

Supreme Home Care Ltd

Supreme Homecare Limited

Inspection report

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Date of inspection visit:
27 October 2016

Date of publication:
12 January 2017

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

People received safe support because staff knew how to protect them from harm. One person told us, "I feel safe and well supported." Another person said, "They [the staff] are obliging and anything I ask them to do they will do as long as it's safe for them to do so."

Staff we spoke with knew how to keep people safe and what to do if they had concerns about a person's safety. Staff told us they had received training to protect people from abuse and were able to share examples of different types of abuse to demonstrate their understanding. Staff were confident to recognise and report concerns about people's safety. They were confident that the registered manager would then take appropriate action.

Staff promoted health and safety and safe working practices. Staff told us that they were confident to recognise hazards in people's homes. They developed plans to reduce risks and remove hazards if possible. For example, one staff member told us, "We look for hazards such as rugs and other obstacles that prevent us using equipment or place the person at risk of falling." Staff told us that they had received training to help them to identify hazards in people's home environment. When risks could not be removed they were managed safely.

One person had behaviour that challenged staff. Staff told us that they had received training that enabled them to offer safe support. One staff member said, "We have been taught to manage the behaviour safely. We redirect them if necessary. We speak with them and offer reassurance. This works."

People were supported by staff who had sufficient time to carry out tasks required of them safely. People told us that staff had time to meet their needs. Staff said that they would never leave a person until they had done everything they needed. They said that if that meant they were late to their next call they would contact the office to inform them of this. Staff working at the office had lists of people who wanted to be informed if calls were going to be late. Staff also had a list of 'high risk' people who could not miss calls or had to have calls at set times. Staff had the resources to ensure that these calls were covered.

People we spoke with told us they had not experienced a missed call. The provider's audits identified that there had been a decreasing number of missed calls over the last six months. Processes to manage this had been reviewed and updated. For example staff were given new rotas when changes were made as previous arrangements were not considered to be as effective.

People were supported by staff who had been recruited safely. Staff told us they were subject to pre-employment checks which included references from previous employers and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people.

People's medicines were given to them in a safe way. People required varying levels of support to take their

medicines. Some people told us they managed their own medicines. One person told us, "The managers assessed me and I can self-medicate. Carers still help me out to put cream and ointment on due to my lack of mobility when sitting." Another person told us, "My husband does my medicines, although staff apply my eye drops." Staff were able to offer flexible support depending on people's needs. Staff encouraged people to be as independent as possible. One staff member told us, "We follow medication assessments. One person can manage if we just pour out the liquid medicine. We encourage people to be independent." When staff supported people they completed records to show that the person had taken their medicines.

Staff told us that they had received training before they administered medicines and this gave them confidence to do it safely. One staff member told us, "The training was really good."

We saw that staff had been observed to ensure they were competent to administer medicines. Senior staff told us how they did this on a regular basis. Other arrangements were in place to ensure medicines were given correctly. One staff member told us, "Staff have to count medicines on site and call in if there is a discrepancy. This offers a safeguard." Senior staff told us that medication errors were monitored as part of quality auditing and there had been no errors since the time of the last inspection. This suggested that monitoring processes were robust and working to protect people from errors.

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.

People were safe because staff knew how to protect them from the risk of potential abuse.

There were sufficient staff employed to flexibly meet people's needs.

People were supported by staff who were suitable to work with them because the provider's recruitment process was robust.

People were supported by staff to take their medicines as prescribed.

Is the service effective?

Good 

The service was effective.

People were supported by staff who were trained and supported to deliver effective care and support.

People's rights were protected under the Mental Capacity Act 2005 and staff offered individualised support.

People had access to on-going health care support. Staff worked effectively with healthcare professionals to promote and maintain people's good health

Is the service caring?

Good 

The service was caring.

People received care and support that was delivered in a kind and compassionate way. People's privacy and dignity was respected and promoted.

People were listened to and were supported to make their own decisions and choices.

People felt that their views and opinions were listened to and that their independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

The service was responsive to people's individual needs.

People had their care and support needs reviewed regularly to ensure plans reflected their on-going and changing support needs.

People were confident that their complaints would be listened to, taken seriously and acted on.

Is the service well-led?

Good ●

The service was well-led.

The management of the service was open and transparent and staff working at all levels were clear about their roles and responsibilities.

People's views were sought in relation to the quality of the service provided.

There were procedures in place to monitor and review the quality of the service. Providers reviewed processes to ensure they remained effective. .

Supreme Homecare 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 was planned to check whether the provider was 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 27 October 2016 and was announced. We gave the agency 48 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that someone would be in the office.

Before our inspection we reviewed information we held about the service including the inspection report relating to the inspection we carried out in January 2016. We looked at our records to see if we had received any concerns or compliments about the service. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses, this type of service.

As part of the inspection we spoke with sixteen people who used the service and four relatives. We spoke with the registered manager, two providers and ten support staff.

We looked at extracts from three people's care and support plans. We also looked at a range of quality audits and action plans identifying improvements made to the service since the time of our last inspection.

Is the service safe?

Our findings

People received safe support because staff knew how to protect them from harm. One person told us, "I feel safe and well supported." Another person said, "They [the staff] are obliging and anything I ask them to do they will do as long as it's safe for them to do so."

The staff we spoke with knew how to keep people safe and what to do if they had concerns about a person's safety. We spoke with ten staff. They all told us they had received training to protect people from abuse. Staff shared examples of different types of abuse to demonstrate their understanding. They were confident that they could recognise and report it. Staff told us that the registered manager would take them seriously and report any allegations appropriately. The registered manager told us how they had worked with social care professionals to keep people safe. They were familiar with the process to do this.

Staff promoted health and safety and safe working practices. Staff told us that they were confident to recognise hazards in people's homes. They said they would report issues to the registered manager (or a named senior staff member). They said that they would then develop a plan to reduce the risk and remove the hazard if possible. For example, one staff member told us, "We look for hazards such as rugs and other obstacles that prevent us using equipment or place the person at risk of falling." They told us that senior staff talked through issues with people to try and reduce and remove the risks. One staff member told us, "By removing a rug the person has less risk of falling while we are supporting them but also after we have gone." Staff told us that they had received training to help them to identify hazards in people's home environment.

One person had identified risks relating to their health. Staff told us, "The training we have had is helpful to offer safe support." They said, "The person trusts us. We have earned this trust. As a result the risks have decreased. You have to know the person in order to keep them safe." One person had complex support needs. The senior support worker told us how they had developed very detailed care and support plans to inform staff how to offer safe and consistent support. They said that the attention to detail meant they had built up trust and as a result the person had gained in confidence. They told us that this has had a positive impact on the quality of the person's life.

People were supported by staff who had sufficient time to carry out tasks required of them safely. People told us that staff had time to meet their needs. Staff said that they would never leave a person until they had done everything they needed. They said that if that meant they were late to their next call they would contact the office to inform them of this. Staff working at the office had lists of people who wanted to be informed if calls were going to be late. Some people did not want to be told. Staff also had a list of 'high risk' people who could not miss calls or had to have calls at set times. Staff had the resources to ensure that these calls were covered. People said that they were usually supported by the same staff meaning that they got to know them and visa versa. Staff could offer safe support because they knew people's assessed needs.

One person had behaviour that challenged. Staff told us that they had received training that enabled them to offer safe support. One staff member said, "We have been taught to manage the behaviour safely. We

redirect them if necessary. We speak with them and offer reassurance. This works."

No one we spoke with had experienced a missed call. The provider's audits identified that there had been a decreasing number of missed calls over the last six months. Records identified why a call had been missed and the registered manager was actively following each one up with individual staff members. The providers told us of changes to processes that had improved this. For example staff were given new rotas when changes were made as previous arrangements were not considered to be as effective. The providers were monitoring missed and late calls and taking direct action to make improvements. They had plans to introduce an electronic system for monitoring calls in the new financial year but were satisfied that changes to how information was shared were currently proving effective. Records reflected that the number of missed/late calls was reducing.

People were supported by staff who had been properly checked to ensure they had the right background and attributes to support people safely and effectively. We met with a group of staff who were at the office as part of their induction. They told us that they had all provided information to demonstrate they were fit to work with vulnerable people. Their appointments showed they had the right skills and attributes to be support workers. They were all very happy with the recruitment process and felt that it effectively checked their suitability to work in the job role that they had applied for.

People were protected against the risks associated with medicines because the provider had arrangements in place to manage them safely. People required varying levels of support to take their medicines. Some people told us that they did not require support from the agency as they managed their own medicines. One person told us, "The managers assessed me and I can self-medicate. Carers still help me out to put cream and ointment on due to my lack of mobility when sitting." Another person told us, "My husband does my medicines, although staff apply my eye drops." Staff were able to offer flexible support depending on people's needs. Staff encouraged people to be as independent as possible. One staff member told us, "We follow medication assessments. One person can manage if we just pour out the liquid medicine. We encourage people to be independent." When staff supported people they completed records to show that the person had taken their medicines.

Staff told us that they had received training before they administered medicines and this gave them confidence to do it safely. One staff member told us, "The training was really good."

We saw that staff had been observed to ensure they were competent to administer medicines. Senior staff told us how they did this on a regular basis. Other arrangements were in place to ensure medicines were given correctly. One staff member told us, "Staff have to count medicines on site and call in if there is a discrepancy. This offers a safeguard." Senior staff told us that medication errors were monitored as part of quality auditing and there had been no errors since the time of the last inspection. This suggested that monitoring processes were robust and working to protect people from errors.

Is the service effective?

Our findings

People who used the service told us that they received effective support. They said that staff understood their roles and responsibilities and met their needs in ways that they preferred. One person told us, "Carers are good and most certainly have the knowledge to meet my needs." Another person told us, "I'm sure staff know what they are doing to support me."

Staff told us they were confident that they could meet people's needs. They told us they had strategies to effectively support people. For example, one person did not always cooperate with staff. Staff told us how they tried different approaches. One staff member told us, "We step back and try different approaches. This seems to work."

Staff told us they were well trained and received good training opportunities. One staff member told us, "Training is really good and relevant to our role." One staff member told us how they had received bespoke training in relation to supporting people at the end of their life. They told us how they were able to ensure that people received the best possible care at this time. They also used their knowledge to offer support to people's family and friends. The staff member shared an example of how they had identified a person was nearing the end of their life. They told us, "I identified that one person was not well. I sought medical advice and stayed with them. I informed the family. The family were thankful for the support I gave them."

One staff member told us how the agency had put together a team of staff to support one person with complex support needs. They told us that the team worked effectively to support the person as their needs changed and increased. They said they had received training and information to enable them to better understand the person's needs. They also said that they shared information effectively as a team to ensure consistency for the person. They were proud to say that the staff team had received an award from an independent care body for their work. The person's relative was positive about the support their family member had received.

We spoke with the training coordinator who told us how they delivered training that had been identified as mandatory for all staff working in care. Training was also available to support staff to understand people's identified health conditions. The member of staff responsible for delivering training said that the agency also had the resources to arrange and deliver training in relation to staff's special interests. Staff told us that attending such training increased their confidence to provide effective care and support.

We spoke with four staff members who were currently completing their induction to the service. They told us they had been very satisfied with the information they had been given and the support they had received to date. One staff member told us how they were starting the care certificate. The certificate has been developed by a recognised workforce development body for adult social care in England. It is a set of standards that health and social care workers are expected to adhere to in their daily working life. Some staff attending their induction training had previous experience and qualifications in care. They told us that their induction reflected their previous knowledge and experience.

Staff told us that they felt well supported. Everyone spoke very highly of the registered manager. One staff member told us that the registered manager gave them confidence by, "Providing good advice and guidance." Another staff member said that the registered manager, "Tells you how to do things. She doesn't do it for you. This is a good way to learn." Staff also felt well supported by their peers. They spoke highly of positive team work and said how this enabled them to offer a better quality of service because information was shared effectively and consistency was maintained. Staff were observed in practice to check their competency. They told us they also had opportunities to meet with senior staff to discuss their personal and professional development.

People told us they were asked for their consent before staff provided them with care and support. Staff told us that they always asked for people's consent. One staff member said "We always ask if the person wants personal care or food. We then respect this decision."

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 agency was working within the principles of the MCA. The registered manager had a good understanding of the legislation and made sure staff received training to enhance their understanding. Staff confirmed that they had received training and in discussions with us understood what it meant to the people they supported. The registered manager told us that currently everyone receiving personal care was able to consent to the care and support that they provided. All of the staff we spoke with told us that people were able to make decisions and choices about the care and support they received. They also said that no one had any restrictions placed upon them that would affect their freedom or human rights.

Some people told us that they required help to prepare meals and drinks. They told us that staff supported them as required. One person said staff offered them a choice of breakfast as they were unable to make their own. A staff member told us how one person liked to have a drink prepared for them before they left so that they could drink it after they had gone. Staff told us that they were aware of people's dietary and nutritional needs and felt they met them effectively. They shared examples of how they supported people flexibly to meet those needs. One staff member shared a positive experience for one person who required encouragement to eat and drink. They told us that staff worked with the person's family to encourage the person to try new foods. They shared feedback with each other and as result staff had put together a list of what the person had enjoyed and what they hadn't. The family member used this information to purchase the weekly shop and eventually they introduced variety into the person's diet.

Staff told us that they received annual training in nutrition and wellbeing. They said the training was helpful because it informed them of the importance of supporting people to maintain and enjoy a balanced and nutritious diet.

People were supported to have their health needs met as required. Staff had received training to manage identified health conditions effectively. They also told us that they worked with healthcare professionals by following up on their advice to keep people fit and mobile. For example an occupational therapist had developed some exercises for one person who used the service. Staff told us that these exercises were written into the person's care plan so they helped the person to do them. They said that they were positive that this continuity had a positive impact on the person's mobility. A relative told us how staff followed guidelines and the person's mobility had improved. Staff told us that they monitored changes in the people they supported and referred any concerns to the

office or the GP. One staff member told us how they had been concerned about a person and had arranged to contact their GP. In the interim they arranged additional 'pop in' visits. They told us that they also shared their concerns with family members. Family members who spoke with us thought that communication between staff and themselves was good meaning they could meet their relative's changing health needs effectively.

Is the service caring?

Our findings

People were supported by staff who were kind and caring. One person told us, "Staff are very caring, conscientious and kind." Another person said, "Supreme Home Care treat me very well, thank you. Staff are very careful and good to me. They do what I ask them to do." A relative told us, "They are very polite." Staff were equally as positive that they were kind and caring in their approach. One staff member told us, "We provide a good quality of care. The staff care. Staff have empathy. We are kind and caring. We go the extra mile for people." Another staff member said, "Staff are all kind and compassionate."

People told us they were supported by staff who promoted their independence. One person told us, "I am independent where I can be." A relative told us, "I think Supreme try to encourage [family member] to do various little things because it's quite hard for them to be independent completely. A staff member told us, "We promote independence as much as we can".

People told us that staff always listened to them, and included them in making decisions about their care. People told us that their support needs were met in ways that they preferred. For example one person was very specific in their assessment about how they wanted to be supported. It was important to another person to have their hair done in a particular way. Both of these examples were seen recorded in the person's care plan and staff were aware. Staff told us that they supported people in ways that people preferred. We saw that the agency completed 'A portrait of life' which very clearly detailed people's likes, dislikes, social history and preferences.

People told us that they were always treated with dignity and respect. One person told us, "Staff are kind, considerate and respectful." Relatives were equally as positive about the way staff treated people. Staff understood the importance of treating people with dignity and respect. They shared examples with us of how they did this. One staff member told us, "We treat people as we would like to be treated."

We saw that senior staff carried out regular 'checks' on staff to ensure they were meeting people's needs and supporting people well. They looked at how staff treated people. We saw one completed observation that said, "Gave choice, respected wishes, privacy and dignity towels in place. Blinds drawn. Reassured the person throughout." The senior who completed this record told us that they weren't just looking to see if tasks were completed. They wanted to check that people were treated well. People told us that staff respected their privacy. They told us how they had time alone when appropriate and all personal care tasks were carried out behind closed doors or curtains.

People were asked what dignity meant to them. People were invited to an event to give their feedback on this issue. We saw people's comments about dignity displayed on a 'dignity tree' (An indoor tree with paper leaves attached containing comments and thoughts). Comments included, "Give everyone the chance to have their own privacy and chance to do things themselves", "Treating everyone equally and with respect and treat me how I liked to be treated" and, "Ask me how I like to be addressed, and don't leave me uncovered when completing my care and don't shout because I am not deaf" Our feedback throughout this inspection reflected that these comments were being put into practice by staff

Is the service responsive?

Our findings

People told us that they received a service that met their individual needs. They said that their needs were assessed by the agency prior to them receiving a service. Information shared enabled staff to put together a plan to identify how they could meet those needs. Some people told us they had been involved in the assessment process. Some people were supported by their relatives to share information about their needs and wishes.

People told us they were involved in the periodic review of their care and support to ensure it reflected their individual needs. Plans were also reviewed as people's needs changed. On the day of our inspection a person who had previously used the service had contacted the team to say they were coming out of hospital. The office staff immediately arranged for a senior staff member to visit the person and reassess their needs.

People had been involved in the development of their care plans. Relatives told us that they had been consulted when appropriate. We saw that care plans were very person centred. They were written from the person's perspective. Information gathered included, what the person needed, what they liked and their preferences in terms of support. The staff we spoke with were very knowledgeable about people's care and support needs. The care plans we saw reflected what people had told us. A new staff member told us that plans were valuable to help them get to know people. They also stressed the importance of having time to sit and talk with people and work alongside existing staff. People told us that staff sat with them to discuss their needs and plan their care.

People told us that they received the support they required and their needs were met in ways that they preferred. Staff told us that people's religious and cultural needs were recognised and respected. For example, staff told us they considered prayer times when arranging calls. Other staff shared examples of how washing and cleanliness routines were very important to some people.

People received a responsive service. People told us how staff could be flexible to support them if they needed to adjust timings or reschedule calls due to appointments. One relative told us how their family member's needs had recently increased. They told us, "For the past month Supreme have been exceedingly helpful. They have arranged extra care and are sympathetic to my family member's needs."

One person who used the service told us how they had recently moved house and had arranged for the agency to continue supporting them. They told us that the agency had accommodated this and ensured continuity for them. They told us that the agency arranged, "The same people [staff] at a different time which I'm very grateful for. I've had a smooth transition."

People were able to choose the staff they preferred to care for them. Staff told us how one person had complex needs and it had been important to find the right staff member for them. They told us that they introduced the prospective worker to the person and the family. They said that if they liked that person then they were appointed to support them. They told us, "It was important to get the right match." Everyone we

spoke with was happy with the staff that were supporting them.

People told us that they had no concerns or worries about the support they received or the way that the service was run. One person said, "We are aware of whom to go to if we have any problems. Thankfully that has never happened." Another person said, "Any concerns I would ring Supreme straight away. They are a really good team."

People were confident that their concerns would be listened to. One person said, "Whenever I ring the office they deal with situations straight away then it's all done and dusted." One person told us that they had a feedback sheet that they would use to record any complaints or compliments.

Staff knew that there was a complaints procedure in place. They told us that they would always sit and talk with someone to see if their concerns could be resolved quickly and informally. Staff had confidence that the registered manager would listen to people and take prompt action if they shared concerns on behalf of people. Staff told us that the complaints procedure was also documented in the person's care plan.

We saw the registered manager had a system in place to record and investigate complaints. We saw there had been one recent complaint. The manager had responded positively and made changes that were satisfactory according to the outcome record. They also told us that they had followed it up after it had been resolved to ensure the person remained happy.

Is the service well-led?

Our findings

People were satisfied with the service they received from Supreme Home Care and felt that the agency was well run. One person said, "Overall our opinion of Supreme Home Care is very good. We would be lost without them." Another person said, "I am satisfied with the service provided and would 100% recommend it to others."

People said that the registered manager was approachable and most people had been visited by them for an assessment or a review. The registered manager worked closely with two of the directors who played an active role in the running of the agency. Staff told us they found the registered manager and the directors approachable. Staff said that together they created an open culture. One staff member told us, "We always work well as a team. They [the directors] always say, if you've got a problem, tell us. We feel able to share our views and opinions too. There is an open culture." Another staff member said, "We have a good manager, she is fantastic." One staff member said, "The registered manager is a good leader and this makes the service work well. Staff felt valued and supported. One staff member told us, "They are always there for you, even if you have a personal problem. They will help if they can."

Staff told us that they felt involved in the development of the service. Staff were able to share concerns and suggestions. For example, one staff member told us they had shared concerns about a person's changing needs. They had suggested they may need a piece of equipment to help them to mobilise in the future. This was discussed and agreed. They told us, "The person is now able to move easier." Staff had given feedback to the directors about the amount of paperwork they had to complete. As a result they were in the process of streamlining paperwork to improve efficiency.

People had completed questionnaires about the running of the service and we saw some completed ones. Feedback had been overall very positive and the providers could evidence that people were satisfied with the service they received.

Staff knew about the whistle blowing policy and procedure and said they would be confident to use it if necessary. The whistle blowing policy enables staff to feel that they can share concerns formally about poor or abusive practice without fear of reprisal.

Staff felt valued by the provider. The agency had a scheme in place for people to nominate staff members who they felt had given them exceptional support. Award ceremonies were held to give recognition to staff. One staff member told us, "It's nice to be recognised and the managers want to know about successes."

Registered persons are required to notify CQC of certain changes, events or incidents at the service. We had not received any recent notifications. The registered manager was aware of their responsibilities in relation to this should there be any incidents that warranted a notification.

The registered manager completed a range of audits and checks to monitor the quality of the service. For example accidents and incidents were analysed and changes were made to reduce the likelihood of reoccurrence. We also saw how one person had been referred for a professional assessment after it was

identified that they had an increased number of falls. As a result additional support had been implemented and the number of falls had reduced.

At the time of our last inspection we had identified that staffing issues and the timing of calls were impacting upon the quality of the service people received. The provider was required to make improvements. The registered manager and the directors had compiled a detailed action plan in response. We saw that they had actioned most of the issues and were reviewing the changes made to ensure they were effective.

People told us that they felt things had improved within the service, and in particular communication was better. We noted that staffing issues had improved greatly and the number of missed or late calls had reduced.