

Supreme Care Services Limited

Supreme Care Services Limited

Inspection report

9 Crown Parade
Crown Lane
Morden
Surrey
SM4 5DA

Tel: 02085450030

Website: www.supremecare.co.uk

Date of inspection visit:

20 July 2023

25 July 2023

Date of publication:

31 August 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Supreme Care Services Limited is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection 140 people were receiving personal care at home from this provider. The Care Quality Commission (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.

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

People receiving a home care service and their relatives told us they were happy with the standard of care and support provided by Supreme Care Services Limited. A person said, "I am happy with the home care service I receive. My carers [staff] are always nice and polite, and come on time." A relative added, "They [staff] treat my [family member] like a friend and we are 100 percent satisfied with the care he is getting. The carers [staff] never miss a visit or rush him, and always stay the agreed amount of time."

At our last inspection, we found the provider had failed to ensure they notified us without delay about the occurrence of safeguarding incidents, appropriately maintained new staffs induction training records and communicated effectively with people outside of normal office hours.

At this inspection, we found enough improvements had been made. The provider had notified us without delay about all the safeguarding incidents that had happened in the last 6 months since their last inspection, appropriately maintained staffs induction training records and now effectively communicated with people who contacted them outside of normal office hours.

People continued to receive consistently good-quality and safe personal care from a small core group of staff who were familiar with their needs, preferences and daily routines. Staff knew how to prevent and manage risks people might face. The fitness and suitability of prospective new staff was thoroughly assessed and checked.

People continued to be protected against the risk of avoidable harm by staff who knew how to keep them safe. Medicines systems were well-organised, and people received their prescribed medicines as and when they should. People were confident any concerns they raised would be listened to and dealt with appropriately. Staff followed current best practice guidelines regarding the prevention and control of infection including, those associated with COVID-19. 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 were complimentary about the way the office-based managers and senior staff team ran the service, and how approachable they all were. Complaints, concerns, accidents, incidents, and safeguarding issues were appropriately reported, investigated, and recorded. The provider promoted an open and inclusive

culture, which sought the views of people, their relatives, and staff. People had up to date, detailed, person-centred care plans in place, which were routinely assessed, monitored, and reviewed. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of care at home.

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 good overall (published 12 January 2023), but remained requires improvement for the well-led key question.

Why we inspected

We conducted an announced focused inspection of this service in December 2022 and made recommendations for the provider to improve. The provider completed an action plan after the last inspection to show what they would do and by when to improve on how they notified us about safeguarding incidents, kept new staffs induction training records and communicated with people outside of normal office hours.

We undertook this focused inspection to check they had followed their action plan and to confirm they had improved. This report only covers our findings in relation to the key questions safe and well-led, which contain those recommendations.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good and the well-led key question has changed from requires improvement to good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Supreme Care Services Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. If we receive any concerning information, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|--|----------------------|
| <p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p> | <p>Good ●</p> |
| <p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p> | <p>Good ●</p> |

Supreme Care Services 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 Health and Social Care Act 2008.

Inspection team

The inspection was conducted by 1 inspector and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Supreme Care Services Limited is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours of the inspection. This was because we needed to be sure that the managers would be in their offices to support the inspection.

Inspection activity started on 20 July 2023 and ended on 25 July 2023. We visited the provider's offices on the last day of this inspection.

What we did before the inspection

We made telephone contact with 8 people using the service and 13 relatives about their experiences with Supreme Care Services Limited. We also received email feedback from partner agencies with this provider and staff who worked for them including, numerous local authority social care professionals and 7 care staff. We reviewed all the information we held about the provider including, notifications we had received from the service. We used all of this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke in-person with the registered manager and the quality assurance and compliance manager during our site visit.

Records we looked at as part of this inspection included, 10 people's care plans, 6 staff files in relation to their recruitment, multiple medicines records, and a variety of other documents relating to the providers' overall management and governance systems.

After we visited the provider's offices, we continued to seek clarification from them to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to staff training and supervision and the providers most recent internal quality assurance audit. We received the information which was used as part of our inspection.

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 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 and processes in place to protect people from the risk of abuse and neglect.
- People told us they felt safe with the care staff who regularly visited them at home and were confident any safeguarding issues would be taken seriously and appropriately dealt with by the provider. A person told us, "I do feel safe with my regular carers [staff]." A relative added, "My [family member] gets a home care service once a day and she feels very safe with the carer [staff]."
- The provider had safeguarding and staff whistle-blowing policies and procedures in place.
- Staff knew how to recognise and respond to abuse they might encounter, including how to correctly report it. A member of staff told us, "I receive safeguarding training every year and I know to immediately inform the office if I witness or suspect abuse has happened. I know I can also contact the right local authority safeguarding team and the CQC. My employee tells us not to ignore safeguarding matters and that's it's our responsibility to speak out about it."
- Managers understood their responsibility to immediately refer safeguarding incidents to all the relevant external agencies and bodies.

Assessing risk, safety monitoring and management

- People were supported to stay safe, and their rights were respected.
- People had up to date care plans that contained detailed risk assessment and management plans to help staff keep them safe. These plans addressed key areas such as risks people might face in relation to their mobility and potential injury through falls, their home environment, eating and drinking, and the safe management of their prescribed medicines.
- Risk assessments were routinely reviewed and updated as and when required. For example, if a person's needs changed.
- Staff received relevant training and guidance about how to prevent or manage identified risks people might face. For example, this included training on how to safely support people living with dementia or who were at risk of falls. Staff demonstrated a good understanding of people's identified risks and the action they needed to take to prevent or minimise potential hazards they faced. A member of staff told us, "We always do double up staff calls for people who use a mobile hoist so there's always two of us to operate this type of equipment safely, which is a rule we all know we must never break."

Staffing and recruitment

- We were assured the way the provider coordinated staffs call visits was well-managed and staff continued to be recruited safely.
- The provider's electronic call monitoring (ECM) system was used to effectively coordinate and monitor

staffs call visit times. The system electronically logged the exact times staff arrived and left their calls, and automatically notified the office-based managers if staff were late, left early or missed a call all together. However, a small number of people the service supports who are funded by 1 particular local authority were not covered by the providers current ECM system. We discussed this issue with the provider at the time of our inspection and they confirmed their current ECM system will be expanded by the end of 2023 to cover everyone who received a home care service from them. Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.

- People told us care staff never missed their scheduled calls and their time keeping had improved in the last 6 months. Most people said their carers [staff] were on time and would let them know immediately if they were running late. A relative told us, "Previously there had been some lateness when carers [staff] had not arrived on time, but this has changed this year. Staff always come on time now and I have never known them miss a visit." Another relative added, "They [staff] usually come on time and if they're running late they informs us." In addition, staff were equally complimentary about how their call visits were coordinated. A member of staff told us, "I have enough travel time between my visits so I can get to all my calls on time."
- People also said they received consistently good personal care from a core group of regular staff who were familiar with their needs, preferences, and daily routines. A relative told us, "My [family member] gets the same care workers who she is very comfortable with. They're well matched." A member of staff added, "I am allocated the same people to support, so we've got to know each other pretty well now."
- Staff recruitment processes were thorough, and records demonstrated they were always followed. The provider conducted thorough pre-employment checks to ensure the suitability of staff for their role. These included checks on prospective new staff's identity, previous employment, their character, their right to work in the UK and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- The provider followed current best practice guidelines regarding the prevention and control of infection, including those associated with COVID-19.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely. People told us staff who visited them at home always wore facemasks. A person said, "Even now they [staff] still wear a facemask as I requested because I'm so vulnerable." A relative added, "They [staff] always wear gloves, aprons, and facemasks when they provide personal care to my [family member]."
- The provider gave staff up to date infection prevention and control training.
- We were assured that the provider's infection prevention and control policy was up to date.

Using medicines safely

- Medicines systems were well-organised, and people received their prescribed medicines safely.
- People told us they received their medicine's as and when they should. A relative said, "We are satisfied with the way they [staff] manage my [family members] medicines."
- We found no recording errors or omissions on any of the medicines records we looked at.
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered.
- Staff were clear about their responsibilities in relation to the safe management of medicines. Staff received safe management of medicines training and their competency to continue doing so safely was routinely assessed and refreshed. A member of staff said, "I've had medicines training and we have a medicine's competency test every year or more frequently if needed to ensure we know how to manage people medicines safely."
- Medicines were regularly audited by the office-based managers and field supervisors.

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.

- People consented to the care and support they received from staff. People told us staff always asked for their consent before providing them with any personal care.
- Managers and care staff understood their responsibilities regarding the MCA and Deprivation of Liberty Safeguards (DoLS) within the context of care at home provision and had received MCA and DoLS training.
- Care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.

Learning lessons when things go wrong

- The provider learned lessons and made improvements when things went wrong.
- The provider had systems in place to routinely analyse accidents, safeguarding incidents, concerns, and complaints raised. This enabled managers to identify issues, learn lessons and take appropriate action to minimise the risk of similar events reoccurring. Any learning from these incidents was shared and discussed with managers and staff and used to improve the safety and quality of the service they provided for people.

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 requires improvement. At this inspection, this key question has improved to good. This meant the service was now consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we recommended the provider consider current guidance in relation to ensuring induction checklists for all newly recruited staff were always kept up to date and made accessible on request, the CQC was notified without delay about the occurrence of safeguarding incidents, and out of hours communication between the office-based managers and stakeholders was improved.

At this inspection we found the provider had made the necessary improvements in all 3 areas outlined above.

- The service was well-managed and moving in the right direction through continuous learning.
- The provider now understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay. For example, our system indicated the managers had sent us statutory notifications about safeguarding incidents that had occurred in the past 6 months without delay.
- Files for newly recruited staff contained completed induction checklists, which were made immediately available to us on request.
- As indicated in the providers improvement plan following our last inspection, the provider had introduced a new contact system. This meant any communication received out of normal office hours, such as in the evening and at weekends, was now accessible to a range of senior staff and not just the managers. This issue of communication had also been discussed at staff meetings to remind the office-based staff about the importance of responding promptly to enquiries raised by people who contacted the office out of hours. A relative said, "When I call the office now, I usually get a quick response from someone, even if it's in the evening or at the weekend. Communication with the office does seem to have got a lot better lately."
- The provider operated their established quality monitoring systems effectively and understood about how to continuously learn and improve the service people received from them. This included a range of managerial audits, ongoing care plan reviews, regular welfare checks, telephone calls and in-person home monitoring visits conducted by the office-based managers and senior staff team. The home monitoring visits were used to observe care staff's working practices, including staff record keeping and how they interacted with people they were supporting. A member of staff confirmed, "The field supervisors often carry out unannounced spot checks on us to observe our working practices."
- The outcome of these various audits, checks and feedback gathering systems were routinely analysed to identify issues, learn lessons, and develop action plans to improve the service they provided people. These quality assurance systems had indicators that identified how the service was performing, areas requiring

improvement and areas where the service was achieving or exceeding targets. Key performance indicators included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents. The provider also planned to add to their existing electronic systems and transition to an electronic medicines and care planning systems by the end of 2023.

- Records demonstrated that safeguarding alerts, complaints and accidents and incidents were now fully investigated, documented and procedures followed correctly.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- In the last 6 months the provider had improved how they planned care by including more detailed information about people's strengths and specifically, what they were willing and capable of doing for themselves. This made care plans far more person-centred. A relative told us, "They [staff] know what my [family member] likes, what she can and wants to do on her own, and what she needs support with." A member of staff added, "The provider always puts service users at the centre of everything we do."

- Managers had a clear vision for the service. They told us they routinely used individual supervision and group team meetings, and training to continually remind staff about the organisations underlying core values and principles.

- Managers were aware of their responsibilities under the Duty of Candour. They told us they understood the need to be open and honest when things went wrong with people's care, and they would provide an apology. They reported all concerns to the relevant people and organisations and shared outcomes with people, their relatives, and the staff team.

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

- The provider promoted an open and inclusive culture, which sought the views of people receiving a service, their relatives, and staff.

- The provider gathered people's views about what the service did well or might do better. The office-based managers and staff were in regular contact with the people they supported through telephone, in-person visits and satisfaction surveys.

- People told us the office-based managers and staff were in regular contact with them and routinely asked them for their views about how the service was run, what they did well and what they could do better. A person said, "Somebody from the office often visits me at home or calls me to ask me how I am." A relative added, "Staff regularly call us to find out how we're all doing and to ask what we think about our carers [staff]."

- The provider supported staff and valued their views. Staff were encouraged to have their say and contribute to improving the service through regular individual and group meetings with the office-based managers and their fellow co-workers, which included 1 to 1 supervision meetings, observing their working practices and annual work performance appraisals. Staff told us they received the support they needed from the office-based managers and senior staff team. A member of staff said, "The managers from the office always listen to me and are incredibly supportive. We have regular meetings with the managers from the office, which helps me a lot. I can also just pop in for a chat if I want and every year they ask us to complete a staff satisfaction survey."

- The management and care staff were a diverse team and understood and promoted an inclusive culture. Care staff had received training on equality and diversity training and understood people's protected characteristics.

Working in partnership with others

- The provider worked in close partnership with various community health and social care professionals

and external agencies. This included the relevant local authorities, GPs, district nurses, community psychiatric nurses, occupational therapists, social workers, the charity Age Concern and the CQC.

- Managers and staff told us they regularly consulted with these external bodies and professionals, welcomed their views and advice, and shared best practice ideas with the whole staff team.