

Supreme Care Services Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 6 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. Supreme Care Services Limited is a domiciliary care agency which delivers care and support to older people and children in their own homes. The agency is based in Woolwich, South East London. At the time of this inspection 40 people were using the service.

At our last inspection on 14 and 16 March 2016 we found breaches of our legal requirements. We found that action had not always been taken to manage risks to people using the service safely. We found that the provider had not notified the CQC when the previous registered manager stopped running the service. The provider had also failed to notify the Care Quality Commission about three allegations of abuse in relation to people using the service.

At this inspection we found the provider had made the required improvements and that appropriate procedures were in place to support people where risks to their health and welfare had been identified and notifications, including safeguarding concerns were being submitted to the CQC as required by law.

The service had a registered manager 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 and associated Regulations about how the service is run.

People said they felt safe and staff treated them well. The service had appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Appropriate recruitment checks took place before staff started work. People's medicines were managed appropriately and people received their medicines as prescribed by healthcare professionals.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. Staff had completed an induction when they started work and they had received training relevant to the needs of people using the service. People's care files included assessments relating to their dietary support needs. People had access to health care professionals when they needed them.

People and their relatives said staff were kind and caring and their privacy and dignity was respected. People had been consulted about their care and support needs and care plans were in place that provided information for staff on how to support people to meet their needs. People and their relatives were provided with appropriate information about the service. They were aware of the complaints procedure and said they were confident their complaints would be listened to, investigated and action taken if necessary.

The provider recognised the importance of monitoring the quality of the service provided to people. They took into account the views of people using the service through satisfaction surveys and telephone monitoring calls. The provider carried out unannounced spot checks to make sure people were supported in line with their plans of care. Staff said they enjoyed working at the service and they received good support from the registered manager and office staff. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

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.

Appropriate procedures were in place to support people where risks to their health and welfare had been identified.

People using the service said they felt safe and that staff treated them well.

Appropriate recruitment checks took place before staff started work.

Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse.

People's medicines were managed appropriately and people received their medicines as prescribed by healthcare professionals.

Is the service effective?

Good 

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

Staff were supported in their roles through regular supervision and an annual appraisal.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and acted according to this legislation.

People's care files included assessments relating to their dietary needs and preferences.

People had access to a GP and other healthcare professionals when they needed them.

Is the service caring?

Good 

The service was caring.

People and their relatives, where appropriate, had been involved in planning for their care needs.

People's privacy and dignity was respected.

Staff understood people's needs with regards to their disabilities, race, culture and religion and supported them in a caring way.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care records included detailed information and guidance for staff about how their needs should be met.

There was a matching process in place that ensured people were supported by staff that had the experience, skills and training to meet their needs.

People using the service and relatives said they knew about the complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post.

Notifications were submitted to the CQC as required by law.

The provider recognised the importance of monitoring the quality of the service provided to people. They took into account the views of people using the service through satisfaction surveys and telephone monitoring calls.

The provider carried out unannounced spot checks to make sure people were being supported in line with their care plans.

Staff said they enjoyed working at the service and they received good support from the registered manager and office staff.

There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

Supreme Care Services 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 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.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

This inspection took place on 6 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team comprised of two inspectors. They attended the office and visited four people using the service in their homes. They also made telephone calls to three other people's relatives and asked them for their views about the service. They looked at the care records of eight people who used the service, staff training and recruitment records and records relating to the management of the service. They spoke with the provider, the registered manager, a field supervisor, a care coordinator and four members of staff.

Is the service safe?

Our findings

At our last inspection 14 and 16 March 2016 we found that action had not always been taken to manage risks safely because one person's risk assessment indicated that their mobility was poor, they were at risk of falling and they needed help getting in and out of the bath. Another person's risk assessment indicated that they were at risk of choking. However there were no risk management plans or guidance in place advising staff how to support these people where risks to their health and safety had been identified. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, 6 March 2017, we found that action had been taken to assess any risks to people using the service. We saw that people's care files, both in their homes and at the office, included risk assessments and risk management plans for example on falls and moving and handling. Risk assessments included a plan of care that provided instructions for staff on how to support people with their needs in a way that minimised the likelihood of risks occurring. The registered manager told us that none of the people using the service were currently at risk of choking. We also saw that risk assessments had been carried out in people's homes relating to health and safety and the home environment.

People told us they felt safe. One person said, "I feel safe with the carers. They wear uniforms and carry identification so I know who they are." Another person told us, "I have the office telephone number and the out of hour's number in case I need to call them. There has always been someone there when I have called." A relative said, "We always get the same carers and have got to know them very well. We feel safe enough with them."

The service had policies in place for safeguarding adults and children from abuse. We saw a safeguarding adult's and children's flow chart in the office that included the contact details of the local authority safeguarding teams and the police. The registered manager was the safeguarding lead for the service. The staff we spoke with demonstrated a clear understanding of the types of abuse that could occur and the signs they would look for and what they would do if they thought someone was at risk of abuse. They said they would report any concerns they had to the registered manager. They were aware of the organisation's whistle-blowing procedure and would use it if they needed to. Training records confirmed that all staff had received training on safeguarding adults and children from abuse.

Appropriate recruitment checks took place before staff started work. The registered manager showed us a matrix on a computer system confirming that two employment references, proof of identification and criminal record checks had been obtained for each member of staff prior to them commencing work at the service. The system also recorded where staff needed employment visas in order to work in the United Kingdom. We looked at the personnel files of two members of staff and saw completed application forms that included references to staff's previous health and social care work experience, their qualifications, health declarations and employment history. We also saw that breaks in employment were discussed with staff during the recruitment process. These checks ensured that people were receiving care from suitable staff.

People using the service, the registered manager and staff told us there was always enough staff on duty to meet people's needs. One person told us, "The staff come on time and I very rarely have a late call." Another person told us, "I always have enough staff to support me with what I need." At our last inspection the registered manager told us the provider planned to introduce an electronic call monitoring system at the service. This system was in place and was being used to make sure that staff attended call outs at the correct time and stayed for the allotted time periods agreed in people's care contracts. The registered manager told us that staff worked in the same area where the people they supported lived. They showed us a staffing rota that indicated that staff had sufficient time to travel between calls. A member of staff told us, "The rota includes time for travelling; I am never late for calls." The registered manager told us staffing levels were arranged with the local authority according to the needs of people using the service. If extra support was needed to support people to attend health care appointments, additional staff cover was arranged.

People were supported, where required, to take their medicines. The registered manager told us that most people using the service looked after their own medicines, however some people needed to be reminded and some people required support from staff to take their medicines. Where people took their own medicines or required reminding or support to take their medicines we saw that this was recorded in their care plans. One person using the service told us, "My brother does all my medicines for me so I don't need any help from staff." Another person said, "I don't need any support to take my medicines but the staff always ask if I need any help." We saw records in care files at the office and in people's homes of medicines they had been prescribed by health care professionals and medicine administration records (MAR) completed by staff confirming that people had taken their medicines when required. Audits on MAR's were carried out on a monthly basis by the registered manager to make sure people were receiving their medicines as prescribed by health care professionals. Training records confirmed that all staff had received training on administering medicines. We also saw records confirming that staff who administered medicines to people had completed competency assessments on medicines administration. This ensured staff had the necessary skills to safely administer medicines.

Is the service effective?

Our findings

People told us staff knew them well and knew what they needed help with. One person said, "The care I get is very good. I have every confidence that the staff know what they are doing." Another person said, "My carers are very good and they know what needs to be done for me."

Staff had the knowledge and skills required to meet the needs of people who used the service. Staff told us they completed an induction when they started work and initial shadowing visits with experienced members of staff had helped them to understand people's needs. The registered manager told us that any new staff would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. We saw records confirming that all staff had completed an induction programme when they started work and training that the provider considered mandatory. Mandatory training included safeguarding adults and children, infection control, fluid and nutrition, medicines, moving and handling, basic life support and health and safety. Staff had also received training on equality and diversity and awareness of mental health, dementia and learning disabilities, which included the Mental Capacity Act 2005 (MCA).

Staff told us they received regular supervision and had an appraisal of their work performance. One member of staff told us, "I receive regular supervision with the registered manager and I have an annual appraisal of my work performance. During supervision we talk about my workload, if I have any issues and if I feel I need any further support or training." Another member of staff said, "I get regular supervision with my line manager. I think I am well supported." We saw records confirming that staff received regular supervision and, where appropriate, an annual appraisal of their work performance.

Staff were aware of the importance of seeking consent from people when offering them support. One member of staff told us, "I have had training on consent. I always ask people if it's okay for me to do things for them. I would never do anything for them if they didn't want me to." Another member of staff said, "I understand that I need to receive consent from people to do things for them. I would not do anything for them if they didn't want to. If not doing something for them had a negative impact on their care needs I would contact the office and we would review the persons care plan."

There were arrangements in place to comply with 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. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. The registered manager told us that people using the service had capacity to make decisions about their own care and treatment. However if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure

appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

Peoples care files included assessments relating to their dietary needs and preferences. Where people required support with shopping for food and cooking meals this was recorded in their care plans. One person using the service said, "Staff give me my breakfast and make me a cup of tea." Another person said, "I get my food delivered here. The staff just warm it up for me." A member of staff told us, "I help to prepare breakfast for some people. Some people have meals delivered to them but most people have help from their family."

People had access to a GP and other healthcare professionals when they needed them. Staff monitored people's health and wellbeing, when there were concerns people were referred to appropriate healthcare professionals. One person using the service said, "I can call my own GP and I arrange all of my own appointments. I am certain if I was really unwell the staff would call the doctor for me." A member of staff told us, "If someone was sick or injured I would call the doctor or an ambulance if someone needed one. I would also let the office know what I had done."

Is the service caring?

Our findings

People and their relatives said staff were caring and helpful. One person using the service said, "I think the staff are wonderful. I cannot say anything at all bad about them." Another person said, "I love my carer. She is willing to do anything for me, she is smashing." A third person told us, "My regular carer was off for a while and I had six different carers and they were all very good. They've all been really helpful." A relative told us, "The carers are all very nice and very pleasant. They are caring and respectful when they come to our home." Another relative said, "We never have any problems with the staff. They are all very good. We are very satisfied with the service."

People said they had been consulted about their care and support needs. One person told us, "I have a care plan and the staff stick to what's in it. I can tell them if I think anything needs to change." Another person said, "The field supervisor reviewed my care plan with me. We went through everything and updated my care folder." A third person said, "The staff discuss my care needs with me and I can tell them how I want them to do things for me. It's all recorded in my care plan." A relative told us, "I am involved in all of the care plan reviews. The staff are always reviewing the care plan and trying to make the service better for my partner." Another relative told us, "I am totally involved in planning for my sons care and support needs. I attend all of the review meetings. If anything needs to be changed we talk about it and we update his care plan."

People were treated with dignity and respect. One person said, "The staff are very kind and caring and always treat me with respect." Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. One member of staff told us, "I always ask people how they want to be supported with personal care. I always take my time and explain what I am doing for them. If a family member was around I would politely ask them to leave the room before I started providing personal care." Another member of staff said, "I always keep information about the people I support confidential, I don't leave their records lying around and only I speak with people who need to know about them such as family members, my manager or GP's."

Staff understood people's needs with regards to their disabilities, race, culture and religion and supported them in a caring way. A member of staff told us, "I have received training on equality and diversity. This has helped me understand people's different needs. For example I support a person whose religion requires them to fast during the day at a certain time of the year. I leave them a prepared meal that they can eat later in the evening. The service is also aware of some people's cultural needs when it comes to providing same gender personal care. I think the service is geared towards supporting people no matter what their background is."

People were provided with appropriate information about the agency in the form of a 'Service user guide'. The registered manager told us this was given to people when they started using the service. This included the complaints procedure and the services provided by the agency and ensured people were aware of the standard of care they should expect.

Is the service responsive?

Our findings

People told us their needs had been assessed and they had care plans in place. One person said, "My needs are being met. I am very well looked after." Relatives told us the service met their relatives care and support needs. One relative said, "The staff are very understanding and patient with my son and they know what they need to do for him. They do a very good job." Another relative said, "This is a very good service. They support my mum with all of her care and support needs."

The registered manager told us there was a matching process in place that ensured people were supported by staff with the experience, skills and training to meet their needs. They told us, for example, that a person using the service had specialist continence support needs; they made sure that staff supporting them had received training from a district nurse so they could support the person effectively. Staff told us they would not be expected to support people with specific care needs or medical conditions unless they had received the appropriate training. A member of staff said, "I would never be allowed to support anyone with a specific need unless I received training. That would be like fitting a square peg in a round hole. The service would always make sure I had the proper training first." Another member of staff told us, "The service wouldn't just send anybody to work with people. We all have to be trained first. For example I support some people living with dementia and I have received dementia training. That's why I know how to support people properly."

People's needs were assessed and care records included detailed information and guidance for staff about how their needs should be met. Assessments were undertaken to identify people's support needs before they started using the service. People's care files included referral information from the placing local authorities that detailed their care and support needs. The files showed that people using the service and their relatives, where appropriate, had been consulted about their needs. Care plans were developed which included information and guidance for staff outlining how people's needs were to be met. All of the care plans we looked at had been reviewed on a six monthly basis or more frequently where required. We also saw daily notes that recorded the care and support delivered to people. A care coordinator told us they regularly attended assessments carried out by physiotherapists and occupational therapists at people's homes. Following the assessments they reviewed people's care plans accordingly and passed this information on to the staff that supported them.

People said they knew about the complaints procedure and they would tell the staff or call the office if they were not happy or if they needed to make a complaint. One person told us, "I know about the complaints procedure. It's in the folder the service gave us. If I had to make a complaint I am sure they would do all they could to resolve it." Another person said, "I have never had any reason to make a complaint but I know all about the complaints procedure and what to do." The service had a complaints procedure in place. The registered manager showed us a complaints file that included a copy of the complaints procedure and forms for recording and responding to complaints. They showed us records from complaints made to the service. We saw that these complaints had been fully investigated and responded to appropriately.

Is the service well-led?

Our findings

At our last inspection 14 and 16 March 2016 we found that the provider had not notified the CQC when the previous registered manager had stopped managing the service. This was a breach of Regulation 15 of the Care Quality Commission (Registration) Regulations 2009. Following that inspection the provider notified the CQC that the previous registered manager had stopped managing the service.

At our last inspection we also found that the provider had failed to notify the CQC of allegations of abuse in relation to people using the service. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. During that inspection the provider formally notified the CQC about these safeguarding concerns.

The service had a registered manager in post. The registered manager had been in post since September 2015. They knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications, including safeguarding concerns, were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staffing team.

The provider recognised the importance of regularly monitoring the quality of the service provided to people. The registered manager told us the provider visited the office on a regular basis to supervise and offer them support. The provider carried out quarterly monitoring visits to assess how the service was operating. We saw a report from the December 2016 visit. Areas covered during the visit included quality monitoring, spot checks, complaints, safeguarding, support plan reviews, staff retention and recruitment, supervision and training. Where areas for improvement had been identified we saw action had been taken address them. For example some staff had left employment and action had been taken to recruit two new field supervisors.

We saw files with records of safeguarding concerns, complaints and incidents and accidents. Monthly audits were carried out on people's medicines records to make sure people were receiving their medicines. We also saw records of unannounced spot checks and telephone monitoring calls. A field supervisor told us they carried out the spot checks at people's homes to make sure staff turned up on time, wore their uniforms and identification cards and supported people in line with their care plans. They spoke with people using the service to see if they were happy with the service they were receiving. They also checked peoples care records and medicines administration records, where required, to make sure they were being completed correctly. A relative told us, "The field supervisor carries out spot checks to make sure everything gets done. We also get regular telephone calls from the office asking us if everything is okay." A member of staff told us, "I had a spot check carried out on me last week. I didn't know the field supervisor was coming. They checked that I was doing everything the right way and spoke with the person using the service to see if they were happy. The spot checks keep me on my toes. I think it's good that they are checking on the quality of the care we are giving people."

The registered manager told us that safeguarding concerns, complaints and accidents and incidents were

discussed at team meetings and measures were put in place to reduce the likelihood of these happening again. One member of staff told us, "The team meetings are good. We can express our views about the service and share our learning and experience. I find the team meetings are very helpful." Another member of staff said, "We have the opportunity to discuss people's needs, ask questions and learn from other staff. We talk about any incidents or accidents or complaints when they occur. We look for ways to make sure the same things don't happen again." We saw the minutes from the December 2016 team meeting. The agenda included planning for 2017, staff supervision and appraisals and staff awards. Staff were presented with awards for are such as 'best care worker', 'attitude, thoughtfulness and respect' and 'long service and good conduct' amongst others.

Staff said they enjoyed working at the service and they received good support from the registered manager and office staff. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it. One member of staff said, "Its great working here. We have great team work and I get really good support from the registered manager and office staff." Another member of staff told us, "I enjoy my job. The whole team are supportive; it's a good place to work."

The provider took into account the views of people using the service through annual satisfaction surveys and telephone monitoring calls. The registered manager told us they used feedback from the surveys, telephone calls and spot checks to constantly evaluate and make improvements at the service. They showed us a report and action plan from the last survey conducted in December 2016. We saw that action had been taken when suggestions for improvement had been made. For example, one person felt the service could improve if some senior staff visited them more often. The action plan recorded that the field supervisor had arranged visits to the person concerned. Another person was not sure where to find the services out of hour's telephone number. The action plan recorded that the person concerned was contacted and advised that the number was recorded on the front of the folder they kept at home.