

St@y Home Limited

Supreme Home Care Redditch and Bromsgrove

Inspection report

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Redditch
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Tel: 01527844444

Date of inspection visit:
16 February 2016

Date of publication:
31 March 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an announced inspection on 16 February 2016. We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available at the office.

The provider registered this service with us to provide personal care to people who live in their own home. At the time of our inspection 30 people received care and support services in their own home. Services provided are for adults who may have a range of needs which include end of life care, complex health conditions which include physical disabilities and dementia.

At the time of our inspection a registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe with all of the staff who provided care and supported them in their homes. There were arrangements in place to make sure there were sufficient staff employed who understood the need to protect people from the risk of harm and abuse. The registered manager had taken measures to reduce risks to people's safety. Staff were trained in how to recognise abuse and understood the action they should take if they had any concerns people were at risk of harm. The registered manager checked staff's suitability to deliver personal care in people's own homes during the recruitment process.

People's care plans included risk assessments for their health and wellbeing and explained the actions staff should take to reduce the identified risks. Staff understood people's needs and abilities by working alongside experienced staff when they started working at the service, speaking with people about their needs and reading care plans.

The registered manager assessed risks in each individual person's home and advised staff of the actions they should take to reduce the risks. Where people needed support to take their medicines these were administered by staff who had been trained to do so. The registered manager had procedures in place to check people received their medicines as prescribed, in accordance with their health needs.

Staff received training and support which supported them to meet people's needs effectively. Staff had opportunities to reflect on and improve their practice for the benefit of providing people with care and support to effectively meet their care needs.

People and relatives told us they were always asked for their consent before staff provided care and support to them in their homes. When people did not have the capacity to consent to their care the registered manager had arrangements in place so people's rights were upheld and staff worked within the requirements of the law.

People told us that they were happy with the way in which staff helped them with their meals and in accessing health care services when they needed them to get the best outcomes for people's health and well-being.

The registered manager asked people about their preferences for care during their initial assessment of needs. Staff supported the same people regularly so they learnt about people's likes, dislikes and preferences for care. The registered manager regularly delivered care and support, so they maintained an on-going relationship with each person.

People told us the staff who provided care and supported them in their homes were kind and respected their privacy, dignity and independence and said staff felt like their friends. People knew any concerns would be listened to and action taken to resolve any issues. Records showed the registered manager learnt from complaints and adopted policies to reduce the risk of similar complaints in the future.

People were encouraged to share their opinions about the quality of the services provided during visits by the registered manager and senior staff members, at regular reviews of their care plans and through formal surveys.

The registered manager and staff team shared common values about the aims and objectives of the services they provided to people in their homes. People were supported and encouraged to live as independently as possible, according to their needs and abilities.

The registered manager's quality checking arrangements included regular checks of people's care plans and staff's practice. When issues were identified action was taken to continually improve and develop the quality of the services provided to people in their homes.

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 ●

This service is safe. People felt safe with staff that supported them in their own homes. People were confident staff knew and managed risks for their wellbeing and safety. People were happy with the way staff supported them where this was required with their medicines.

Is the service effective?

Good ●

The service is effective. People were supported by staff who understood people's rights to make their own decisions and gained their consent to provide care. People were supported to access different health professionals as needed. People who needed support with meals felt staff prepared food in a way they liked and ensured sufficient food and drink was available until the next visit.

Is the service caring?

Good ●

The service is caring. People received support from staff who were caring and treated them with dignity and respect. People were actively involved with the care and support so they received care which respected their choices and levels of independence.

Is the service responsive?

Good ●

The service is responsive. People's needs were responded to as and when they changed and staff made sure the care they provided met their individual needs and preferences. People knew who to complain to and felt they would receive a prompt response from the registered manager and staff team.

Is the service well-led?

Good ●

The service is well led. People benefited from a registered manager who checked the quality of the care people received in order to continually improve the services provided. People were complimentary about the overall service they received and felt their views were listened to. Staff were clear about their roles and felt supported by the registered manager which enabled them to deliver good quality care to people living in their own homes.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection which took place on 16 February 2016 by one inspector. The provider was given 48 hours' notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available.

We had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, the registered manager had some difficulties in accessing the PIR but they gave us all the information we requested during the inspection. This included a list of people's contact details with their consent so we were able to telephone people following our inspection.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also includes any incidents of potential abuse. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

We asked the local authority commissioners if they had any information to share with us about the services provided at the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke by telephone with seven people who used the service and five relatives of other people who used the service. We spoke face to face with the registered manager, one of the staff members who helped to

manage the service on a day to day basis and three staff members who supported people in their homes.

We looked at three people's care plans and daily records, to see how their care and support was planned and provided. We checked whether staff were recruited safely and trained to provide care and support appropriate to each person's needs. We looked at the records of the checks the registered manager had made to assure themselves people received a quality service while living in their own homes.

Is the service safe?

Our findings

All people we spoke with told us they felt safe in the company of staff who came into their homes to support them with their care needs. One person told us, "I have staff who I know and feel at ease with. This makes me feel safe." Another person said, "It is really important to know who is coming into your living space" and with the continuity of the same regular staff it had made them feel safe and secure in their home. All relatives we spoke with also felt reassured their family members safety was promoted by staff who provided care and support. One relative told us, "I know [person's name] is in safe hands as they (staff) know what care is needed and how to provide this."

The registered manager had knowledge of her role and responsibilities in reporting concerns of potential abuse. They had the relevant contact names and numbers so they were able to liaise with local authorities if there were concerns about people's safety. Staff told us about how they would report any potential abuse and they were confident they would recognise any signs of people being at risk from harm and abuse. One staff member told us, "People's behaviour may be out of the ordinary for them, such as being unhappy, unsettled and not eating their food. They could be being bullied by someone who is making them unhappy. Would definitely report these changes to [registered manager's name] so they can be investigated." Another staff member said they were confident if they reported any concerns of potential abuse to the registered manager they would listen and take action. Staff knew how to contact external agencies such as the Care Quality Commission (CQC) and said they would do so if they had concerns which remained unresolved.

Staff knew about the risks associated with people's care and how these were to be managed. For example, one staff member told us how they provided prompts to people if they forgot to use their walking aids so risks of them falling were reduced. Another staff member told us regular checks of people's skin where they had been assessed as at risk of developing sore skin and wounds also took place. Care records we looked at confirmed risk assessments had been completed and people's care was planned to take into account and reduce identified risks. This was also confirmed by people we spoke with. One person described to us how staff had good knowledge of the equipment they needed to use in order to meet their needs safely and what the dangers of them cooking meals were. They said, "It must be their training which helps them to know how to keep people safe." Another person told us how staff knew about their specific health needs and what to do in an emergency if they needed paramedics. They also told us how staff helped them with everyday tasks which they were unable to do safely themselves.

Environmental risks within people's homes had been assessed so risks to staff and people who used the service were reduced. We saw these risk assessments considered the safety aspects within a person's home and the equipment staff needed to use so people's needs were supported safely. We saw these risk assessments considered the safety aspects within a person's home, such as, whether there were any trip hazards so avoidable accidents were reduced. The registered manager had arrangements in place for reporting and reviewing accidents and incidents to make sure action was taken to maintain people's welfare and safety. For example, where a person had fallen consideration was given to how risks of accidents and incidents could be prevented from happening again. This included to the consideration of any additional equipment the person may require.

People who used the service, relatives and staff spoken with consistently told us the registered manager and senior staff were always available to advise or support them if they had any problems around people's safety. One relative told us, "I can always get hold of [registered manager's name]." Both the registered manager and senior staff provided care and support to people when required to fulfil the rota when there were any shortfalls due to sudden staff sickness and any unavoidable incidents. They told us this enabled them to identify any changes in people's abilities and risks and made sure people's safety was consistently promoted which included maintaining calls to people to provide care were not missed. One person told us, "[Registered manager's name] comes herself sometimes, when the staff are sick or on holiday. She's very good." One person told us, "They (staff) sign when they arrive and leave and record everything they do, they never cut the call short." We saw from looking at care records and staff rota's that the registered manager had determined staffing levels by the number of people who used the service and the funding of people's individual care needs. This was confirmed by staff who told us their schedules allowed for them to spend the full allocation of time with each person in order to meet their needs so their safety was not compromised.

The registered manager had procedures in place to assure themselves that only staff suitable to provide care and support to people in their homes were selected and recruited. Staff told us they had completed all required checks and were interviewed before they commenced their employment. We saw staff records confirmed this and that the required checks had been completed. For example, Disclosure and Barring Service (DBS) checks had been carried out. A DBS check helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

Where people needed support with medicines, it was clearly recorded in their care plan. The registered manager and staff spoken with told us they did assist people with their medicines when this was part of their assessed support and had received training to enable them to do this. One person told us, "I would rather them (staff) do my medicines as it is difficult for me." Another person said, "They make sure I take them (medicines) on time which is a big help to me." We saw there were procedures for supporting people to take their medicines safely. This included prescribed creams, such as, body maps to show where different creams should be applied on each person's body. Staff told us they were confident supporting people with their medicines and their competency was regularly checked by senior staff. In addition to regularly checking staff's medicine competencies, people's medicine records were also checked to make sure there were no gaps or errors in these which could indicate people had not received support with their medicines as prescribed. These practices enabled the registered manager to be assured staff practices were effective in supporting people safely with their medicines and identified where staff needed any further training.

Is the service effective?

Our findings

People who used the services and relatives told us the staff were effective and they were provided with the support which met their individual needs. One person told us, "They (staff) are all very good at helping me with what I need. They also told us when new staff started they always visited their home with a more experienced staff member, "So they get to know their work which is reassuring." Another person said, "They (staff) are all professional in what they do for me" and "I don't know what I would do without them." One relative told us, "They're (staff) really good at their jobs. I am so happy with the care."

All new staff received an induction prior to working independently in providing people with care and support in their homes. This included specific training to enable staff to undertake their specific roles and working alongside more experienced colleagues. Staff we spoke with told us this had prepared them for when they worked on their own in supporting people and had equipped them to carry out their roles with confidence. One staff member told us, "The support I have received from [registered manager's name] and office staff has given me confidence to do my job well. If I feel I need or am interested in some specific training I only have to talk to [registered managers name] who is very keen on training to help us to do our work well."

All staff spoken with were positive about the support they received from the registered manager and office staff who they felt were always approachable and they could talk to them at any time. Staff told us they were encouraged to reflect on their practice and to consider their own professional development in one to one meetings and the regular checks which were undertaken on their practices. Another staff member said, "I value the spot checks as we are given the positives and what we could improve on. Clients are also asked if they are happy with their care which is good as you this helps you to know if you are doing a good job or could do better."

We asked people who used the service and relatives if they felt staff understood people's individual needs. We heard many positive examples of how staff knew how to assist people with their specific needs, such as, supporting people with their continence and health care needs. One person described how staff had provided care and supported them when their physical health had declined until gradually they felt better. They said, "They (staff) have helped me through the bad times when I could not walk well, we have been through thick and thin together. Super care." One relative told us, "They're very understanding of [person's name], their care needs, so they must have good training and [person's name] likes the carers."

The registered manager and staff who supported people with their decisions understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA). 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.

The provider and staff were following the MCA. Staff spoken with understood the principles of the Mental Capacity 2005 (MCA) and how this may affect people they supported. One staff member told us, "If someone

is not able to make decisions for themselves about their care others are involved to make sure it is the right decision for the person. We involve relatives when it is appropriate to do so." People who used the service and relatives spoken with confirmed to us staff obtained their consent before they supported them. One person told us, "They (staff) never do anything without checking with me first as to whether I am agreeable to what they help me with." One relative said, "They (staff) involve [person's name] in the care they are providing, which is how it should be." Staff gave us examples of how they had consulted with people who used the service, explained information to them and sought their informed consent. One staff member explained, "I always check with people what their everyday choices are, such as what meals they want me to do for them. Another staff member said, "When assisting people with their care needs I always talk with them and check they are okay for me to help them with different things. It is about offering choices and respecting people."

The registered manager had not made any applications to the Court of Protection for approval to restrict the freedom of people or to deprive them of their liberty. The registered manager told us they were not aware of anyone who used the service who was being deprived of their liberty at the time of our inspection.

When people needed help to ensure they had enough to eat and drink as part of their home care support this was provided by staff. One person we spoke with told us staff would heat a meal in the microwave for them and always made sure they had a drink before they left. Another person explained through staff's assistance with their meals they were not only kept safe from the dangers of using their cooker but also at risk of not eating adequately. We saw people's care records gave staff information about the support needed to help people to eat and drink their meals where this was required. Staff had also recorded what people had eaten and drunk at each visit so they could respond quickly if any significant changes were noted. Staff spoken with told us if they were concerned a person was not eating or drinking enough they would report their concerns to the registered manager or staff at the office.

We saw staff monitored people's health and wellbeing and liaised with professionals involved in their care when this was required. For example, staff were able to provide examples when they called for paramedics when they found a person had fallen so they were able to receive medical treatment and care. One person told us how staff had noticed they were unwell and had made sure they received health treatment when they were unable to do this themselves. One relative we spoke with told us, "They always let me know if [person's name] is unwell which is really good of them although it is not strictly part of the care package but it does show they care."

Is the service caring?

Our findings

People said they were treated with kindness and respect. One person said, "They are really nice people (staff) and there is no doubt in my mind they do care. They do their best for me." Another person said, "Very pleased with them (staff). Very nice and polite, you can have a joke with them which brightens up the day."

Everyone spoken with knew the staff who visited them by name and confirmed regular staff visited them. One person told us, "(Staff) are more like friends and they get to know us. Makes a big difference." Staff also told us they provided care to the same people on a regular basis and this helped to develop good relationships with people they supported and relatives. One staff member told us, "I enjoy my job; it is rewarding to see people happy and tell you have done a good job." Another staff member said, "I like my job as I enjoy caring for people."

People told us they felt involved in their own care. One person told us, "They [registered manager] have called me and we talk about everything I need help with." One relative said, "They (staff) know what they have to do and they know how we like things to be done." Staff explained how they gave people choices and involved them in making decisions about their care. One staff member said, "I always ask people about their choices when I visit so they are able to make decisions for themselves, such as what they would like to drink and what help they would like each day."

People told us that they were supported to maintain their independence. One person said, "I have regular carers and they all know what I am able to do and provide encouragement but if I need help they are always there. Can't recommend them (staff) highly enough." Care plans we looked at showed the care and support promoted an approach which recognised people's choices and independence. People told us about how staff took time to enable them to participate as fully as they could. Examples we were given included aspects of personal care and meal preparation. "Everyone is different. We try to keep people independent by encouraging them to do the things they are able to so people do not lose their own independence."

We heard from people how staff promoted their privacy and dignity when they assisted them in their homes. One person told us, "They had discussed what I wanted and how I wanted it, I am very independent and only want help with certain things and they respect this". Another person told us, "They are very discrete in how they help me with my intimate care. The care plans we looked at contained information on promoting people's dignity and respect. Staff we spoke with all gave us a good account of how they promoted privacy and dignity in everyday practice which included, ensuring that doors and curtains were closed and people were covered when undertaking personal care. One staff member also told us they had protective covering for their shoes to protect people's carpets."

Staff recognised the importance of respecting people's homes were their private and personal space. When people's had been first introduced to the care services they were asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people's wishes while ensuring that people were safe and secure in their homes. For example, staff knew how to

obtain the keys to some people's homes if they preferred not to answer their door bell.

Is the service responsive?

Our findings

People we spoke with told us they received care and support based on what they needed and in the way they liked. One person told us, "I find the care is very good and the (staff) are very helpful." One relative said, "The care is very good and [staff] is ever so good with [person's name]."

The registered manager explained people's care and support needs were always assessed prior to their care service starting. People who used the service and staff spoken with confirmed this was the case. Staff said they tried to provide care which met the expectations of the person receiving the service. They said they always asked them or their relative when this was appropriate how they preferred things to be done and at what times. For example, one person described how they had completed their care plan with a staff member and were able to be in control of how they preferred their care. They said their care was planned, "Exactly how I wanted it" and they were able to "Adapt the care plan accordingly" to meet their individual needs, which was really nice to know. People said staff provided all the practical everyday assistance they needed and had agreed to receive in their care plans. This included support with a wide range of everyday support and care such as washing and dressing, using the bathroom and getting about safely.

People spoken with gave us examples of how at different times staff had responded to their needs. One person described how they were impressed by staff practices. They told us, "They (staff) are helpful to me. Even though I take my own tablets I had forgotten one of these and they noticed this. They never go before time and have a chat to me, I am very satisfied." People told us they looked forward to seeing the staff and they knew who would be coming because they had a rota. One person told us, "It's nice to have familiar faces call round." Another person said, "Really like the fact we have rotas and know who is coming." A further person told us, "They (staff) never go before time and have a chat to me, they are very reliable." People told us staff arrived on time but if they were going to be a bit late then they were contacted to let them know. Staff spoken with told us geographical areas had been taken into account when planning visits to people's homes which meant staff did not have to travel long distances between visits. We also spoke with staff about the time they were allocated to provide support and care to people. One staff member told us, "All of our calls are longer than 15 minutes and we do always have enough time to assist people with their needs." This was confirmed by the staff rotas.

Staff spoken with told us when they reported changes in people's needs and abilities to the registered manager and staff in the office; they undertook a review straight away. One person who used the service told us, "There is a book. They write down if anything unusual happens." Staff kept daily records about how people were, their appetites and moods, which ensured they recognised when people's needs and abilities changed. One staff member told us, "The daily records tell us what we need to know, whether they are okay, any problems, if they are not well. There is enough detail to understand what is going on." Another staff member told us, "Whenever extra time is needed or equipment for a person this is looked at and actions taken." The registered manager told us, "When people's needs change these are reviewed and care plans updated." We saw care plans had been reviewed and where equipment was required the registered manager and staff supported people to obtain the specialised equipment they needed. The staff and the registered manager were proud of how they were flexible and able to respond to people's needs to enable

them to live at home with the care they required.

There were arrangements were in place to investigate and respond to people's concerns and complaints. We saw that no complaints had been received by the registered manager in the last 12 months. People who used the service and relatives spoken with knew they could telephone the registered manager and the office staff if they wanted to make a complaint or raise a concern. One person told us, "I know how to complain, but never had the need, everything is very good. I can always ring the office if I need to." Another person said they would, "Ring the office and speak with [registered manager's name] if I have any concerns and I am sure they would sort it out for me." Staff were aware of the complaints procedure and told us if someone did complain to them, they would offer reassurance in the first instance and then offer to support them in contacting the registered manager and office staff to make a complain.

Is the service well-led?

Our findings

People who used the service and relatives we spoke with were positive about the service they received and told us they considered the service to be well-led. One person told us, "It seems to be well run. [Registered manager's name] is very approachable. I would recommend them to anyone who needed care." Another person said, "[Registered manager's name] comes round, very caring lady." One relative told us, "I don't know what I would do without them (staff). [Registered manager's name] is very nice and makes sure everything is okay." Staff also spoke positively of the registered manager and thought they led the service well. They told us they felt listened to and supported by the registered manager and senior staff. One staff member told us, "I enjoy my job and do feel appreciated here."

The registered manager told us they encouraged people who used the service and staff to share their concerns and opinions to help them improve the quality of the service. People who used the service and relatives told us they had many opportunities to feedback to the registered manager because she often delivered care herself, conducted regular reviews of care and invited them to complete regular satisfaction surveys. We saw everyone who had completed the most recent survey had made positive comments about the quality of the service provided. Compliments had also been received about the care people received. One comment made read, 'My care worker is always polite, friendly, kind and stimulating and I look forward to her visit each week.' Another comment read, 'I'm very pleased with the care my husband gets. All the carers are always ready to help, I have no concerns at all.'

People said that they knew who the registered manager was and they were helpful. We noted the registered manager knew about the important parts of the care people were receiving. They also knew about points of detail such as which staff members were allocated to complete particular visits. This level of knowledge helped them to effectively manage the service and provide guidance for staff. Staff we spoke with said the positive leadership provided by the registered manager reassured them they would be listened to and action would be taken if they raised any concerns about poor practice. They also knew they could use the providers whistle blowing procedures in order to do this if they needed to.

Staff spoken with confirmed they were provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure people consistently received the care they needed. We noted there were on call arrangements in place for staff to get management support and advice should they need it out of hours. Staff spoken with confirmed they were comfortable in doing this as they knew they would always be listened to and advice would be available. Staff also told us they always read the records kept in each person's home. These described the care that had been provided and noted any changes which needed to be made. They said these arrangements helped to ensure they provided flexible support which responded to people's current needs.

The registered manager's quality checks included visits to people's homes to check people received care according to their care plan. A senior staff member told us, "At spot checks we check arrival and leaving time, tidiness, staff's confidence, whether they get on well, whether they are kind. We check they (staff) know what is on the care plan. We ask the person if they are happy." Staff understood and agreed with the

purpose of the checks. One staff member told us, "They check you are doing everything and the feedback is valuable in helping us to confirm we are doing a good job or what we could improve upon."

Staff told us they were given feedback about their performance at their regular meetings with the registered manager and senior staff, which supported them to improve their practice. One staff member told us, "The manager and the people tell me I am doing a good job, or other staff might say." All staff told us they liked their job and were very happy with the organisation and management. One staff member told us, "I am very happy. It's a small caring company." Another staff member said, "It's a really nice place to work for."

The registered manager told us as part of their aims and objectives they wanted to make sure the services people received continued to develop and the business grew. They also wanted to ensure people continued to receive a high standard of care from reliable and caring staff who all worked as a team. This was a common aim and objective which was also shared by the staff spoken with.

The registered manager maintained their own professional development with the aid of undertaking training courses. This enabled them to share knowledge with their staff team and have the knowledge to be able to check staff competencies. The registered manager also had plans to continue to improve staff knowledge with a range of courses which they sourced for their relevance to staffs job roles. This included involving staff in specific training to enhance different aspects of the services provided. For example, a staff member had completed the leadership course in dementia care. The registered manager also discussed other areas where they would be further developing. These included the implementation of a computer aided programme to support and monitor care plan delivery for the benefit of people who used the service and the staff team.