policy which care staff signed at the beginning of their employment. The provider ensured they understood and adhered to it. Care staff told us confidentiality was an important part of respecting the individual.

Good

Is the service responsive?

Our findings

People's current and changing needs were included in written plans of care that enabled care staff to support people appropriately. However, some elements which would enable staff to provide more person-centred care were not recorded. These included areas such as people's history, personal information about them and their likes and preferences. Care plans were written on forms which included the same information for everybody. They included all the relevant practical care and health information but had not been personalised to offer staff a picture of the individual. People told us that staff treated them as individuals and responded to their wishes and choices but care planning did not support staff to work in a person-centred way.

We recommend that the service seek advice and guidance from a reputable source, about the development of individualised / person centred plans of care.

The service provided people with responsive and flexible care. People's changing needs were communicated to staff via texts, e-mails and/or telephoned if they were required to change their work pattern and/or an individual's care plan to meet people's immediate needs. People and staff told us communication between the office, care staff and people who use the service was good. One person said, "I can always contact the office and they always respond to me."

People and those who they chose to be were fully included in the assessment and review process. Care plans were reviewed and up-dated a minimum of every six months. Records in plans of care showed that the care package was reviewed when people's needs changed.

People who use the service could communicate clearly verbally and access information via the usual written formats. However, the registered manager understood the requirements of the Accessible Information Standard (AIS) and the service was able to produce information in different formats, depending on people's needs. For example, they could provide information in Braille, large print and differing formats, as required. The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

The service had a detailed complaints policy and procedure which they followed when they received complaints. Complaints were fully recorded, investigated and action taken to correct the problem, if possible. The service had received three complaints and five written compliments since registration.

The service was not currently providing people with end of life care and did not accept care packages for people who needed such care. However, a specific care plan and staff training had been provided to support a person whose health had deteriorated to the point where they needed end of life care. The service responded to the individual's needs and had supported them with compassionate and kind care. Relatives of the person wrote, "Many thanks for the loving care given to [name] right up to the end."

Good

Is the service well-led?

Our findings

People benefitted from a well-led service. The registered manager had been in post since the service registered on 12 July 2017. He was experienced in care and appropriately qualified. The staff team were happy, enthusiastic and committed to their work. Staff told us, "I feel that Superb Health Care is delivering good service to its clients and looks after staff well."

People were offered good quality care because the registered manager had a number of quality assurance systems in place to review all areas of the service. These included regular monthly audits of areas such as missed calls, quality of care, daily log recordings and medicine records. The registered manager analysed the results of the audits and noted what action was taken as a result of them. For example, late calls were identified as a huge rise in one month. Actions included specifying a 'window' (i.e. 25 minutes) of time for care staff to arrive, working with care managers regarding realistic times to complete the care plans and purchasing an extra car to assist staff with transport. These actions had reduced late calls from 23% to less than five percent.

People were given a number of opportunities to express their views and opinions of the service. These included telephone calls from the manager, regular surveys and regular care reviews. The service held three monthly staff meetings and weekly meetings for some staff for work allocation and service discussions. Staff told us they felt their views were listened to and they were valued. A staff member said, "I love my work and I feel appreciated by all members of the team. It's a wonderful team to work with. It's a well-run service and that is why I am comfortable to be in the team." Another commented, "Approachable and helpful management style. I am comfortable because team members treat each other with respect, they communicate and consult with each other. I also feel that my contributions area being valued."

Actions were taken as a result of the various auditing and quality assurance processes included refusing new 15 minute packages of care because people had complained about staff being rushed. Changes such as the frequency of re-positioning for one person and visiting schedules were also made on an individual needs basis.

The service provided was of a good quality and people were positive about the care they received. People told us, "We get excellent care" and, "Oh yes we get very good care." People were provided with good care because the service worked with other professionals to ensure people's needs were met. The service engaged with relevant community professionals as GPs occupational therapists and district nurses.

People's individual needs were recorded on up-to-date care plans. They informed staff how to provide care but did not include enough detail about the individual and their specific choices and preferences. Records relating to other aspects of the running of the service such as audits and staffing records (with the exception of some application forms) were, accurate and up-to-date. All records were well-kept and easily accessible.

The registered manager kept up-to-date with all legislation and good care guidance via the Care Quality Commission (CQC) website and other internet providers. For example, he fully understood when statutory

notifications had to be sent to the CQC, the Accessible Information Standard and the duty of candour.