

Supreme Home Care Ltd

Supreme Homecare Limited

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

About the service

Supreme Homecare Limited is a domiciliary care agency that provides personal care and support to people living in their own homes. The agency also provides short notice and short term care support along with a structured programme for re-enabling people who have had recent health problems. Not everyone who used the service received 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. When we inspected the service there were 74 people receiving the regulated activity.

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

The frequency and duration of visits varied depending on people's individual needs. However, we received mixed feedback about people's experiences of whether the care workers arrived on time and whether people had regular care workers.

The provider had safeguarding systems to protect people from the risk of abuse or unsafe care. Staff were aware of the procedures, had received training on it and knew what action to take. One person told us, "They've [the service provider] been coming for years and the carers make me feel safe."

Staff assessed and reviewed people's physical, mental health and social needs. Care plans had been developed with the close involvement of the person and where appropriate their families and representatives.

Medicines were managed safely, and people received their medicines as prescribed. One person told us, "They [care workers] make sure I've taken them [medicines], they keep an eye on it for me."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff treated them with kindness, compassion and respect and made sure their dignity was maintained. One person told us, "They [care workers] always close the curtains and doors for my privacy."

Staff had received training that was applicable to their role and training was on going. Staff had been supported to extend their roles as champions in areas of their own interests. Staff were supported by the area managers, registered manager and provider through regular staff meetings, supervision and appraisals. Staff were supplied with personal protective equipment for use to prevent the spread of infections.

People received support to maintain good nutrition and hydration in line with their personal choice and preferences. The service worked well with other agencies and professionals to support people's health and well-being.

There were systems in place to monitor the quality and safety of the service. People were regularly asked for their views about the service they received.

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

Rating at last inspection

The last rating for this service was good (published 12 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Supreme Homecare Limited on our 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below

Good ●

Supreme Homecare 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

The inspection team consisted of two adult social care inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who has used this type of service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service also provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider 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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

We visited the office location on 22 July 2019 to see the provider, area managers, administration staff and some care workers. With permission we visited three people in their own homes. We also made telephone calls to people who used the service, relatives and staff on 23 and 24 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with ten people who used the service and four relatives about their experience of the care provided. We spoke with five care workers, the provider and three area managers. The registered manager was on annual leave at the time of the location visit but we spoke with them when they returned to work.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance 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 remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse. People told us they felt safe receiving the service. One person told us, "Yes I do feel safe, I've been poorly and now I know they [care workers] are coming I don't have to worry." A relative said, "Without a doubt my relative is safe. I can ring [name] senior care worker at anytime."
- Policies and procedures were available to guide staff on how to identify and report concerns. Staff had received safeguarding training and where necessary appropriate referrals had been made to the local safeguarding team.
- The registered manager had sent us statutory notifications to inform us of any events that placed people at risk.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff identified and managed risks relating to people's care and treatment safely. People's care records were current and gave guidance for staff about the actions to take to ensure the safety of the people they were supporting.
- The registered manager reviewed all accidents and incidents to ensure appropriate actions were taken. Records showed the appropriate treatment had been sought. The registered and area managers reassessed risks and, where lessons had been learned, these were shared throughout the staff team.

Staffing and recruitment

- Rotas we saw showed there were enough care workers to flexibly cover the needs of people who used the service. This included the availability of an emergency response team.
- 13 of the 14 people we spoke with said staff arrived more or less on time. However, most of them also told us they had been informed if staff were running late to their visit.
- Half of the people we spoke with confirmed they had a team of regular staff and knew who would be caring for them.
- The provider followed safe recruitment processes. We checked the recruitment files for members of staff who had commenced employment since we last inspected. The registered manager had carried out checks to ensure the suitability of people to be employed to work with vulnerable people.

Using medicines safely

- Medicines were managed safely and administered by staff who had received the appropriate training.

- Staff had completed training in safe handling of medicines. We saw there were records for the management of people's medications including the application of prescribed creams. Competency checks were completed by the registered and area managers on handling medicines in people's homes to check staff were administering the medicines safely.
- The provider had systems in place to monitor the management of medicines.

Preventing and controlling infection

- Staff were supplied with personal protective equipment to prevent the spread of infections. Staff had received training in infection control.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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 outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- We looked at how the service supported people to make their own decisions. We saw people and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided.
- Staff had received MCA training and understood the principles and assumed people had the capacity to make decisions, unless they had been assessed otherwise.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed, and documented people's needs and preferences in relation to their care and planned their care based on this.
- Staff had regularly reviewed people's care plans and where changes had occurred systems were in place to share information ensuring it was current.
- The registered and area managers monitored and spot-checked staff practices in people's homes to help to make sure staff applied their training effectively and in line with best practice.

Staff support: induction, training, skills and experience

- The provider ensured staff had the skills and knowledge to carry out their role effectively. Staff told us they felt very supported. One said, "Training is done on a regular basis and we have regular supervisions."
- Staff training records showed what training had been done and what was required. We saw that each member of staff had an induction programme, regular supervision, appraisal and ongoing training.
- Staff were also supported through staff meetings, supervision and appraisals. The provider and registered

manager regularly gave staff recognition of their hard work using reward schemes. Staff had been supported into extending their roles as champions in areas of their own interests.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff assessed people's nutritional and hydration needs. Where people were identified as being at risk of poor nutrition and dehydration professional input and advice had been sought.
- We received mixed comments about the support staff gave preparing meals. One person told us, "They [care workers] will get me anything I ask for and they always make me a cup of tea before they leave." Two relatives expressed they had been unhappy with the support provided for meals and had complained. We informed the registered manager about this feedback.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and relatives spoke positively about the support and care which staff provided in helping them stay well. A relative said, "The care workers have called the district nurse when they need to."
- We found evidence in people's care plans that they had access to external health care professionals, community services. People were confident that the care staff who supported them would contact their district nurse or doctor if they were unwell or asked for this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff treated them with kindness, respect, compassion and made positive comments about them always being polite and helpful. One person said, "They [care workers] are lovely, they do anything I ask them." Another person said, "They are very caring, they chat to me all the while, it's lovely." A relative told us they thought the staff were, "All pleasant and competent."
- People could nominate individual staff, who they felt were deserving of the award through a company award scheme 'You're a Star'. For example, one person had nominated a care worker because 'She was good to me when my daughter died recently'. The care worker had given the person time, sitting with them (both during visits, and in their own time), listening and giving them opportunity to talk about her daughter.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to express their views and make choices about the care delivered to them. Care records showed care planning was centred on people's individual views and personal preferences.
- Where necessary, independent advocacy could be arranged for those who needed assistance in expressing their wishes. Advocates are people who are independent of the service and who can support people to make important decisions and to express their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their skills and independence. Care records were written in a positive way and included information about tasks people could carry out themselves as well as detailing the level of support they required.
- People were given the right level of support to complete tasks. One person told us, "If I can do things for myself they [care workers] let me but they always ask first." Another person said, "They do encourage me to do as much as I can. It's good because I'm getting better at doing more for myself."

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 told us they had been asked about their care needs. One person told us, "They did an assessment and we discussed all I need to be done." Another person said, "We talked about everything I wanted, and I am happy with everything they do."
- Care plans had been carefully developed with people and families and were written in a way that reflected individual personalities, life stories, important people, events and memories. People confirmed their plans were agreed with them, felt in control of their care and could make changes to it as they wanted at any time.
- The service had a 24 hours on-call service to give access to a team of staff for a rapid response in an emergency. This had helped people in preventing them being admitted to hospital.
- The provider amended the rota's accordingly for people with specific religious and cultural needs. For example, visit times had been adjusted to enable prayer times.

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.

- People's communication needs were thoroughly assessed and understood by staff. This helped to support people's communication needs. Staff had received specific training for some individuals who communicated non-verbally.
- The provider has developed support groups for people and their relatives. These helped in sharing relevant information.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure and we saw complaints had been managed in accordance with the policies and procedures. People we spoke with were aware of who to speak with if they wanted to raise any concerns. One person told us, "If I've got any concerns I let the care worker know and it gets sorted." A relative we spoke with told us, they had raised 'several issues'. When we spoke to the registered manager they were aware of the relatives concerns and they had been referred to the local social care team.
- The provider, registered and area managers used any learning from incidents and shared with staff during regular meetings.

End of life care and support

- People's preferences about their care and support, should their condition deteriorate or alter were included in their care plans so staff were aware of their preferences.
- The staff regularly worked with the community nurses and GP's in supporting people to stay at home for end of life care.
- One of the area managers was a recognised champion for end of life care and we received very positive feedback from the local health professionals and commissioning team for this aspect of the service.

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 remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Nine of the ten people told us they did not know who the registered manager was. We discussed this during feedback with the registered manager.
- People's needs were regularly reviewed, and they were asked for their opinions about the quality of the service they received.
- People could choose to access the client involvement group or family support groups which not only provided links to the local carers associations but also provided social activities such as fund raising..

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

- The culture of the service was caring and focused on ensuring people received person-centred care that met their needs. It was evident staff knew people well and put these values into practice. The provider and managers demonstrated supportive leadership and had a daily involvement in the service with a clear vision for the quality of the service.
- Staff were happy with how the service was managed and described it as a good place to work. A staff member told us, "We can make suggestions to the management and they listen to us." We were also told, "It's a great place to work, everyone is so caring. I'm really happy here."

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

- The management team understood the importance of an open culture and encouraged feedback from staff, people they supported and families. Staff understood the importance of reporting any accidents and incidents and changes in people's health to the appropriate professionals and agencies and of keeping families informed. This indicated that the principles behind a duty of candour were recognised within the service's culture.

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

- There was a clear organisational structure and the roles of the three area managers were significant in the supporting of such a large service. They were key in ensuring the information about people's need was kept

current.

- The provider used quality assurance systems to ensure safety, quality and improvement were consistently monitored.
- The provider, registered manager and area managers met regularly to ensure continuous improvement. There was a quality assurance programme in place aimed at the assurance and continuous improvement of service. This was integrated into the monthly reporting and auditing framework.
- The provider sent out questionnaires to ask people their views of the service. The information was collated and used to inform and improve the service

Working in partnership with others

- The service worked well with relevant health and social care professionals to support positive health outcomes for people.
- Professionals told us the service was of excellent quality, people received individual care and described the staff team as compassionate.