

Super Healthcare Ltd

Superhealthcare

Inspection report

134 Westborough Road
Westcliff-on-sea
SS0 9JF

Tel: 03339874042

Website: www.superhealthcare.co.uk

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09 November 2021

10 November 2021

15 November 2021

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Superhealthcare is a domiciliary care agency providing personal care to people in their own homes. 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. At the time of the inspection the service was providing personal care to 10 people.

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

The registered manager had failed to assess people's risks and document these or put in place robust care plans. There was a lack of information to support staff with people's needs such as mobility, catheter care and managing risks.

The registered manager had failed to ensure staff were recruited safely. Documents and checks required to show staff are suitable to work with people had not been completed before staff started working for the registered manager. The registered manager failed to provide evidence to show staff had the correct training and competence for their role.

The registered manager was not following current government guidance in relation to infection control. Staff were not undertaking the correct testing for COVID-19 which placed people at risk of being exposed to the virus.

Whilst people told us they were happy with the care provided, there were widespread and significant shortfalls in the way the service was led. Governance and quality assurance systems were not in place to monitor the service and ensure people were receiving safe and appropriate care, placing people at the risk of harm.

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

Rating at last inspection and update

The last rating for this service was inadequate (7 June 2021) and there were multiple breaches. The registered manager completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, improvements had not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took

account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the management of risk, safe staff recruitment, safeguarding and continued weakness in the management of the service at this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We requested an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within six months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

Superhealthcare

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 was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 9 November 2021 and ended on 15 November 2021. We visited the office location on 9 November 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and four people's advocates or relatives about their experience of the care provided. We spoke with seven members of staff including the provider, who is also the registered manager, the care co-ordinator and care staff.

We reviewed 10 people's care records and one medicines record. We looked at five staff files in relation to recruitment. Records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We requested further information and continued to seek clarification from the provider to validate evidence found. We asked the provider to respond urgently to us to gain assurances about actions they would take to ensure people received safe care.

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 inadequate. At this inspection this key question has remained the same. This meant people were not safe and were at risk of avoidable harm.

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

At our last inspection the provider had not done all that was reasonably possible to mitigate, minimise and manage the risk of avoidable harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Risks to peoples' safety and well-being had not been assessed. Following our last inspection, the registered manager had failed to put in place any systems or processes to consistently identify or manage risk. We identified during the inspection eight of the 10 people receiving care had risks associated with their health and wellbeing that could place them at risk of harm.
- At the last inspection we found not everyone had care plans in place. At this inspection we found the registered manager had still not put care plans in place for people. However, they had created a 'routine' for staff to follow. Although this provided some guidance, it did not provide sufficient detailed, up to date information to support staff with the delivery of people's care.
- One person used specialist equipment when they needed to move from one place to another. The person's needs had changed, and the registered manager had made the decision to use different equipment. No assessments were completed to ensure the equipment was suitable to meet the person's needs. The equipment was not suitable for the person's needs which was not identified until after it was used. A staff member said, "There is one person that is hoisted but it's not fit for purpose, it doesn't get them in to the chair safely." Failure to correctly assess the equipment or seek guidance from healthcare professionals meant the person had potentially been placed at risk of harm.
- Another person's daily routine said under no circumstances must they smoke in bed and to call the registered manager should the person challenge this. There were no risk assessments or care plans to support staff and the registered manager had not contacted the fire service for advice or undertaken an environmental risk assessment. It was unclear how the risks would be managed to keep this person safe.
- People and staff were not always protected from the spread of infection. The registered manager had failed to follow current government guidelines for undertaking COVID-19 testing. Staff had been provided with weekly rapid Lateral Flow Devices [LFT] instead of the recommended polymerase chain reaction [PCR] test. This potentially placed staff and people at risk of being exposed to COVID-19.
- Following the inspection, the registered manager provided evidence they had ordered PCR tests for all staff which would be completed and recorded weekly.

- The registered manager had failed to carry out risk assessments for staff or people using the service to identify those at higher risk from contracting COVID-19, for example older people and those from Black, Asian or minority ethnic groups. This meant people's risk were not known and could therefore not be managed or mitigated.
- Lessons had not been learned since the last inspection. At this inspection we found the registered manager had failed to make the necessary improvements to the service. This included putting in place robust care plans and risk assessments to ensure people received safe care and ensuring staff were being tested for COVID-19 as per Government guidance.

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

- Despite the lack of underpinning processes to keep people safe, people we spoke with and their relatives told us the care received was safe and they felt safe. Comments included, "They [staff] help with washing and dressing, [person] feels safe", and "[Relative] is safe with the care staff. Staff know [relative] really well."

Staffing and recruitment

At our last inspection, the provider had failed to ensure staff were recruited safely. This was a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- Staff had not been recruited safely. The registered manager had failed to follow safe recruitment practices set out in Schedule 3 of the Health and Social Care Act (2008).
- Staff files we reviewed did not contain the necessary documents and checks to ensure staff were suitable to provide care to people in their own homes. For example, the registered manager had not obtained references or Disclosure and Barring Service [DBS] checks prior to staff starting work at the service.
- One member of staff who provided training for the staff was also providing care to people. The registered manager did not provide a DBS for this member of staff and stated after the inspection they did not have a current DBS and would no longer be providing care until this was in place.
- Where documentation had been provided, this was not always valid. For example, one staff member had provided an out of date passport and a driving license with an incorrect address to prove their identity which the registered manager had accepted.
- Staff told us they shadowed the registered manager and had attended some training when they commenced their role. However, the registered manager failed to provide evidence of staff training and competence and stated they had not carried out any competency assessments with staff.
- Two members of staff said their training was out of date. One said, "Our training has expired. We've done safeguarding training. They [the provider] are getting it sorted now."
- Despite this, people we spoke with said the staff were well trained. One person told us, "Yes, the staff are really well trained."

The provider had failed to ensure there were safe recruitment procedures in place. The provider had not ensured staff were suitably trained and experienced to carry out their role. This was a breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

- There were enough staff to meet people's needs. One person said, "They [staff] come when they should. They [staff] are very patient and don't rush [relative]. A staff member said, "We stay as long as we need to."
- We requested a copy of the staff rotas, but these were not provided. However, we spoke with the care co-ordinator who told us, "The rotas are updated every day and sent out to staff. Travel time is built in and each team has a driver." Staff told us they were given a rota to work from to enable them to plan calls.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of abuse. One person said they had reported an incident of abuse but there was no record of this. We spoke with the provider who said they had no knowledge of the incident but later confirmed they did know about concerns previously raised.

Where incidents of abuse are reported, the provider has a duty of care to report the incident to the appropriate authority for example, the police or local safeguarding team. The provider must also notify CQC. The provider had failed to record or report the incident which was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff we spoke with told us they knew what signs to look for if people were being abused and how to report abuse. One staff member said, "If there was an incident I would go to the office. I would do an incident report. If the incident involved the registered manager, I would go to CQC." However, this was not working in practice due to lack of onward reporting by the registered manager.

Using medicines safely

- People received their medicines how they were prescribed, however the provider was unable to evidence they had additional documentation in place to help staff know when and how to administer certain medicines such as 'when required' [PRN] protocols.
- The medicines training records were not available for us to inspect. The provider stated they had not carried out any competency assessments for staff. Staff said they had received some training, one staff member said, "I did training at the office including medicines." However, we could not be assured staff were trained and competent to give people their medicines.

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 inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection the provider had failed to ensure robust governance systems were in place to manage the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- Following the last inspection of Superhealthcare, the registered manager had submitted an action plan telling the CQC what they would do to improve the service and submitted monthly reports to evidence the improvements they were making. Although the registered manager was aware of their responsibility under duty of candour to be open and transparent when things go wrong, they had not been working towards the action plan and had not completed the actions they told us they would do to ensure the service was safe and well-led. They failed to understand the serious nature of the concerns identified.
- The registered manager was still not clear of their role. Although the registered manager stated they had been spending more time in the office, it was clear they were still providing care to people and spending a large amount of their time with one person. This meant they were not fully carrying out their role or driving improvement at the service. One staff member said, "I think [registered manager] needs to take a back seat and spend more time in the office."
- The registered manager did not have oversight of the service to ensure people were receiving safe care. They had failed to put in place a robust auditing system to monitor the safety and quality of the service. They had not identified areas of risk including failures in their training, staff recruitment and safeguarding systems as well as identifying and mitigating people's individual risks relating to their health and wellbeing.
- The registered manager had failed to ensure they were knowledgeable about current government guidelines. For example, the COVID-19 policy did not detail what COVID-19 tests staff should be taking. As a result, the registered manager had failed to ensure they had effective systems and policies in place to ensure they were following the correct processes.
- The registered manager had failed to ensure they were learning from previous inspections and incidents in order to drive improvement at the service and minimise risk to people. For example, we had identified

people's risks had not been properly assessed or recorded at our last inspection. The registered manager had failed to address this issue despite giving us assurances they would carry out risk assessments for all the people receiving care. The registered manager was not protecting people from the risk of avoidable harm.

The registered manager did not have systems in place to have effective oversight of the service or assess and monitor the quality of care. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager demonstrated they had good intentions towards people but did not have the systems in place ensure the care was truly safe and person centred.
- People said they were very happy with the care received. One relative said, "All the staff have been exceptional, but [staff name] is really exceptional. [Staff member] has got [relative] to a point where they only need a morning call. Another person said, "Staff praise [relative], that's what makes the difference, their [staffs] attitude makes all the difference."
- People were asked to complete a weekly feedback survey about the care received. The registered manager analysed this and dealt with any concerns raised. People we spoke with said they were completing the feedback form on a weekly basis and had not got any concerns.
- People and staff were positive about the registered manager. One person said, "[Registered manager] is very nice and easy to talk to." A staff member said, "So far my experience has been really good. If I have any problems, I call the registered manager, or the office and they help me sort it out."
- Staff said they felt involved in the service and were able to suggest improvements. One staff member said, "They [the registered manager] has improved but there are things that still need to improve, like paperwork. We have been suggesting that staff need to call if they are late."
- Staff said, and the registered manager confirmed, they had attended one staff meeting. The registered manager said they were not carrying out formal supervisions or competency checks however, staff said they were in contact with the registered manager on a regular basis. One staff member said, "They [registered manager] does pop in from time to time, I don't know if they are doing spot checks. I don't know about supervisions; we do have a chat if we need to."
- People and staff said they felt comfortable to raise concerns with the registered manager. One person said, "I would have no hesitation talking to [registered manager] if there was a cause for complaint, I am quite sure something would be done about it." A staff member said, "I don't hold back, I'd let [registered manager] know if there was a problem."
- The registered manager showed us some evidence they had worked with other healthcare professionals. They had also just employed a support manager who was a registered nurse and experienced registered manager to support with improving the service.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure there were safe recruitment procedures in place. The provider had not ensured staff were suitably trained and experienced to carry out their role.</p>

The enforcement action we took:

Impose urgent condition

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to record or report a safeguarding incident.</p>

The enforcement action we took:

Impose Urgent Condition

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have systems in place to have effective oversight of the service or assess and monitor the quality of care.</p>

The enforcement action we took:

Impose Urgent Condition

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to ensure there were safe recruitment procedures in place. The provider had not ensured staff were suitably trained and experienced to carry out their role.</p>

The enforcement action we took:

Impose Urgent Condition