

Supreme Care Services Limited

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Inspection report

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Morden
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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

Supreme Care Services Limited, Morden branch is a domiciliary care agency. This service provides personal care to people living in their own houses and flats. It provides a service to people over 65 years old, some of whom have learning and physical disabilities, ill-health or may be living with dementia. At the time of inspection 126 adults were receiving support from this service.

This inspection was carried out on 5 June 2018 and was announced. 48 hours before the inspection we contacted the service to let them know that we will be coming to inspect them. We wanted to make sure that the registered manager would be available on the day of inspection.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

At the time of the inspection the service had a registered manager. A registered manager is a person who has registered with the 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.

People had support to meet their needs safely. The service followed good practice to assess and monitor potential risks to people. Staff were thoroughly checked before they were employed by the service. Staff followed the service's processes to provide immediate support to people when incidents or accidents took place. Some people told us that staff were regularly late for their shifts but the management team had an action plan in place to address this issue.

Staff were supported to meet their role expectations as necessary. Where people required support to prepare their meals or attend to their health needs, staff had provided them with the assistance as required. Staff recently completed all the mandatory courses provided by the service and had their skills checked which ensured they were suitable for their role. However, we found that staff's knowledge in relation to the Mental Capacity Act (2005) was limited and after discussing this with the management team we were told this would be addressed as necessary. Staff told us they reported any concerns to the management team, including if they noticed people not being able to make decisions for themselves.

People felt confident they received good quality services and that the staff team were caring and attentive to their well-being. Staff supported people to meet their individual needs and had information on what was important to people so they could meet people's preferences. Staff had time to talk to people and put effort to have conversations with people. People felt dignified and respected which helped them to feel valued.

People's care plans were easy to read and held all the necessary information for staff to adhere to ensure effective care for people. Robust assessments were carried out to provide staff with information on the support people required to stay safe always. Processes were in place for people to raise their concerns should they have any and actions were taken to resolve issues to people's satisfaction.

People told us the management team responded to their needs quickly and appropriately when they approached them. A lot of effort was recently put to change the service's culture to increase the staff team's performance. Staff had support and motivation to perform their duties to a high standard. Systems were in place to monitor the quality of the service delivery and the registered manager followed processes to check on staff's performance regularly. There were well established links with the local community which showed the service's open mindedness and good practice.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Supreme Care Services Limited

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.

We inspected the service on 5 June 2018. This inspection was carried out by an inspector, specialist nurse 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 care service.

We gave the service 48 hours' notice of the inspection because the location is a domiciliary service. We needed to be sure that someone would be available.

Before the inspection we reviewed information we held about the service, including statutory notifications. A notification is information about important events which the service is required to send to us by law. We also looked at a Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we made calls to nine people who used the service and eight relatives for their feedback. We also contacted health and social care professionals asking about their involvement with the service and we had one response.

During the inspection we talked to the registered manager, quality and compliance consultant and four staff members working for this service. We reviewed care records and risk assessments for eight people, three staff member's files, medicine management procedures and other documents relating to the management of the service.

Is the service safe?

Our findings

Family members felt that the care and support provided to their relatives was safe. One family member said, "She's safe at all times, one hundred percent." Another family member told us, "The usual [staff member] is quite nice and [my relative] is safe with him. I can go out and I feel that [my relative] is safe." One other family member said, "I trust [staff] and if [staff] feel there is an issue they will contact me."

The service had a robust system in place to monitor safeguarding concerns received. The management team used a spreadsheet to record any abuse or harm reported to them. The spreadsheet had noted the actions taken to protect people as necessary, including notifying the local authority and Care Quality Commission about the incident. A paper folder was used to store all relevant information on investigations taking place which helped the management team to assess information quickly when required.

Systems were in place to provide additional monitoring and support to people at high risk. The staff team were given information on potential risks to people and used a spreadsheet to highlight people who required additional support. The field supervisors carried out regular face-to-face visits to people who lived on their own to reduce their risk of social isolation. The office team were also aware if people were at high risk and paid more attention if concerns were raised in relation to these people, for example if they saw a staff member being late for their shift. At the end of the week the office team were required to call every person on the high risk register to check on their well-being.

There were comprehensive risk management plans in place to mitigate risks to people. The service used a risk assessment tool that included risk assessments related to people's health conditions, medicine management, moving and handling and working environment for staff. Additional risk assessments were completed to meet people's individual needs and if any other risks were identified to their well-being. The risk assessments we viewed were thoroughly completed and had risk management plans in place to support people to take risks safely, for example guidance for staff was provided on how to identify and manage signs of distress and confusion for a person living with dementia.

Staff were required to demonstrate the necessary knowledge and skills for the role before they were employed by the service. Staff had to fill in an application form noting their experience and training related to working with people in need of support. At the interview staff were asked to write down their answers for the registered managers to check staff member's writing skills. Systems were used to monitor staff's on-going fitness for the role. This included monitoring staff that required work permission to ensure they had the legal rights to work in the UK.

We had mixed responses in relation to staff arriving on time for their shifts. Some people told us that staff were punctual and stayed for the duration of their shift. One person said, "[Staff] turn up on time and stay for as long as needed. If [the staff member] is running late she'll ring me and tell me, but it isn't very often." Another person told us, "[Staff] turn up on time and stay the allocated time; before they weren't turning up, but it hasn't been happening recently. We complained and it's got better." Some relatives told us that occasionally staff were late for their shifts but they called to inform people if they were running late.

Relatives comments included, "You can't rely on [staff], if they say see you tomorrow at nine, they come at twelve", most of the time staff were "half an hour late or half an hour early", "If delayed [staff] ring me let me know, the most delay maybe an hour, unusual occurrence" and "I'm not happy with the timings; [staff] are supposed to do breakfast at 9am but they're not turning up until 10.45am. It depends on the carer. Some carers are pretty good on timings, but others are turning up too late."

Staff's late arrival for their shifts was discussed with the registered manager who told us they were looking to resolve this issue. A system was used to monitor when staff had arrived at people's homes via a landline that staff were required to use to sign in and out. However, some people did not have a landline and others did not agree for staff to use their landline. This made it difficult for the service to monitor if staff had arrived for their shifts on time. The registered manager told us they had an administrator to monitor staff's attendance if they were able to sign in and out for their shifts. The administrator called staff to find out how long it will take them to get to a person's home if they saw on the system that the staff member was late more than 15 minutes. The service called people weekly to talk about staff's attendance if the landline was not available for staff to use in their homes. If a staff member was regularly late the management team held a meeting with the staff member to talk about the importance of being punctual. Going forward, the registered manager told us they already ordered a new system which will allow the service to monitor all staff's attendance. We will check on their progress in this area at the next inspection of the service.

People told us they were provided with support to take their medicines safely and on time. People received their medicines in a dosette box. The staff team used a medicine administration sheet to make a record of who gave what medicines, to whom and when. This ensured that people took their medicines as prescribed and at the right time. We saw that the management team monitored people's medicines and carried out regular medicine checks. Actions were identified and followed up as required, for example staff were provided with additional training on how to appropriately complete the medicine administration sheets when it was noticed that the medicine administration sheets were not always signed for by staff when relatives had administered medicines to people.

Staff had skills and knowledge to ensure that people were safe from infection. Staff were trained and followed infection control guidelines to provide hygienic care for people. This included wearing protective clothing when supporting people with personal care and washing their hands before they started assisting people with tasks.

There were clear procedures in place for reporting and recording incidents and accidents occurring to people. Staff received training on how to identify incidents and accidents taking place. Staff told us they ensured that people were provided with immediate support if they saw them being at risk to harm. This included contacting emergency services and giving first aid where necessary. Staff also contacted the management team for guidance on how to support a person after the incident had occurred to ensure their safety.

Is the service effective?

Our findings

Staff had the necessary skills to support people with moving where they required assistance. Records showed that staff received training in manual handling and the manual handling equipment was available for staff to practice on during the training session. Staff were required to undertake an assessment to check their competency to support people safely.

Staff had support to carry out their duties as required for their role. Records showed that staff had regular supervision and appraisal meetings with their line manager to discuss their performance and developmental needs. There were regular staff meetings facilitated to share experiences and have discussions about the changes taking place in the service and the social care sector.

Staff had support to meet their training needs which ensured their fitness for the role. The service had recently requested staff to attend all the available training courses to ensure they were up-to-date with the refresher courses and had the necessary knowledge to increase the standards of their performance. Staff were also provided with external training courses, for example the local hospital facilitated training on pressure sores for the service. The provider used processes to monitor staff's knowledge and skills during the induction period making sure staff were well prepared before they started working with people. We viewed records made to evaluate performance of a new employee at the time they shadowed more experienced staff members.

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.

We checked whether the service was working within the principles of the MCA. The management team had a good understanding regarding the MCA and followed a process to support people to make their own decisions where necessary. The service worked in partnership with local authorities to undertake mental capacity assessments and decisions related to the MCA. They also involved people's families if it was concluded that a person lacked capacity and required a best interests decision to be made on their behalf. For example, in relation to the support a person required to take their medicines independently.

Staff had support from the registered manager if they noticed people were not able to make decisions for themselves. We found that staff had basic understanding about the MCA. They couldn't tell us what the MCA was about but provided us with examples of how they supported people to make their own decisions and choices where necessary. Staff said they reported their concerns to the registered manager if they doubted a person's ability to make more complicated decisions so they could provide the person with the necessary support. We discussed this with the quality and compliance consultant who told us they would look into the staff's training needs in relation to the MCA. We will check their progress at our next planned inspection.

People received support to do food shopping and prepare their meals if they required assistance. People told us they were provided with choices of what and when to eat. One person said, "[The staff member] helps me with food and I tell her what I want. It's given on time. I'm a picky eater. Sometimes I just have toast but [the staff member] always provides what I ask for. [The staff member] makes me a cup of tea and she makes the best tea." Another person told us, "I tell [the staff member] what I want. [The staff member] does shopping for me. I like the food and it's on time. [The staff member] makes a good cup of tea."

Staff ensured that people were provided with support to meet their health needs as necessary. One person said, "I've been ill once when [the staff member] was here and she waited with me until the ambulance arrived." Another person told us, "It happened three weeks ago. The [staff member] said I didn't look well and she got my son to call the doctor." Information was available on the healthcare professionals involved in people's care and any changes to people's health needs were reflected in people's care plans. This ensured that staff were aware of what was required of them to support people with their health needs.

Systems were in place for staff to share information which ensured that people received consistent care as necessary. Staff used daily notes to make a record of the activities they carried out during their shift. This information was read by the next staff member who came to support a person which helped them to continue with the tasks they required to undertake. This ensured that the person had all the necessary support they required.

Is the service caring?

Our findings

People told us they liked the staff that supported them. Comments included, "I like my staff "very much. I have one carer and a different one at the weekend; but they're very nice and they look after me well", "[Staff] always ask what I want and can they do anything else for me. They're attentive" and "[Staff] are nice people and they help me out." Family members said they felt their relatives were well cared for. One family member told us, "[Staff] treat [my relative] well. [Staff] take their time with [my relative] and [staff] are quite patient. On the whole [staff] are very good with [my relative]." Another family member said, "I'm satisfied, if I was in my [relative's] position I would be more than satisfied." One other relative told us that staff "always do a good job."

Staff knew people's individual needs and provided care that met their preferences. One person said, "The main carer knows me very well; she's excellent. I can't say anything bad about her." Another person told us, "[Staff] understand my history." Care records held personal information about people, including their history, likes and dislikes and preferences which meant that staff were aware of what was important to people and supported people in a way they wanted to be cared for. This included a section in the care plan 'all about me' that held details on how people wanted to be assisted with their dietary needs.

People told us they had conversations with staff which helped them to develop relationships. People's comments included, "We have a good chat and a laugh; [The staff member] knows me well", "[The staff member] has to [listen to me], I talk a lot!!" and "When finish washing [the staff member] sits on the chair talking to me until their time is finished." One family member said, "[My relative] and carer have a sing song sometimes." Another family member told us, "[My relative] has a laugh and joke with [the staff member]."

Staff attended to people's care with kindness and respect. People felt that staff showed concern for their well-being. People's comments included, "[Staff] are polite; they always ask what I want", "[The staff member is caring] 100%. [Staff] do anything I want" and "[The staff member] is kind and caring." People told us their dignity was respected which helped them to feel valued. One person said, "[The staff member] covers me up and shuts the door; I feel respected and safe." Another person told us the staff member, "shuts the window when I'm naked and covers me up and things like that" which helped them to maintain their dignity. One other person said, "When washing me [staff] cover me up."

Staff followed confidentiality principles to protect people's personal information. One staff member told us, "I protect clients by not saying anything unless they give me permission to talk about them with other people." We observed people's care records being kept in locked cabinets and accessed by the staff team on a need to know basis.

Is the service responsive?

Our findings

People received personalised care that met their needs. People's care plans were well structured, informative and easy to understand. A person-centred approach was used to complete the care plans which ensured that people's views were heard and adhered to as necessary. People were encouraged to provide personal information about themselves which was written from their perspective and in the first person. Visual diagrams were used to help people to read their care plans easier. We saw people's wishes for their care at the end of their life, spiritual and cultural needs being recorded and acted upon to support people where necessary. Staff helped people to set goals and put an action plan in place to achieve their aims, for example we saw a record where a person wanted to increase their mobility. These goals were regularly reviewed to ensure that the person had the right support to become more independent.

People's care plans were written to reflect risks identified in risk assessments. Care plans held information on people's medical conditions and the support they required to meet their health and social care needs. Health assessments were carried out to find out about people's medical history, cognitive functioning and communication needs. This information was used to provide staff with guidance on the activities people were able to carry out independently and where they required assistance to undertake tasks for themselves.

People and their relatives told us they were involved in planning of the care. One person said, "I am consulted on everything." Another person said, "I'm asked about [my care planning]." One relative told us, "I have to be fully involved. The agency listens to what I have to say and take my comments on board." Another relative said, "I'm consulted on everything and I tell carers what they should be doing." People were required to sign if they were in agreement with the information that was written about them and for this information to be shared on a need to know basis.

People and their relatives felt able to raise any concerns or complaints. One person said, "I would call the office. Two to three times I've had to complain. The office dealt with it and things changed for the better." Another person told us, "I would call the office. Never had to complain." A Relative said, "I have raised complaints with the office and the manager was understanding." Another relative told us, "I raised a complaint and it was dealt with to my satisfaction." People were provided with a complaints policy should they require to raise their concerns formally.

People and their relatives were asked to provide regular feedback about the service. They were invited to fill in a questionnaire noting their satisfaction in relation to the care they received. We viewed the latest questionnaire completed by people and their relatives and the results showed that people were mostly happy with the support provided. The managers told us they investigated if they saw low numbers in specific areas to find out the reasons for this and make improvements as necessary. The service had also regularly contacted people by phone to find out if they wanted to make any changes to the services being delivered.

Is the service well-led?

Our findings

People and their relatives felt confident in the quality provision of the service. One person said, "[The management team] is excellent. Very attentive to my needs." A relative told us, "The manager is really nice and quite helpful." A healthcare professional provided us with the following feedback, "The agency have been very responsive to the issues raised and I am told they are working hard to improve their paperwork." A staff member said, "The manager listens to us and if any issues [the registered manager] goes to see and talk to the clients herself."

In the last six months the management team had made big changes at the service to ensure that the systems used were effective in providing good care for people. The managers told us they had to change the service's culture regarding the training and the processes used to support people. In a short time period, all staff were required to undertake all the training courses provided by the service and start using new care plans which ensured that information on people's care needs was not missed and staff had the necessary skills to support people as required.

Systems were introduced to support staff performance and motivation. Everyone involved, including people and their relatives had nominated a staff member of the month for the exceptional work they carried out to support people. Staff were encouraged to take additional roles which included training in specific areas, for example a staff member was nominated as a dignity champion to support the team. A news-letter was sent to people and staff to introduce new staff members and celebrate good practice. There was an open-door policy to encourage staff to talk to the managers at any time they needed guidance or support to carry out their duties as required. A staff member said to us, "I have support to do things correctly."

People and their relatives were involved in the running of the service and had support to take part in the activities run by the service. Coffee mornings were facilitated by the staff team to encourage people to come to the agency office and have conversations with staff about the care they received. People and their relatives were encouraged to attend the internal training courses facilitated by the provider to have discussions and gather information related to the services provided for them. We saw staff pictures on the office board for people to refer to should they need help to remember staff's names when they visited the agency office.

The management team had shared responsibilities to ensure robust running of the service. The registered manager had support from a branch manager, care co-ordinators and field supervisors to monitor the services being delivered to people. The registered manager ensured that everyone knew their role expectations and carried out regular checks to meet the service's targets as necessary. For example, the field supervisors were required to undertake two assessments and to carry out one supervision and one spot check a day. All the paper work had to be signed off by the registered manager at the end of the week.

Robust quality assurance systems were in place to monitor the services being delivered to people. Records showed that regular audits were carried out to review people's care records, medicine management procedures, staff files and training and any safeguarding concerns raised. Any issues identified were acted

on immediately to ensure that people were provided with safe care. For example, a staff member was not given shifts when it was identified they were not compliant with the service's training requirements.

We saw a lot of good practice in how the service engaged with the local community which helped the team to develop and work in partnership with other agencies to ensure good care for people. The registered manager had regularly attended meetings facilitated by the local authority and was asked to do a presentation to other providers to share best practice in relation to the care plans used by the service. The service took part in an apprenticeship program and were in the finals for an award last year. In 2018 they supported three students, two of whom were employed full time by the provider after they finished the program. The staff team organised a street party yearly to inform the local community about the work they carried out. The service supported a staff member that planned to do a charity run and to donate the money collected to the local community.