

Supreme Care Services Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Supreme Care Services Limited is a domiciliary care agency. This service provides personal care to older people living in their own homes across Wandsworth and Merton. At the time of inspection, out of a total number of 171 people, 141 people were receiving personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We received positive feedback from people and their relatives about the service. They said the care workers were caring and treated them with respect and dignity. They all told us they felt safe in the presence of care workers who came to support them in their homes.

Despite the positive feedback, we found risk assessments were not always fully completed, which meant that there was risk that people could receive care that was not in line with their needs.

The provider had robust recruitment checks in place which helped to ensure staff were safe to work with people. We were assured that the provider had safe infection prevention and control procedures in place, including in relation to the management of COVID-19. People were supported to take their medicines and staff recorded this appropriately.

Care plans were comprehensive in scope and were reviewed on a regular basis. People told us they were involved in planning their care. The provider listened when complaints or concerns were raised and responded appropriately.

We received positive feedback about the management of the service from people and their relatives. The provider completed robust and regular quality checks which included care worker timekeeping, electronic call monitoring, unannounced spot checks, telephone monitoring and mock inspections. These provided assurance about how the service was running and where it could be improved. The views of people, relatives, staff and visiting professionals were sought and considered. The provider worked well with other agencies to ensure people received good care.

Rating at last inspection

The last rating for this service was good (published 12 July 2018).

Why we inspected

We received some safeguarding concerns. As a result, we undertook a focused inspection to review the key questions of Safe, Responsive and Well-led only.

We reviewed all the information we held about the service. No areas of concern were identified in the other

Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for the Key Questions of Effective and Caring were used in calculating the overall rating at this inspection.

Follow up

We will continue to monitor information we receive about the service. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Supreme Care Services Limited

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 Care Act 2014.

Inspection team

This inspection was carried out by three inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of community care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager registered with the CQC. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service a weeks' notice of the inspection because we wanted to analyse feedback, we received from people using the service, their relatives and staff to help us plan our inspection. In addition, we needed to be sure the office-based managers and staff would be available to support our inspection. Inspection activity started on 25/08/2021 and ended on 08/09/2021. We visited the providers offices on 25/08/2021 and 08/09/2021. Two inspectors visited the office on the first day of the inspection, and one inspector returned for the second day. A third inspector contacted staff via telephone and the ExE's contacted people and their relatives.

What we did before the inspection

The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 14 people using the service and 11 relatives, the registered manager, the service manager, senior care co-ordinator, a field care supervisor and the Quality and Compliance Consultant.

We reviewed a range of records. This included 13 care records, six staff files in relation to recruitment. A variety of records relating to the management of the service, including complaints, incident forms, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to governance documents, policies and other records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated 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.

Assessing risk, safety monitoring and management

- Although risks to people were assessed and reviewed, some risk management plans did not contain sufficient information on managing the identified risk. For example, risks in relation to activities of daily living did not always contain sufficient information and simply stated 'Report any concerns to the office' for the required interventions/management. In one example, a person was identified at high support needs in relation to toileting and continence, however the required interventions/management of this risk did not provide guidance for staff on how to manage the risk and simply said, 'Report any concerns to the office.'
- In another person's care plan, the identified risks stated 'Dementia, poor memory and can often forget, poor cognition and unable to engage in conversation, express herself or share views.' In this person's support needs assessment tools, they were identified as low risk in relation to cognition with no recorded interventions/management.
- We also found a number of risk assessments in relation to medicines were not fully completed and did not document the list of current medicines, dosage, and potential side effects. In some cases, they did not always identify clearly what level of support staff were providing.
- The providers quality audits failed to identify these gaps in recording.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks and mitigation plans were in place for people's ongoing health needs such as osteoporosis, hypertension, diabetes and other illnesses. The risk management for diabetes, for example, contained guidance for staff to follow if people's sugar levels deteriorated.

Systems and processes to safeguard people from the risk of abuse

- People using the service and their relatives told us they were safe in the presence of care workers. Comments included, "Yes, I am comfortable around [care worker]" and "Yes, just the fact that they are coming in makes [family member] feel safer."
- The provider kept a safeguarding log, monitoring the safeguarding concerns that had been raised and keeping associated investigation reports such as care statements and the managers investigation reports.
- There was one current safeguarding concern that was being investigated at the time of the inspection.
- Training records showed that care workers received safeguarding adults training. Care workers were aware of safeguarding procedures and what steps they would take to keep people safe from harm and abuse.

Comments included, "I would report any suspected abuse to my line manager. I must document it and report it. I would contact the social worker if the manager didn't do anything about it. I have had safeguarding training."

Staffing and recruitment

- Staff were recruited in a safe manner, including checks on work history, eligibility and Disclosure and Barring service (DBS) checks. A DBS is a criminal record check that employers undertake to make safer recruitment decisions. This meant that staff were safe to work with people.
- People and their relatives felt there were enough staff and their visits took place. Comments included, "They have never let me down. There is always cover" and "They are very good they will come when I ring them." They also said there was consistency with regards to the care workers who supported them, telling us "I have one main carer and when he is off there is cover."
- Care worker time keeping was monitored on a daily basis for any late or missed visits. These were subsequently reviewed during weekly meetings to monitor compliance against key performance targets for call visits.

Using medicines safely

- People and their relatives told us they were supported to take their medicines.
- We reviewed a sample of Medicine Administration Records (MAR) which were fully completed. These were brought back to the office for auditing purposes.

Preventing and controlling infection

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- Risk assessments in relation to Covid-19 were completed for people and staff.
- Staff told us they had access to appropriate Personal Protective Equipment (PPE). One staff member said, "I definitely have enough PPE, if I'm running out I can contact the office and I either collect it or they drop it off. I have regular lateral flow testing for COVID-19."
- Staff received up to date COVID-19 Infection Prevention Control Training.

Learning lessons when things go wrong

- The provider investigated complaints and other incidents such as safeguarding concerns and used a 'journey map' to learn from the event and try to minimise these from occurring in future. The journey map included details of what occurred, what action had been taken, identify any continuous improvement steps and the final outcome.

Is the service responsive?

Our findings

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

At the last inspection this Key Question was rated as good. At this inspection, this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People using the service told us copies of their care plans were kept in their homes. They told us they, or their family members were involved in their care plans. Comments included, "My care plan is in the book, one of the managers went through it with me at the beginning and I agreed to the plan of what they could do" and "Their book has a list of things the carers should do for me, which they do and then they write what they have done in the book every day. Me and my daughter read what they have written, and it is always right."
- Care workers completed daily log books with details of the tasks they had completed during their visit. These, along with the medicine's records were brought in to the office for auditing purposes periodically. The quality compliance officer told us they were trialling a fully electronic care management system which would include care workers completing their tasks on their mobile devices so these could be monitored in real time.
- Care plans contained person-centred information, such as an 'About Me' profile with their preferences and likes/dislikes and included details of people's visit times and the tasks that care workers were required to complete.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider identified and recorded the communication needs of people using the service during the initial needs assessment. This included people's preferences about how best to communicate with them.
- Care plans and other documents were available in alternative formats or languages on request.

End of Life Care

- The provider confirmed there were no people receiving end of life care at the time of the inspection.
- There was an end of life protocol in place which included recording end of life wishes and plans. This was co-produced with the Wandsworth end of life team at the local authority.
- The provider worked with a local hospice to support people at the end of their lives.

Improving care quality in response to complaints or concerns

- People and their relatives told us they were able to contact the office for day to day issues such as late

visits and these were resolved quickly. They also told us they knew how to make formal complaints. One relative said, "I have the office numbers, so I know who to call. In fact, once I rang and it was just a case of getting the rota wrong, they were very sorry and managed to send someone down straight away."

- Formal complaints received were documented and responded to in an appropriate timeframe following an investigation. These showed that the provider used complaints as a learning opportunity to try and prevent similar concerns from being raised. Trends were identified in the complaints received to try and gain a deeper understanding about issues raised.
- Where service concerns were raised with the local authority, we found evidence the provider carried out an investigation into these.
- Complaint audits forms were completed which included details of the steps taken to address the issues, any lessons learnt.

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 the last inspection this Key Question was rated as good. At this inspection, this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The quality compliance consultant carried out 'mock' CQC inspections, the most recent one was in April 2021. This looked at a sample of care records, medicines, staff recruitment and training and other areas. This, and other quality assurance checks failed to identify the concerns we found in relation to risk assessments.
- We also found there was a relatively high percentage of calls that were late. Records showed that on average approximately 20% of visits were over 30 minutes late, with approximately 5% of these going beyond an hour. We discussed these figures with the provider who advised that due to the pandemic the local authority had permitted extra buffer time to allow for extra travel. They said this was something they were reviewing and monitoring on a weekly basis and continued to explore the reasons for lateness with care workers. We saw records that confirmed this was being done. We will follow this up at the next planned inspection of the service.
- The registered manager was supported by a service manager, a deputy manager who was also one of two care co-ordinators, field care supervisors and other staff. People using the service told us their main point of contact was either the service manager or the deputy manager. They said, "The staff in the office have been helpful" and "I speak to care [co-ordinator's]; they are good managers, and they are very receptive if I have to call."
- Checks to monitor the quality of service included unannounced spot checks and telephone calls. People were asked if they were satisfied with the service and overall standard of care as well as care worker competency, if they had any concerns/complaints, call visit times and other aspects. Telephone monitoring quarterly reports were completed, analysing feedback received from the telephone calls that were carried out.
- Weekly electronic call monitoring and compliance meetings were held with managers of other services to discuss care workers compliance. These records showed care workers meeting approximately 90% of their calls via the electronic tagging system.
- The provider had a quality assurance improvement plan in place which covered areas such as service delivery, documentation audits, staff training, customer experience.

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

- People using the service and their relatives were positive about how the service was managed. We

reviewed a number of compliments from people and their relatives that were collated through feedback forms.

- People and relatives we spoke with also praised the managers, "I know that I can ring the office when I need to. The care management team are very helpful and will always ring you back", "The care supervisors are very good, and I did need to contact them. They were really helpful, listened to the concerns and sorted it" and "I have rung the office a couple of times if the carer is late. The people in the office are fine and try to help."
- Care workers told us the managers were supportive. Comments included, "The manager is very easy to deal with, I have his mobile number and I can call him if there are any concerns" and "The manager is very good, he is very calm and respects all the staff, he will give you his time."

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

- Records showed that the provider carried out investigations into any complaints and service concerns that occurred, and that they met their responsibilities under duty of candour. We saw evidence of the provider writing to people apologising where concerns had been upheld.

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

- Relatives told us their views were considered when developing care plans and also as part of the providers ongoing quality assurance checks.
- Regular meetings were held with both the care workers and the office staff. Care worker meetings were carried out via Zoom due to the pandemic and for ease of use. One staff said, "There are team meetings, and they ask us what we think."
- The views of people, staff, relatives and healthcare professionals were sought through feedback surveys. The quality and compliance consultant advised they were in the process of carrying out survey for the current year. We reviewed the analysis report covering the period January 2020 to December 2020 for people, staff and stakeholders. The staff survey showed the provider had taken action taken in response to feedback received. This included the introduction of a suggestion box for both office and care staff to provide suggestions and more regular staff meetings. The provider gave feedback to staff following the survey, holding a number of meetings explaining the improvement steps they had identified. The feedback from people were all positive and feedback was given to staff about how they could improve aspects of their care delivery that people had highlighted. Respondents were asked about a range of issues such as the quality of service, the reliability of staff, if people's needs were being met, if they were treated with respect and whether they would recommend it to others.
- The provider had set up a private 'Telegram' channel to provide updates to all staff working in the field. Webinars were held for staff covering a range of relevant topics and updates such as effective communication, conflict resolution, fluid nutrition and food hygiene.

Working in partnership with others

- The provider worked with partner agencies, such as safeguarding and commissioning teams to support people using the service.
- Contact details of healthcare professionals such as community nursing teams, pharmacists and GP's were included in people's care plans.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to assess the risks to the health and safety of service users of receiving the care or treatment;. Regulation 12 (2) (a).