

Superior Homecare Services Ltd

Superior Homecare Services

Inspection report

Unit 17 Drakes Mews
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MK8 0ER

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10 February 2016

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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

The inspection was announced and took place on the 4, 5, and 10 February 2016.

Superior Homecare Services provides personal care and support to people living in their own homes. At the time of our inspection the service was providing care and support to 20 people. The frequency of visits ranged from one to four visits daily depending on people's individual needs.

The service has a registered manager. 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 and associated Regulations about how the service is run.

Staff had been provided with safeguarding training to protect people from abuse and avoidable harm.

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 followed to ensure staff were suitable to work with people.

People's medicines were managed safely, in line with best practice guidelines; and staff had been provided with training in the safe handling of medicines.

People were matched with staff who were aware of their care needs; and staff received the appropriate training and support to enable them to carry out their roles and responsibilities.

People's consent was sought in line with current legislation and guidance. The service worked in line with the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were supported by staff to have a balanced diet. If needed, staff supported people to access healthcare services.

People were treated with kindness and compassion by staff. They had established positive and caring relationships with them.

People were able to express their views and to be involved in making decisions in relation to their care and support needs.

Staff ensured that people's privacy and dignity were promoted.

People received care that met their assessed needs. Their care plans were updated on a regular basis, or as

and when their care needs changed.

A copy of the service's complaints procedure was issued to people when they started to receive care. This ensured that people would be aware of how to raise a complaint if the need arose.

The culture at the service was open and inclusive. The registered manager led by example, which inspired staff to deliver a quality service.

There were quality monitoring systems in place. These were used to good effect and to drive continuous improvements.

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

Staff were aware of the different types of abuse and the reporting process if they witnessed or suspected incidents of abuse.

There were risk managements plans in place to protect and promote people's safety.

Sufficient numbers of suitable staff were employed to meet people's needs.

There were systems in place to ensure medicines were managed safely.

Is the service effective?

Good ●

The service was effective

People were supported by staff who were trained to carry out their roles and responsibilities.

People's consent to care and support was sought in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Where required, staff supported people to eat and drink and to maintain a balanced diet.

If needed staff supported people to access healthcare services.

Is the service caring?

Good ●

The service was caring

People and staff had developed caring and positive relationships.

Staff enabled people to express their views and to be involved in decisions about their care and support.

People's privacy and dignity were promoted by staff.

Is the service responsive?

Good ●

The service was responsive

People received care that was personalised and met their assessed needs.

People were provided with information on how to raise a concern or complaint if needed.

Is the service well-led?

Good ●

The culture at the service was open, inclusive, transparent and empowering.

There was good management and leadership at the service, which inspired staff to provide a quality service.

There were effective quality assurance systems at the service.

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 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 inspection of Superior Homecare Services took place on 4, 5, and 10 February 2016 and was announced. The registered manager was given 48 hours' notice of the inspection. We did this because we needed to be sure that the registered manager or someone would be in the office on the day of the inspection to help respond to our questions and to provide us with evidence.

The inspection was undertaken by one inspector.

Before the inspection we reviewed information we held about the service including statutory notifications submitted to the Care Quality Commission (CQC). Statutory notifications include information about important events which the provider is required to send us by law.

During our inspection we undertook telephone calls to four people who used the service and six relatives. We spoke with one support worker, one care co-ordinator, one team leader, one field supervisor and the registered manager..

We reviewed a range of records about people's care and how the service was managed. These included care records for four people who used the service, three staff files and three Medication Administration Record (MAR) sheets. We also looked at minutes from staff meetings and quality assurance audits.

Is the service safe?

Our findings

People told us they felt safe when staff visited them. One person said, "Yes I feel very safe." Another person said, "I never feel bullied or discriminated against." Another person said, "They always make sure that my front door is locked". A relative said, "My [name called] would tell me if they did not feel safe with the carers. I am here most of the time when the carers come and they use the hoist safely."

Staff told us they had been provided with safeguarding training. They were able to describe the different types of abuse; also the procedure to follow if they witnessed or suspected an incident of abuse. One staff member said, "If I witness or suspect any kind of abuse or poor practice I would definitely report it to the manager or one of the senior staff." Another staff member said, "I recently reported a safeguarding incident to the manager and she raised an alert immediately to the safeguarding team."

The registered manager told us that people who used the service and staff had been issued with a copy of the service's safeguarding and whistleblowing policy. She also told us that staff knowledge on safeguarding was updated annually and their competencies were assessed to ensure that the training was embedded. She said, "Staff complete work books and are given scenarios." Training records seen confirmed this.

There were risk management plans in place to protect and promote people's safety. One person said, "I am a wheelchair user but like to be independent. My risk assessment contains information on how staff should assist me." A relative commented and said, "[My family member] risk assessment states that they need two staff to assist them with personal care and there are always two staff." The registered manager told us that before people were provided with a service, risk assessments in relation to their safety, the environment and their medical conditions were undertaken. She said, "If there are any identified environmental risks that would impact on client or staff safety, then measures are put in place to minimise the potential harm." Within the care plans we looked at we saw there were individual risk assessments relating to moving and handling, pressure ulcers, breathing and diabetes. We found that the plans contained detailed information on the action staff should take to promote people's safety and to minimise any potential risk of harm.

Staff told us they were able to contact the registered manager or a senior out of hours in an emergency. One staff member said, "The phone gets diverted to the on call phone after five o' clock." Another staff member said, "We have never had any trouble getting the support and advice we need in an emergency." We found that the service had contingency plans in place to deal with emergencies such as, adverse weather conditions and staff absenteeism.

The registered manager told us that it was people's responsibility to ensure that the equipment used to support them such as hoists and wheelchairs were regularly serviced; however, it was the staff's responsibility to make sure that the equipment was in good working order and fit for purpose. One staff member said, "We have all had face to face training in moving and handling and how to use the hoist. There are always two of us if we have to use the hoist." Another staff member said, "I always make sure that the hoist is put on charge before leaving." This ensured people's safety was paramount. We found that the registered manager maintained a record of when people's hoists had been serviced. She said, "I always

contact the clients to find out when their hoists had been serviced and update my record." She commented further and said, "The staff are very good and would also tell me, as they put a sticker on the hoist with the date after each servicing."

We found that people were given information on how to keep safe in their homes and maintaining their gas appliances. For example, the registered manager provided information to people in relation to carbon monoxide poisoning.

Comments from some people and their relatives in relation to staffing numbers were variable. One person said, "Yes I think there are enough staff. I have never had a missed call." Another person said, "They are only short of staff if staff go off sick, which can't be helped." A relative commented and said, "The carers usually arrive on the dot, 7.00am and 9.00pm. If they are running late I usually get a phone call." Staff and the registered manager told us that there were sufficient staff employed to meet people's needs. The registered manager said, "There are enough staff. We employ about 15 staff members. When staff go off sick we have to juggle things about to meet people's needs safely."

Staff were able to describe the service's recruitment practice. They told us they had completed an application form and attended a face to face interview. They also had to provide two references one of which was from a recent employer, eligibility to work, proof of identity and a Disclosure and Barring Service (DBS) certificate. We saw evidence in the staff files we examined that the appropriate documentation had been obtained.

There were systems in place to ensure that people received their medicines as prescribed. Staff told us they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed. The registered manager told us that to ensure medicines were administered safely, staff were only allowed to administer them from a pharmacy filled dosette box. We saw evidence to confirm that staff had been provided with training on the safe handling, recording and administration of medicines. We looked at a sample of Medication Administration Record (MAR) sheets and found that they had been completed in line with best practice guidelines.

Is the service effective?

Our findings

People told us that the staff were sufficiently skilled and knowledgeable. One person said, "I think they are trained." Another person said, "The staff are knowledgeable." A third person commented and said, "I am living with a colostomy and the staff support me to care for it daily. I therefore arranged for the stoma nurse to provide training for all the staff." This ensured staff were given the support and training needed to carry out their responsibilities effectively. (A colostomy is a surgical procedure which the large intestine or colon is cut and brought to the surface of the abdomen. A small pouch or colostomy bag is then placed over the stoma to collect waste products that would normally pass through a person's rectum).

Staff told us they had been provided with training to enable them to carry out their roles and responsibilities. One staff member said, "I have had all the essential training during induction and we do refresher training as well." Another staff member said, "As part of my induction I had to attend a six hour course at the local college." All the staff we spoke with confirmed that they had been provided with induction training prior to commencing work. The registered manager confirmed that staff were provided with two week induction training and worked alongside an experienced staff member until they felt confident. She also told us that the induction training was modelled on the new care certificate. (The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours, to enable them to provide people with safe, effective, compassionate and quality care).

We saw records within staff files we examined to evidence that induction and other training had taken place. We also saw a training matrix had been collated. It contained information on the training that staff had undertaken and when they were due to be updated.

Some people told us they were appropriately matched with staff who were aware of their needs. One person said, "Because of my culture I ask for female staff to care for me and my request is granted." They commented further and said, "I like to have the same carer but sometimes when I get my weekly rota they put someone else down. It's improved now." Staff told us they were provided with information about the people they supported and were expected to read their care plans. One staff member said, "I talk with the clients to find out how they like things done." Another staff member said, "Communication is key; we talk with the clients to find out how they like things to be done." The staff member commented further and said, "I have very high standards. If I can't put a smile on a client's face I don't think I have done a good enough job." We found that staff had a good understanding of the needs of the people they were supporting and communicated with them effectively.

Staff told us they received regular supervision. One staff member said, "We have regular supervision every six to eight weeks." They commented further and said, "Supervision provides you with the opportunity to discuss issues in relation to the clients and your personal development. The manager also obtains feedback from the clients and your colleagues. These are used to inform the supervision and appraisal process and are discussed with you. If needed targets are set to support your development." The registered manager confirmed that each staff member received regular face to face supervision, spot checks and a yearly

appraisal. Feedback obtained on staff members' performance was discussed with them and if areas were identified as requiring improvement this was discussed with individuals and monitored. We saw evidence in the files examined that staff had been provided with regular supervision and spot checks. This was to ensure care was delivered appropriately and in line with people's care plans.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in domiciliary care service is called Court of Protection.

We found that the service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). This was to ensure that people who could not make decisions for themselves were protected. The registered manager said that at the time of our inspection no one using the service was being deprived of their liberty unlawfully.

Staff told us they always gained people's consent before assisting them. One staff member said, "I always tell the clients what I am going to do. For example, I would say, I am going to put the slings on now, are you okay with it?" Another staff member said, "I check with people for their consent before undertaking any form of activity with them."

People were supported with eating and drinking and to maintain a balanced diet. One person said, "I tell them what I fancy and they provide it." Another person said, "I sometimes ask them to make me a bacon sandwich for my breakfast as I don't eat a lot of cereals. They also help with preparing my evening meal." Staff told us that some people's family members supported them with their meals. One staff member said, "If I have to assist clients with their meals I always involve them and ask them to choose what they wish to eat." The staff member commented further and said, "I always make sure enough drinks and snacks are left out for them to eat." The registered manager told us if people were at risk of poor food and fluid intake or had difficulty with swallowing they would be closely monitored. If needed people had access to the Speech and Language Therapist (SALT) and the dietician via their GP. This demonstrated people had access to specialist advice if required.

People told us they had access to healthcare services to maintain good health. One person said, "I make my own GP and hospital appointments. Whenever I have a hospital appointment the staff are flexible and would turn up early to make sure I am ready for the transport." A relative said, "I make all of my [name called] healthcare appointments." Staff told us that people's care plans included details of their GP and health care professionals who were involved with their care. Therefore, if they had a concern about a person's well-being they would be able to contact them for support and advice. We saw evidence that when required staff supported a person with hospital appointments and liaised closely with health care professionals such as the district nurses and the community occupational therapist on their behalf.

Is the service caring?

Our findings

People told us they had developed caring and positive relationships with staff. They also described staff as 'kind' and 'caring.' A relative of a person who used the service said, "The staff are like part of the family". Another relative said, "They empathise with [name called] and sit and have a chat."

Staff were able to describe people's individual needs, including their preferences, personal histories and how they wished to be supported. One staff member said, "We read the clients' care plans and build up a rapport with them." Another staff member said, "I am very good at picking up if a client is not their usual self. I would sit with them to find out what the problem is. If it is something within my control I would try and put it right." We saw evidence that there was a consistent staff team. This helped to ensure that staff got to know the people they supported really well.

People told us they were supported to express their views and be involved in making decisions about their care and support. One person said, "I sometimes have to change my routine and the carers would always accommodate. They never query it or make a fuss." Another person said, "The carers help me to put my stockings on and if I feel it is not right I usually tell them and they listen to me." A relative of a person who used the service said, "My [name called] has a problem during the night with their pad. The carers and I have been working together to find a solution. They usually listen to my suggestions and act on them."

Staff told us the support provided to people was based on their individual needs. One staff member said, "We always find out from the clients how they wish to be supported. We would also promote their independence. For example, if a client is able to wash their hands and face or brush their hair we would encourage them to do so." The registered manager confirmed that people's views were acted on. She said, "There is a section on the pre-assessment sheet for the clients to say how they wish to be supported. Clients are also asked to express their cultural and religious needs and whether they mind receiving support from a staff member of a different culture." They commented further and said, "Staff are told that their prejudices should be left outside the clients' homes."

Staff told us that people could be assured that information about them was not breached. One staff member said, "We have a confidentiality policy which we have to adhere to. We would never discuss clients in the presence of other clients." Another staff member said, "We tell the clients that information is shared with other health care professionals on a need to know basis and with their permission. For example, if we have to share information with the district nurses and the occupational therapist." We saw evidence that the service had a confidentiality policy and staff had signed an agreement to say that they had read the policy and understood the content. We found that records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to promote confidentiality.

People told us that staff promoted their privacy and dignity. One person said, "They call me by my preferred name and always make sure that I am dressed appropriately and have my slippers on." A relative of a person who used the service said, "The carers preserve their dignity and make sure the curtains and doors are closed." The relative commented further and said, "They do not gossip about the other clients." Staff told us

they supported people's privacy and dignity in the same way as they would a family member. One staff member said, "I treat the clients in the same ways as I would like to be treated as a human being. I also tell them if they confide in me and say a staff member or family member was unkind to them. I would have to share this information to protect them." The registered manager told us that staff were asked at their interview to demonstrate how they would ensure that people's human rights would be respected and their independence promoted. She said, "We always instil in staff that people should be supported to maintain their independence for as long as possible and be treated as individuals in their own rights."

Is the service responsive?

Our findings

People told us the care they received met their needs. They also told us that they or their family member were involved in their care assessment and in the development of their care plans and how they wished to be supported. One person said, "Someone from the agency visited me before they started to support me." A relative commented and said, "I was involved with the development of [name call] care plan. Everything is written down and the carers follow the care plan."

The registered manager explained prior to a service being provided to people an assessment was undertaken to identify their support needs. Information obtained at the assessment stage was used to inform the care plan and outlined how identified needs were to be met. These included frequency of care and timings of visits. Within the care plans we examined we saw evidence that assessments had been undertaken. The plans were reviewed regularly and if needed changes were made. This was to ensure that the care provided was still relevant to people's identified needs.

Staff told us that people's care plans were personalised and contained detailed information on their level of independence, personal history and preferences. One staff member said, "The care plans are easy to follow. Everything in relation to the clients' care is written down. There are no excuses for anything going wrong." Another staff member said, "We accommodate people's requests and would always amend the care plan if they want us to." A family member confirmed this and said, "My relative's care package is due to be reviewed as there have been changes to her needs."

People told us they knew how to make a complaint. "One person said, "I made a complaint once and it was sorted straight away. The carer did not show any animosity towards me." A relative commented and said, "We have been given a copy of the complaints procedure but have never had the need to use it." The registered manager confirmed that people were issued with a copy of the service's complaints procedure when they started to receive care. She said, "Any complaints made were fully investigated. We always use complaints as a learning experience and to improve on the care we provide." We found that the service had received two complaints. These had been investigated in line with the provider's procedure and the complainants had been provided with a satisfactory response.

There were arrangements in place for people and their relatives to provide feedback on the quality of the care provided. One person said, "Yes I have completed questionnaires and commented on changes I would like in relation to my care. The planner came to see me within a few days." Another person said, "Someone usually calls or comes to see us to find out how things are." The registered manager confirmed that people were regularly contacted to find out if they were satisfied with the care they were receiving.

Is the service well-led?

Our findings

People and their relatives told us that the culture at the service was positive, open, inclusive and empowering. One person said, "I would recommend Superior Homecare Services." A relative of a person who used the service said, "The manager is so approachable you can always get hold of her when you need her."

Staff told us that the registered manager ensured that the culture at the service was open and transparent. One staff member said, "The manager is approachable. I would say of all the companies I have worked for this is the one I have no intention of leaving." Another staff member said, "The manager is great she is not like a normal manager she does not just delegate, we work together as a team." A third staff member commented and said, "We have never had any trouble getting the support and advice we need." Staff also told us that the registered manager acted on suggestions made. For example, one staff member said, "She asks us for our ideas and allows us to brain storm. We recently suggested having a rolling rota and she agreed." We saw evidence from the minutes of staff meetings to confirm this.

Staff told us when mistakes occurred there was honesty and transparency. The registered manager provided feedback in a constructive and motivating way. If required additional training was provided to minimise the risk of future errors occurring.

Staff told us that good management and leadership was visible at the service. They told us if they were experiencing difficulty in their day to day duties the registered manager or supervisor would work with them to provide support. This inspired them to deliver quality care to the people who used the service. All the staff we spoke with were enthusiastic about their roles and understood the service's vision and values, which was to ensure that people's independence was promoted for as long as possible and they were provided with quality care.

The registered manager told us that she was aware of the attitude, values and behaviours of staff. These were monitored formally and informally through observing practice, staff supervision and appraisal meetings. We saw evidence to confirm this.

The registered manager told us that she was aware of her registration requirements, including the submission of notifications that were notifiable by law. (A notification is information about important events which the service is required to send us by law in a timely way).

The registered manager told us there were systems in place to check the quality of the care provided. We saw evidence that audits relating to medication recording sheets and daily record sheets were regularly undertaken. Areas identified as requiring attention were supported with action plans to demonstrate how continuous improvements would be made.