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Supreme Healthcare Services

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

The service had a manager who was in the process of registering 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. The manager and provider were present and assisted us during the inspection.

People were protected from risks to their health and wellbeing and were protected from the risk of abuse. Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.

Staff received training and supervision to enable them to do their jobs safely and to a good standard.

People were treated with respect and their privacy and dignity was promoted. People said their care workers were kind and caring. Staff were responsive to the needs of the people they supported and enabled them to maintain their independence as much as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. We have made a recommendation about improving communication detail within peoples care plans to protect and support their rights to make their own decisions.

People received support that was individualised to their specific needs and reflected their likes, dislikes and preferences. People's equality and diversity needs were identified and incorporated into their care plans. Their needs were monitored and care plans reviewed regularly or as changes occurred. People's health and well-being was assessed with measures put in place to ensure people's needs were met in a person centred way.

Medicines were managed well and staff handling medicines were only allowed to do so after completing their training and being assessed as competent. Where included in their care package, people were supported to eat and drink enough.

People benefitted from receiving a service that was managed well. Quality assurance systems were in place and being reviewed by the manager to improve the quality of monitoring the care and support being delivered and the running of the service.

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. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Risks to people's personal safety had been assessed and plans were in place to minimise those risks. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

There were sufficient numbers of staff and medicines were handled correctly.

Is the service effective?

Good

The service was effective. People benefitted from a staff team that was well trained. Staff had the skills and support needed to deliver care to a good standard.

Staff promoted people's rights to consent to their care and their rights to make their own decisions. The registered manager had a good understanding of the Mental Capacity Act 2005 and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

People were supported to eat and drink enough and staff made sure actions were taken to ensure their health and social care needs were met.

Is the service caring?

Good

The service was caring. People benefitted from a staff team that was caring and respectful.

People received individualised care from staff who knew their individual wishes, preferences and equality and diversity needs. We have made a recommendation about improving communication detail within peoples care plans to protect and support their rights to make their own decisions.

People's right to confidentiality was protected. People's dignity and privacy were respected and people were supported to be as

independent as possible.

Is the service responsive?

Good

The service was responsive. People received care and support that was personalised to meet their individual needs.

The service provided was responsive in recognising and adapting to people's changing needs.

People and their relatives were confident the service would listen and take action on what they said if they raised any concerns.

Is the service well-led?

Good

The service was well led. People were happy with the service they received.

The manager had begun the process to register with CQC as the registered manager. Staff were happy working at the service. They felt supported by the management team and said the training they received helped them to meet people's needs, choices and preferences.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service.

Supreme Healthcare Services

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 checked 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 inspection took place on 24 and 26 July and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. We were assisted over the two days of our inspection by the provider and by the manager.

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

As part of the inspection we spoke with the provider and recently appointed manager. We also spoke with two care coordinators, three members of the care team and the quality director. We spoke with five people who use the service and two relatives and received feedback from a social care professional.

We looked at records relating to the management of the service including five people's care plans, risk assessments, daily notes and medicines administration records. We also looked at 10 staff recruitment files, training and support records, policies, complaints log and accident/incident records.

Good

Is the service safe?

Our findings

People were protected from the risks of abuse. They told us they felt safe when receiving care and support from staff and would feel confident to raise any concerns they had with the service. Comments included, "Oh I feel safe" and "Yes I do feel safe because they (staff) are all nice." A local authority commissioning officer felt people were safe at the service and that any risks identified were managed appropriately, so that people were protected.

Staff had received training and knew what actions to take if they felt people were at risk. They were confident they would be taken seriously if they raised concerns with the management. However, the organisation's whistleblowing policy had not detailed the contact names of external professional bodies' that staff could approach if they had a concern and were not being listened to within the organisation. The manager had undertaken to rectify this during the inspection.

Peoples care plans and risk assessments incorporated measures to reduce or prevent individual risks whilst meeting their health care needs. For example, moving and handling to promote the safety of the person and staff, and falls risk assessments due to reduced mobility. These had intervention strategies agreed, such as ensuring the person had their walking aid within reach. Environmental risk assessments of people's homes were also carried out and spot checks were undertaken to observe staff practice and monitor that staff used equipment safely.

People's medicines were handled safely. Risk assessments identified that only staff trained and assessed as competent were allowed to administer medicines. The training log confirmed staff had received training and that their competence had been checked by a manager observing them administering medicines. There were some discrepancies within medicine administration records. Office staff identified these during a routine audit. Other daily monitoring records were checked to establish if those people had received their medicine at the right time. This confirmed that the individuals had received their medicine and that the error was in the medicine administration record only. Action had been taken to address this with staff to minimise the risk of recurrence.

Staff hours were provided to meet the needs of people's individual care packages. Staff said they had enough time to provide the care people needed within the time allocated to them. People and their relatives said they received care and support from familiar, consistent care staff. One person said, "Sometimes they are late by half-an-hour, but I don't mind." The agency had contracts with the local authority to meet the care needs for 38 people at the time of our visit and had no private paying clients. The arrangements agreed, confirmed a call was considered on time if delivered 30 minutes either side of the specified call time. A social care professional stated that the service had a difficult week or two with capacity issues due to unexpected staff shortage. They said the manager had ensured calls were covered and was working with a 'slow and steady' growth model in mind. The manager told us that they had reduced the amount of referrals they were taking each week to ensure they had the capacity whilst they recruited more staff.

People were protected by recruitment processes that helped ensure they were supported by staff of good

character. We looked at the recruitment files for 10 recent employees. Checks had included two references, one of these from a previous employer. Disclosure and Barring Service (DBS) checks were processed to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. Their identity had been checked and there was a recent photograph on file for new employees.

Good

Is the service effective?

Our findings

People received effective care and support from staff who received training and supervision that kept their skills and knowledge up to date. People and their relatives said the care workers had the skills and knowledge needed when providing their care and support. A social care professional told us that there had been a lapse of knowledge for some staff to provide good quality care. Supervision and retraining had therefore been provided to ensure all staff had the knowledge and skills they needed to carry out their roles and responsibilities.

Staff training records showed they had received induction training when they first joined the organisation and received training related to their roles. Training received included health and safety, food safety, infection control, fire safety and moving and handling. Other training routinely provided included medicines, emergency first aid and safeguarding adults. Additional training had been provided in relation to the needs of people supported by the service, such as dementia awareness. Staff felt they had been provided with the training they needed that enabled them to meet people's needs, choices and preferences.

Staff had one to one meetings (supervision) with their manager every two to three months plus spot checks, which were direct observational sessions at least twice a year. Spot checks are where a manager observes a member of staff working with a person using the service to ensure they are working to the provider's expectations. The log of supervision showed staff were up to date with their supervision meetings. Staff said they had regular supervision from their managers which enhanced their skills and learning.

People's rights to make their own decisions, where possible, were protected. They told us they were involved in decision making about their care and support needs. Staff had received training in the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA and found they were.

The manager had a good understanding of the MCA and her responsibilities to ensure people's rights to make their own decisions were promoted. The manager was aware of the legal safeguards in the MCA in regards to depriving people of their liberty. She was aware that applications must be made to the Court of Protection where people were potentially being deprived of their liberty in their own homes. At the time of our inspection, no people were being deprived of their liberty.

Staff covered fluids and nutrition and food safety training as part of their induction. Where providing meals was part of the package of care and/or where there was a concern, daily records included how much people had eaten. Where people were not eating or drinking well, nutritional risk assessments were completed and advice sought from an appropriate health professional. People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Good

Is the service caring?

Our findings

People were supported to be as independent as possible. Their care plans gave details of what they could do for themselves and where they needed support. This helped staff to provide care in a way that maintained the person's level of independence. However, care plans had limited information on individuals preferred communication method and/or personal histories. One care plan informed that the individual, "speaks very little English" with no other detail. Another stated, "no communication difficulties", followed by, "poor eyesight and hearing". There was no supporting information to inform staff of people's preferred communication choice, though people told us they were confident that they were being listened to. Fifty percent of staff had received equality and diversity training.

We recommend that the service seek advice and guidance from a reputable source about supporting people's communication needs to express their views and involve them in decisions about their care.

People and their relatives told us that staff were kind, caring and respectful of them when providing care and support. Comments about staff included, "very pleasant, very nice" and "Oh yes they do respect you, and when you're not well they reassure you".

The organisation had received feedback from people and their relatives through questionnaires they had sent in 2017. Comments within the feedback included, "I look forward to them (staff) coming because they help me a lot." "Mum loves all her carers and looks forward to them calling in."

People and their relatives told us they received care and support from familiar and consistent care workers. They said staff arrived on time and stayed the required amount of time, completing everything they should do during the visit.

People's right to confidentiality was protected. All personal records were kept in a lockable cabinet in the office and on the service's computer system, only accessible by authorised staff. In people's homes, the care records were kept in a place determined by the person using the service.

Good

Is the service responsive?

Our findings

People received support that was individualised to their personal needs. People's needs were assessed before their care package started, either by the commissioning local authority or by the agency staff. People and their relatives said they were happy with the care and support they received from the service. People and their relatives felt they received the care and support they needed, at the times that suited them.

People's care plans were based on an assessment, with information gathered from the person and others who knew them well. The information was gathered before starting the package and then added to as staff got to know the people, what they needed and how they liked things done. One person said, "That's right I'd agreed with the care plan. The lady from the office came and we agreed what was to be done." Their usual daily routines were also included in their care plans so that staff could provide consistent care in the way people preferred. The assessments and care plans captured details of people's abilities and wishes with their self-care.

People's needs and care plans were regularly assessed for any changes. People's changing needs were monitored and the package of care adjusted to meet those needs if necessary. Staff reported any changes to the office so that the care plans could be updated. The care plans we saw were up to date. Daily records were detailed and showed that care provided by staff matched the care set out in the care plans.

People and their relatives were aware of how to raise a concern. They said the care and support workers and staff in the office responded well to any complaints or concerns they raised. People were given details about how to make a complaint when they started a package of care. They knew who to contact at the agency if they needed to. A person's relative said, "Well they have given us a number that we can contact if we had a concern." The complaint procedure did not detail external organisations people could go to if, they felt they were not being listened to, or if they felt their complaint had not been managed appropriately. The provider had undertaken to update their complaint procedure for people to be fully informed.

Staff were aware of the procedure to follow should anyone raise a concern with them.

Good

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. At the time of our visit the manager had begun the process to register with CQC as the registered manager.

People received a service from staff who worked in an open and friendly culture and told us they felt the service was managed well. Staff told us their managers were accessible and approachable and dealt effectively with any concerns they raised. They also said they would feel confident about reporting any concerns or poor practice to the provider and manager.

The service carried out routine audits of a number of areas related to the running of the service. For example, audits of care plans and risk assessments, medicines administration records, timeliness of calls and staff files. We saw that issues identified during a local authority commissioner's visit had been incorporated into an on going action plan for the service. Managers carried out spot checks on staff which included competency checks on their care practices in moving and handling and medicines management. The spot checks also assessed how staff worked with people who use the service. Where concerns were identified during spot checks these were addressed with the staff members concerned. Follow up checks were completed to ensure that staff practice had improved. We saw that action had been taken to improve the quality of care plans and that risks assessments were continually reviewed to ensure people received safe care. All records seen were up to date and accurate.

A social care professional told us they were working with the manager to develop an open working relationship. The manager had identified through monitoring and review ways to improve. For example, monitoring timeliness of calls and audits. The electronic system provided by the commissioning authority was used to monitor timeliness of calls. However, the process had not been welcomed by most of the people using the service. The system required staff to use the person's main telephone line to log in and out of care calls. Some people had stated that this was inconvenient particularly if they or a relative were using the telephone when the care worker arrived. Audits of records were mostly centred on people's individual records such as their medicine administration records, as opposed to an audit of all people's medicine administration records to identify any trends. This was an area that the new manager had also identified during a review of systems used to monitor the services provided. For example, the manager and provider told us they were exploring the possibility of introducing a new electronic system of monitoring timeliness of calls that would not affect people's privacy. They were also looking at ways to further develop audits of the services provided.

Records showed staff meetings were held and regular memos were sent to staff to update them on organisational issues. Care workers said the staff in the office gave them important information as soon as they needed it. People, their relatives and staff all said they would recommend the service to another person.

People's confidential records were stored securely in locked cabinets and were maintained in an orderly

manner.