

Superior Homecare Services Ltd

Superior Homecare Services

Inspection report

Unit 17 Drakes Mews
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MK8 0ER

Date of inspection visit:
19 February 2018
20 February 2018

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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

This inspection took place on 19 and 20 February 2018 and was announced.

Superior Homecare Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to older adults and younger disabled adults.

Superior Homecare Limited provides care and support to people who wish to remain in their own homes. Services include personal care, meal preparation, hospital discharge and medication support. At the time of our inspection there were 32 people receiving personal care.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People felt safe. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were risk management plans in place to protect and promote people's safety. Staffing numbers were appropriate to keep people safe. There were safe recruitment practices in place and these were being followed to ensure staff who were employed were suitable for their role. People's medicines were managed safely and in line with best practice guidelines.

Systems were in place to ensure that people were protected by the prevention and control of infection. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service

People's needs and choices were assessed and their care provided in line with best practice that met their diverse needs. Staff received an induction process when they first commenced work at the service. They also received on-going training to ensure they were able to provide care based on current practice when supporting people.

People received enough to eat and drink and staff gave support when required. People were supported to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service. People were supported to access health appointments when required, including

opticians and doctors, to make sure they received continuing healthcare to meet their needs.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care.

Staff provided care and support in a caring and meaningful way. People were given choices about their day-to-day routines and about how they wanted their care to be delivered. People's privacy and dignity was maintained at all times.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred. Records showed that people and their relatives were involved in the care planning process. There was a complaints procedure in place to enable people to raise complaints about the service.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive improvement. Staff felt well-supported and received one to one supervision that gave them an opportunity to share ideas, and exchange information. The registered manager was aware of their responsibility to report events that occurred within the service to CQC and external agencies.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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|--|---------------|
| Is the service safe? This service remains good. | Good ● |
| Is the service effective? This service remains good. | Good ● |
| Is the service caring? The service remains good. | Good ● |
| Is the service responsive? The service remains good. | Good ● |
| Is the service well-led? The service remains good. | Good ● |

Superior Homecare Services

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 checked 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.

This second comprehensive inspection took place on the 19 and 20 February 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure staff would be available meet with us. We visited the office location on the first day to review care records and policies and procedures and made phone calls to people using the service on the second day.

One inspector undertook the inspection.

Prior to the inspection, the registered manager had completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we considered this when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us; a statutory notification is information about important events, which the provider is required to send us by law.

As part of the inspection, we spoke with six people using the service and three relatives. In addition, we spoke with seven staff members including the registered manager, two team leaders and four care and support workers. We looked at five records relating to the personal care support of people and four staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training and supervision information for staff and arrangements for

managing complaints.

Is the service safe?

Our findings

People felt safe when staff were in their home. One said, "The carers are lovely and I'm in safe hands with them." A relative commented, "I have total peace of mind. I feel I am able to get on with my life knowing [name of relative] is safe." Staff understood the signs of abuse and how to report any concerns. One staff member said, "I would report any concerns I had and would have no hesitation in doing so." Whistleblowing and safeguarding policies and procedures were available for guidance in the staff handbook. Staff carried identity cards so people could check who they were when they came to deliver care and support. Records showed the managers reported safeguarding concerns as required to the relevant agencies including the local authority and the Care Quality Commission(CQC).

People had risk assessments so staff had the information they needed to keep people safe. For example, if people needed support with their personal care or mobility staff had instructions to follow on how to assist them safely. We saw that staff had received regular training in moving and handling and fall prevention. This meant that staff knowledge was up to date and followed the most recent best practice guidance to keep people safe. Risk assessments were updated when care plans were reviewed or when people's needs changed.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. One person said, "The carers are always on time and always turn up. I've never had a problem." Staff confirmed the staffing numbers were adequate; and enabled them to support people safely. One staff member said, "We have a manageable workload and enough time for travelling. I never feel rushed or under pressure." The staff duty rotas were consistent with those described by the registered manager and the staff we spoke with. At the time of our inspection, we judged staffing levels across the service to be sufficient to meet people's needs.

Staff were safely recruited. Staff recruitment files contained the required documentation to show staff were safe to work at the service including proof of identity, a satisfactory DBS (criminal records check), a full employment history, and a health declaration. The provider had obtained references to provide satisfactory evidence of staff conduct in previous employment concerned with the provision of health or social care. This helped to ensure that only suitable staff were employed.

Some people told us staff supported them with their medicines. One said, "The carers make sure I'm getting medication in the right way." People had medicines risk assessments to ensure staff were aware of any issues concerning people's medicines, for example allergies and side effects. Staff were trained in medicines administration and underwent a 'competency based assessment for medication before they were allowed to give out medicines. We saw medication administration records (MAR) were completed accurately after each person had received their medicine. Regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner.

People were protected by the prevention and control of infection. Staff received training in relation to Infection Control and food hygiene. There was guidance and policies that were accessible to staff about Infection Control. In addition, staff were supplied with Personal Protective Equipment (PPE) to protect

people from the spread of infection or illness.

Accidents and Incidents were monitored and action taken to address any identified concerns. Any lessons learned from incidents were discussed and action plans put in place to ensure similar incidents did not happen again.

Is the service effective?

Our findings

People's needs were holistically assessed prior to them receiving a care package where their needs and choices were assessed, understood and met in line with relevant guidance. Assessments included a summary of people's cultural and religious needs so staff were aware of these as soon as people began using the service and could ensure they were met.

People said the staff were well-trained and knowledgeable. One told us, "I know the staff do a lot of training. They look after me in the best way possible." A relative said, "New staff are able to shadow more experienced staff to learn how to do the job." Staff told us they were well supported when they first started working at the service and had completed an induction to the organisation. One staff member said, "I felt well supported right from the beginning." Training records confirmed staff had received an induction and had on-going training that was appropriate to their roles and the people they were supporting.

Staff told us they received regular supervision, spot checks of their work and an annual appraisal of their performance. One staff member commented, "We get lots of support. We can always walk into the office and talk with someone." Records confirmed that each staff member received regular supervision, appraisal and regular observations of their work.

People were supported by staff to have sufficient food and drink when they carried out a mealtime call. They knew the importance of making sure people were provided with the food and drink they wanted. One person told us, "The carers always give me a choice. They make me what I like." Staff understood their responsibilities to report someone who may be at risk of not eating or drinking enough. A staff member said, "I would report straight away to the office if I was worried that someone was not eating or drinking enough." There was guidance in the care plans for staff in relation to people's dietary needs, likes and dislikes, and food and fluid monitoring charts so that staff knew how much people ate and drank throughout the day.

The service worked and communicated with other agencies and staff to enable consistent and person centred care. We saw that people had input from a variety of professionals to monitor and contribute to their on-going support. For example, we saw that people had been referred to the district nurse and their GPs when they needed extra support with their healthcare needs. We also saw that the registered manager worked with funding authorities and safeguarding teams around any safeguarding alerts and concerns.

People told us staff supported them with their healthcare needs and contacted health care professionals, for example, GPs and district nurses, if they needed them. One person said, "I have sore legs and the staff asked the district nurse to come and have a look at them for me." Staff monitored people's health and well-being and took action when necessary.

People's care and support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. Staff were trained in the MCA and told us they always sought people's consent before providing any care or support and people confirmed this. At the time of our inspection, no applications had been made to the Court of Protection because people were not being deprived of their liberty. The registered manager told us that if it appeared a person was being deprived of their liberty she would refer them to the local authority for assessment.

Is the service caring?

Our findings

People told us they were well supported and well cared for. One said, "My carers are the best. They always do that little bit extra for me. I couldn't ask for more." All of the relatives we spoke with told us they trusted the staff and the service in general with the care of their loved ones. One told us, "I was very worried about strangers coming into our home, but the girls have become our friends. Their visits are so welcome." We saw compliments received from people and relatives who had used the service. One read, 'All the carers are compassionate, understanding, vigilant and treat [name of relative] with dignity and administer excellent care.'

One member of staff said, "This is my first care job and it's the best thing I ever did. I love to go home at the end of the day knowing I've made a difference." Staff understood the importance of promoting equality and diversity. Through our discussions, we noted that arrangements were in place to meet people's personal wishes and diverse needs. For example, care plans contained information about people's religious beliefs and their personal relationships with their circle of support. The registered manager told us how one staff member had been placed with a person who followed the same religion so they could support the person to practice their faith.

Regular reviews encouraged people to express their views about their care. One person told us that they had drawn up their own care plan at the start of their care package and the staff had agreed the care plan and helped to improve it.

People were supported to ensure their voice was heard by the use of independent advocates. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up. The service could provide people with information about advocacy services if they needed support to make decisions or if they thought, they were being discriminated against under the Equality Act.

Staff understood how to support people with dignity and they respected them. Without exception, people told us that staff respected their privacy and their right to make their own decisions and lifestyle choices. One person informed us, "The carers always knock on my front door, and no-one ever just walks in." The registered manager confirmed staff's care practices were regularly observed to ensure they were upholding people's privacy and dignity. This was done through on task supervision where staff were observed providing care to people. This was only undertaken with the full consent of the person receiving the care.

People felt assured that information about them was treated confidentially and respected by staff. Staff told us the service had a confidentiality policy that was discussed with them at their induction and they had signed an agreement to adhere to it. One staff member said, "We all know about confidentiality and what can be discussed." Information was only shared about people on a need to know basis and with their agreement. Records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to promote confidentiality.

Is the service responsive?

Our findings

People told us the staff provided them with person centred care that met their needs. One said, "I get the care I need and require. The carers know how I like my care to be." Another person told us, "The staff are always willing to do anything. They do all the little extras like drop my mail in at the post office or pop something into the doctors for me. Nothing is too much trouble."

People's needs were assessed prior to them receiving a care package and information from the needs assessment was used to develop a care plan. People's care plans were personalised and stated how staff would provide them with care and support that met their needs. Care plans were written in conjunction with the person themselves and others involved in their care. They gave staff the information they needed to help ensure people received support that was right for them.

Care plans included information about people's life histories, previous occupations, families, hobbies and interests. This enabled staff to get to know people and take an interest in their lives. If people had other health and social care professionals involved in their care this information was in their care plans so staff knew who was responsible for which aspects of the person's care.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard 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 registered manager told us they could provide literature in easy read format if it was required.

People's experiences, concerns and complaints were listened to and acted upon. One person said, "I have made a complaint once and it was dealt with very discreetly and effectively. I was happy how they dealt with it." People told us they knew they could telephone the office if they had any concerns and that they would be dealt with quickly and effectively.

The complaints records showed that complaints received by the service had been dealt with appropriately because the registered manager had fully investigated the issues, taken action and informed the complainant of the outcome.

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The registered manager had a clear vision about the service and how they wanted it to develop in the future. The registered manager said they did not want the service to grow too quickly because they felt this might impact on the quality of care provided. People were very positive about the care they received. One said, "I've had three agencies and this is the best. It is the best." A relative told us, "I'm so impressed. I was expecting a lot of problems but there has been nothing to worry about. It's been brilliant."

People told us they felt included, valued, and received the care they needed. One said, "I have improved a lot since the carers came in. I've received such wonderful care and it's because of their kindness that I'm so much better now." Another person commented, "The service you get is second to none." Many people complimented the registered manager for their kindness and support. Everyone we spoke with knew who the registered manager was.

People told us that staff included them in all decisions about their care and always asked if their care could be improved in any way. Relatives praised how well staff cared for their family members. One relative told us, "It's all the extra little things that the staff do that make it such a good service. They will empty the bins, or put the washing in the tumble drier. They don't need to but that's how they are."

Staff told us they felt valued and respected by the registered manager. One staff member said, "They [meaning the registered manager] treat us with respect and listen to what we have to say." Regular staff meetings were held and staff were able to exchange information and share best practice ideas.

We found there were systems in place to check the quality of the care provided. Quality audits relating to medication recording sheets, accidents and incidents and daily record sheets were regularly undertaken. These had been analysed and areas requiring attention were supported with action plans to demonstrate how continuous improvements would be made. People were regularly asked to comment on the quality of their care. This was gained using satisfaction surveys and when staff received observations of their practice while providing care to people in their homes. During the observations, feedback was gained from both the staff member and the person receiving care. One staff member told us, "We get regular spot checks and we don't know when they will take place. It keeps you on your toes."

The service cooperated well with other healthcare professionals. They shared information with relevant organisations to develop and deliver joined up care. The registered manager told us that they were aware of their responsibility to submit notifications to the CQC. A notification is information about important events that the service is required to send us by law in a timely way.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.