Supreme Company and Sons Limited

Supreme Homecare

Inspection report

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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

We inspected Supreme Homecare on 6 November 2018. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. Our last inspection took place on the 24 October 2016 and we found one breach of regulation in relation to person-centred care. At this inspection we found improvements had been made and the service was no longer in breach.

Supreme Homecare is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of the inspection it was providing a service to 40 people.

The service had 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 2008 and associated Regulations about how the service is run.

People received care which protected them from avoidable harm and abuse. Staff understood people's needs and knew how to protect them from the risk of abuse. Risks to people's safety were identified and assessments were in place to manage identified risks. Where people required support to take prescribed medicines, staff had received training to assist people safely.

There were enough skilled and experienced staff to meet the needs of people who used the service. People were supported by staff who had the skills and training to meet their needs. Recruitment checks were completed on new staff to ensure they were suitable to support people who used the service. Where required, people were supported to have sufficient to eat and drink, and their health needs were regularly monitored.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005. People were involved in making every day decisions and choices about how they wanted to live their lives.

People were supported by a team of regular staff that they knew and who they said were kind and caring. Staff respected people's privacy and dignity and promoted their independence. People and their relatives said the support they received helped people who used the service live independently in their own homes.

The service was responsive to people's needs and wishes. People and their relatives told us the punctuality of the care staff had improved. People were provided with care and support which was individual to them. Care plans were detailed and personalised. People's care and support needs were reviewed regularly. The service had end of life policies and procedures in place.

People's cultural and religious needs were respected when planning and delivering care. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and

transgender people could feel accepted and welcomed in the service.

Staff told us the registered manager was supportive. People liked the registered manager and found her helpful. The service had various quality assurance and monitoring mechanisms in place.

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 able to explain to us what constituted abuse and the action they would take to escalate concerns.

Risk assessments were in place which set out how to manage and reduce the risks people faced.

Medicines were managed safely for people.

Staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

People were protected by the prevention and control of infection.

Is the service effective?

Good

The service was effective. Staff undertook regular training and had one to one supervision meetings. People's needs were assessed before they started using the service.

The provider met the requirements of the Mental Capacity Act (2005).

Staff were aware of people's dietary preferences. Staff had a good understanding about the current medical and health conditions of the people they supported.

Is the service caring?

Good

The service was caring. People that used the service told us that staff treated them with dignity and respect.

People were involved in making decisions about the care and the support they received.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care was planned in line with the needs of individuals. People were involved in planning their own care.

The service had a complaints procedure in place. People and their relatives knew how to make a complaint.

Staff members told us that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

Is the service well-led?

Good

The service was well-led. The service had a registered manager in place. Staff told us they found the registered manager to be approachable and open.

The service had various quality assurance and monitoring systems in place.

Supreme Homecare

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.

This inspection took place on 6 November 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of two inspectors.

Before we visited the service we checked the information we held about the service and the service provider. This included any notifications and safeguarding alerts. A notification is information about important events which the service is required to send us by law. The inspection was informed by feedback from professionals which included the local borough contracts and commissioning teams that had placed people with the service, and the local borough safeguarding adult's team.

During our inspection we spoke with the registered manager, the director of the service, the compliance manager, the senior care coordinator, and three care workers. We also spoke to four people who used the service and five relatives. We looked at five care files which included care plans and risk assessments, four staff files which included supervision records, appraisal records and recruitment records, quality assurance records, medicine records, training information, and policies and procedures.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us they felt the service was safe. One person said, "Yes I do [feel safe]." Another person told us, "I feel perfectly safe. I've had the service for years." A relative commented, "[Staff member] is very good and very efficient. They have a good relationship. [Relative] feels safer with [staff member] than he does with me!" Another relative told us, "Very safe. [Relative] gets good quality care."

There was a safeguarding policy in place which made it clear the responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission (CQC). Information on how to raise a safeguarding and local authority safeguarding contact numbers were available in the safeguarding policy. Staff and the registered manager had undertaken training about safeguarding adults. Staff and the registered manager we spoke with had a good understanding of their responsibilities. One member of staff said, "I would report straight away to the manager." Another staff member said, "I would inform the office immediately. We would whistle blow if the office did nothing about it. You go to CQC." The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to whistleblowing.

Individual risk assessments were completed for people who used the service. Risk assessments covered areas such people's general health, mobility, personal care, falls, toileting, nutrition, domestic, mental health, personal safety, mental capacity, equipment, and medicines. All risk assessments were specific to the individual and included information for staff on how to manage risks safely. For example, one person was assessed at risk of falls. The risk assessment stated, "Carers must make sure that [person's] zimmer frame is always in her reach. They must also make sure that the floor is clear so [person] is able to move around with the use of her zimmer frame." Staff we spoke with were familiar with the risks associated with people and knew what steps were needed to be taken to manage them. Risk assessment processes were effective at keeping people safe from avoidable harm.

Accident and incident policies were in place. There had been no accidents or incidents reported since the last inspection. Staff we spoke with understood their responsibilities to raise concerns, record incidents and report them both internally and externally where appropriate.

Through our discussions with the registered manager and staff, we found there was enough staff to meet the needs of people who used the service. Staffing levels were determined by the number of people using the service and their needs, and could be adjusted accordingly. Staff told us they had enough time between visits to be punctual and their shifts were covered when they were on sick and annual leave. The registered manager told us, "If an emergency like a hospital discharge and the regular carers [are] not available we have pool of staff who can get in. If they are not available we [office staff] cover staff until regular carers available." One staff member said, "We do have enough staff. The registered manager will put in an experienced [staff member] for emergency jobs."

The service had robust staff recruitment procedures in place. Records confirmed that various checks were

carried out on people before they commenced working at the service including a Disclosure and Barring Service (DBS) check. This is a check carried out to see if prospective staff have any criminal convictions or if they are on any lists that prevent them from working in a care setting. Records showed the service carried out various checks on staff including employment references and proof of identification and records of previous employment history. This meant the service had taken steps to help ensure staff recruited were suitable for the role.

Records showed that all the care staff undertook training in medicines management and administration. One person told us, "[Staff] give me my [medicines] and write it in the book." A relative said, "Yes, [staff] give [medicines] to [relative] and log it on the MAR [medicines administration record]." Medicine administration record charts (MAR) were in place where the service supported people to take medicines and these contained details of each medicine to be given. Staff signed the charts after each administration so there was a clear record that the person had received their medicine. Records confirmed this. Staff demonstrated knowledge of the principles of safe medicines management and were aware of the procedures to follow in the event of an error or where a person refused a dose of a prescribed medicine. One staff member said, "Most medication in blister pack which really helps. You show [people] the medication. You need to record on medication chart and sign." The registered manager told us and records showed they carried out medicine audits to ensure the safe administration and recording of medicines. One staff member told us, "[Medicine records] are checked on a regular basis, monthly. You are called in straight away if there is a problem." This meant that the care staff and the management had protocols in place to manage medicines.

Staff told us they were provided with personal protective equipment in order to ensure people were protected by the prevention and control of infection. Staff told us they could collect gloves and aprons from the office. Records showed staff completed training in infection control and prevention. One staff member said, "We wear protective gloves, aprons and shoe covers. The office supplies them to us." Another staff member told us, "I protect myself by using gloves and an apron. I get it from the office."

Good

Is the service effective?

Our findings

People and their relatives told us they were happy with the service they received and felt staff had the skills and experience they needed to provide them with effective care and support. One person said, "The staff are efficient, well-briefed and they seem to know what to expect with me. We work together." Another person commented, "Oh yeah, [staff are] professional and trained." A relative told us, "[Staff] are trained and I'm happy with them."

Before a person started to use the service a senior staff member would carry out an assessment of their needs, before an agreement for placement was made. This was carried out to ensure that the service could meet the person's needs. Records showed that an assessment of their needs had been carried out. Information was obtained from the initial assessment, and reports from health and social care professionals had been used to develop the person's support plan. One person said, "My partner was also involved in the assessment and they do the reviews." One relative told us, "Yes they did [an assessment] and review every year." This helped staff to ensure that people received individualised care and support which took account of their wishes and preferences.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. Staff were encouraged to identify their own training needs during appraisals through an annual manager-led 'training needs analysis' and during three-monthly supervisions. A staff member told us, "Get training to refresh what we have already been taught. Sometimes [staff members] are not doing the right thing so [office staff] will invite them in for refresher training." Another staff member said, "I have had four consecutive weeks of training like medication and manual handling. It's really helpful. You always need to refresh yourself." Staff we spoke with confirmed that they had received all of the training they needed to do their job effectively. The training records and staff files we looked at confirmed that staff had received training for their role which would ensure they could meet people's individual needs. This included training in topics such as infection control, manual handling, food and hygiene, emergency first aid, dignity code of practise, safeguarding adults, medicines, person-centred care, fluids and nutrition, privacy and dignity, and the Mental Capacity Act 2005 (MCA). However, we noted the dates for completed training did not always match attendance records and training certificates we saw. The registered manager told us she would make sure the overall training records for staff would be updated to reflect the correct dates.

New staff were provided with a 'corporate induction module' with a mandatory pass mark of 100%. This included completion of the provider's mandatory basic training programme that included topics such as moving and handling, infection control, the dignity code of practice and safeguarding. Also new staff joining the service completed the care certificate. The care certificate is a recognised qualification that ensures that staff have the fundamental knowledge and skills required to work in a care setting.

Staff had regular one to one supervision meetings with a senior member of staff. One staff member said, "Supervision is done every three months. The supervisor will sit down and chat if any concerns and issues." Another staff member told us, "[Supervision] very helpful. You know with supervision if you are on track." Records showed supervision included discussions about updates on people who used the service,

safeguarding, learning and development, and any other support needed.

People were supported to have sufficient food and drinks. Some people required support with their meals. Care records showed how people's dietary needs were assessed. A relative told us, "[Relative] likes chicken or tomato soup or cheese on toast. [Staff member] does prepare that for [relative] at lunch." Records confirmed staff had received training in food hygiene and were aware of safe food handling practices when supporting people in their homes.

Care records included contact details of relevant health professionals and relatives. The registered manager told us they worked with other healthcare agencies to promote people's health such as district nurses, pharmacists, occupational therapists and GP's. A relative told us, "[Staff member] had to phone for an ambulance once when [relative] had a temperature."

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.

Consent to care and treatment forms were in care plans signed by people who used the service. Families were involved in making decisions where people lacked capacity. Staff demonstrated that they understood the principles of the MCA and the importance of seeking consent. One staff member said, "You have to ask [people] if they want a wash. Sometimes they are not in the mood. If they say no, you encourage them." Another staff member told us, "You have to get [people's] consent before I do anything." A relative told us, "Yes [staff] do [ask permission]. [Staff are] very good."

We found the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service. Staff had received MCA training and they were aware of how the MCA applied within their day to day practice. Senior staff told us they were given information about people's capacity from social services when the person joined the service. Support plans had recorded who was under court of protection or had power of attorney. However, the copies were not always kept in people's care files. We spoke to the registered manager about this and they advised moving forward they would record whether they had seen the relevant documents and copies where necessary.

Good

Is the service caring?

Our findings

People and their relatives told us they were well treated and the staff were caring. One person told us, "[Staff are] very caring." Another person said, "Oh yeah, they are [caring]. I had a flu jab and got a low-level flu from it. [Staff] were very good through that." A third person commented, "[Staff] tend to me and they're polite. They're friendly and we have a laugh when they give me a bed wash." A relative said, "Yes [staff are] very, very caring. [Relative's] a very private person. They've got to know him by talking and chatting with him." Another relative told us, "Sometimes [relative] has a mood and [staff] are kind."

Staff told us that the people they supported had been with them for long periods of time so they knew them well. Staff spoke in a caring way about people they supported and told us that they enjoyed working at the service. One staff member said, "You get to know family members." Another staff member told us, "I have [person who used the service] who doesn't want anyone else."

Support plans contained information about people's interests, family life and life history. Care records also contained people's religious and cultural needs. This helped give staff the information they needed to build rapport with people in order to establish positive relationships with them. For example, one support plan stated, "I enjoy going to bingo, having my hair cut and meeting friends to go shopping. I also attend a mobile library every third week of each month." People had a preference for care workers of a specific gender and people told us this was respected. A person said, "They accommodated my preference for a male care worker." A relative told us, "We asked for female carers because of our religion."

People and their relatives told us their privacy and dignity were respected. A person said, "I feel treated with dignity." A relative told us, "[Staff] understand [relative] and show her respect. I'm comfortable with the way they look after her." Another relative said, "[Staff] are always respectable. They are nice and they talk to her." Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "You just don't barge in. You have to knock to let [people] know you are coming in. You have to cover them when giving personal care. You have [to] respect what choices they want." A second staff member said, "You make sure doors closed and windows. Don't let anyone barge in [when giving personal care]." A third staff member commented, "You say 'good morning, can I come in?"

The service promoted people to live as independently as possible. Staff gave examples about how they involved people doing certain aspects of their own personal care to help them become more independent. This was reflected in the support plans for people. For example, one support plan stated, "I am able to prepare my meals and [drinks]. I am unable to use the cooker. Carers are to supervise [person] if she is preparing meals or hot drinks to avoid risk of any accidents happening." A relative said, "[Staff member] helps [relative] to walk a bit with his frame and encourages him to drink plenty." One staff member told us, "Some [people who used the service] like to be given flannel to wash. You encourage them. Tell them the next step."

Good

Is the service responsive?

Our findings

At the last inspection in November 2016 we found the service was not always responsive. People using the service and their relatives consistently reported that staff were late for visits. We found improvements had been made.

The registered manager told us the service had learnt lessons from the last inspection in regards to staff members being late for visits. The registered manager told us and records showed lateness had been addressed in staff meetings. Also, the service had placed staff members in the same geographical areas for visits to minimise travel time between visits. Staff confirmed this. The service had also introduced an award scheme were staff received shopping vouchers for good attendance. Feedback from people who used the service and relatives told us that the punctuality had improved in the service. One person told us, "[Staff] do let me know if they're running late." A second person said, "Yes [staff are] on time." A third person commented, "[Staff members'] timing is good and their flexible. Come early if I have to go for a hospital appointment. No, they don't have to phone me because they come on time." A relative told us, "I can't grumble [about punctuality]. [Staff member] always phones if she's running late. We never feel rushed. She takes her time and does her job." A second relative commented, "Yes [staff] are coming on time." A third relative said, "[Staff] phone if they're running late but their attendance is good."

People and their relatives told us the service was responsive to people's needs. One person said, "I have the same [staff member] and we have a routine." A relative told us, "[Relative] gets good quality care. [Staff are] reliable and come three times a day to wash and dress him. The carer is supportive and reliable."

Support plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which helped staff to meet people's individual needs. The support plans covered the person's health, finances, mobility, meals, falls, self-neglect, pressure sores, medicines, and personal care. The support plans were person centred. For example, one support plan detailed how someone needed support with personal care. The support plan stated, "I am unable to get in to the bath because I am unable to lift my legs over the bath. To give a strip wash daily whilst sitting on the perching stool. Unable to wash lower half of my [body] due to an inability to bend over."

People's care and support was planned proactively with them and the people who mattered to them. Relatives were fully involved, where appropriate, in identifying people's individual needs, wishes and choices and how these should be met. They were also involved in regular reviews of each person's care plan to make sure they were up to date. Records confirmed this. One person said, "[Office staff] do reviews every six months." Another person commented, "My partner was also involved in the assessment and they do the reviews." A relative told us, "The [support plan] has been altered on two occasions. They do the reviews once a year." Another relative commented, "[Office staff] review the [support plan] once a year."

People's cultural and religious needs were respected when planning and delivering care which included specialised food preparation. One person said, "The [culturally specific staff] are very, very nice. They have the same attitude to life as me. I'm a [specific religion] and this is important to me." One staff member told

us, "I had a person that wanted [culturally specific] food." A second staff member said, "Sometimes [people] request [staff member] that speaks the same language."

Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager told us, "We are prepared to take [LGBT people] on. We don't treat them different from other [people] unless they have specific instructions how they want the service provided." A staff member told us, "[LGBT people] are the same. You have to respect them." Another staff member said, "I have loads of [LGBT] friends. They are people just like us." However, the service did not explore people's sexuality in the assessment and support planning stages. During the inspection, the registered manager showed us the updated needs assessment documentation that reflected people's sexuality and how to meet their needs.

The provider had a system in place to log and respond to complaints. There was a complaints procedure in place. This included timescales for responding to complaints and details of who people could escalate their complaints to if they were not satisfied with the response from the service.

People and their relatives were aware of how to make a complaint. One person told us, "I've got no complaints but I would get onto the office." Another person commented, "If I had to complain I'd phone the agency." A relative told us, "I would directly go to the office. I have [complained] and it was resolved immediately." Records showed the service had received four formal complaints in the last 12 months. We found the complaints were investigated appropriately and the service had provided a resolution for the complaint in a timely manner.

At the time of our inspection the service did not have any people receiving end of life care. The service did have an end of life policy for people who used the service. The policy was appropriate for people who used the service. One staff member told us, "You work with the palliative nurse." Another staff member said, "Sometimes you get emotional but end of life is serious. You have to keep your cool." The registered manager told us, "Once [person] is end of life, their package is managed differently. More involvement with families, doctor, and the clinical commissioning group."

Good

Is the service well-led?

Our findings

People who used the service and their relatives told us they thought the service was well managed and had a good relationship with the office staff. One person said, "[Registered manager and office staff] very friendly and efficient." A relative told us, "[Office staff] always polite and helpful."

There was a registered manager in post. They were aware of their responsibilities as registered manager and of the need to notify CQC about reportable incidents. They had current policies and procedures in place to run the service.

Staff spoke positively about the registered manager and working for the service. One staff member told us, "[Registered manager] is nice and strict. She is a good manager. You can tell her anything." A second staff member commented, "[Registered manager] is firm but you can talk to her. No fear in talking to her." A third staff member said, "[Registered manager] is excellent. She is nice and open."

The registered manager told us they were supported by the director of the service. Also, she felt supported by attending external training with a professional association for home care providers and the local authority.

The registered manager told us they rewarded staff by offering shopping vouchers for good attendance, no complaints and an overall good appraisal. Also, staff could attend a paid Christmas party at the end of the year as a thank you from the service.

Staff meetings were held regularly. Records confirmed this. Topics of meetings included medicines, report writing, confidentiality, staff cover, appearance, timesheets and informing the office when at people's homes. One staff member said, "Yes, every three or four months. Mainly about our job and what we think. Anything they can do for us. They will ask if they are doing a good job in the office." Another staff member told us, "We just had a [staff meeting]. Talk about how you are coping [and] any concerns." A third staff member said, "We talk about everything."

The service involved people and their relatives in various ways and sought feedback on the service provided. This included regular reviews with people and relatives, and an annual survey. Spot checks included visiting people in their home and telephone calls to people and their relatives. Records confirmed this. The spot check topics included punctuality of care staff, privacy and dignity, maintaining the person's independence, medicines, and overall satisfaction. Overall the feedback was positive. Comments included, "carers are very good" and "carer for [relative] is very good and goes the extra mile to be helpful and understanding for [relative's] needs." A staff member told us, "[Office staff] do spot checks. They just turn up. They check everything. Make sure you have [personal protective equipment] and uniform." Another staff member said, "[Office staff] check health and safety and home environment. They check medicine."

The quality of the service was also monitored through the use of various surveys to get the views of people who used the service and their relatives. The registered manager told us surveys went out to people at last

three times a year. Records confirmed this. The last annual survey was conducted for this year. Records showed 11 surveys were returned. Overall the results were positive. One person said, "They do the surveys annually." A relative told us, "[Office staff have] visited and I've filled in a questionnaire." Another relative said, "The surveys are done twice a year." The questionnaire for people who used the service and their relatives included questions about overall satisfaction, listened to, services making a difference in person's life, and receiving sufficient information. Returned surveys were positive. One comment stated, "[Staff member] genuinely cares for [relative] and advised me on how I can care for [relative] better."

The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the registered manager told us the service had worked with the local authority, local health services, district nurses, and occupational therapists. Records confirmed this.