

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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Supreme Care Services Limited is a domiciliary care agency. The service provides personal care to people living in their own houses and flats. It provides a service to older adults some of whom have physical disabilities, mental health needs and are living with dementia. At the time of inspection 302 adults were receiving support with personal care from this service.

This inspection took place on 20 February and 1 March 2019 and was announced. 48 hours before the inspection we contacted the service to let them know that we will be coming to inspect them. We wanted to make sure that the management team would be available on the day of inspection.

This service has not previously been inspected.

The service had a registered manager who was on leave at the time of inspection. A registered manager is a person who has registered with the CQC 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 and their relatives told us that communication with the agency staff was not always effective and that they found it difficult to get their enquiries answered in good time. We made a recommendation about this.

Staff followed the provider's procedures if they noticed people being at risk to abuse or when incidents and accidents took place. There were appropriate risk management plans in place to mitigate the potential risks to people. Staff had to undertake appropriate checks before they were employed by the service. Staff helped people to manage their medicines where they required support to do so. Although systems were in place to encourage staff to adhere to infection control procedures, some staff had not always worn uniforms. People told us that covering staff had not always arrived for their calls on time and we found that the management team had made improvements in this area to address this concern.

People had healthcare professionals involved to guide staff on the support required to meet their health needs. People made choices about the food they wanted to eat. Staff were regularly supervised by their line manager and had support to discuss their professional goals. Systems were in place to monitor staffs training needs. However, some staff lacked knowledge about the Mental Capacity Act (MCA) 2005 principles and how this act was applied in practice.

People had complimented staff that supported them and described them as kind, caring and friendly. People told us they made choices about their care and support needs and that their views were listened to. Staff provided support that was respectful towards people's privacy, culture and religion. Staff enhanced people's independence and encouraged people to take part in the activities of their choice.

People's care needs were assessed and staff were provided with sufficient level of information relating to people's health conditions and day to day care needs. Where appropriate, care records included information about people's end of life wishes. Systems were in place to gather people's feedback about the service delivery. People had their communication needs identified and the support they required to understand information which helped staff to have conversations with people.

Systems were in place to monitor the care being delivered for people and actions were taken to improve where necessary. The staff team were regularly reminded of what was required of them in their role and took responsibility for providing good care for people. Staff were encouraged to socialise with people to address the issue of social isolation.

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 followed the service's procedures which guided them to protect people from abuse and prevent incidents and accidents occurring. There were robust risk management plans in place to help staff to prevent the potential risks to people.

Safe staff recruitment procedures were in place to employ suitable staff. People received their medicines at the times they needed it.

People told us that sometimes staff arrived for their shifts late but the service made changes to address this. More close monitoring was required to ensure that staff wore uniforms and identification badges at the times they visit people in their homes.

Is the service effective?

Good ●

The service was effective. People's dietary and healthcare needs were met by the staff team where that was part of their support.

Supervision meetings took place to help staff in their role.

Staff completed mandatory training courses to meet people's care and support needs safely but they lacked knowledge about the Mental Capacity Act (2005) principles to ensure they appropriately supported people in the decision-making process.

Is the service caring?

Good ●

The service was caring. People told us that staff were kind and treated them with respect.

Staff supported people's right to privacy and respected people's dignity when they provided personal care.

Staff enhanced people's skills to help them to maintain their independence.

Is the service responsive?

Requires Improvement ●

Some aspects of the service were not responsive. People and their relatives told us that communication with the agency office staff was not always effective and that the actions taken to address their concerns were not timely.

People's care needs were assessed to determine the assistance people required to meet their health conditions and daily needs.

Staff were aware of people's preferred methods of communication. People were asked to provide feedback about the care delivery.

Is the service well-led?

Good ●

The service was well-led. Regular quality assurance checks were carried out to identify any improvements required and actions were taken to address the issues identified.

Systems were in place to support staff in their role making sure they provided safe services for people.

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 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.

We attended the agency office on 20 February and 1 March 2019. We gave the service 48 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that the management team would be in.

This inspection was carried out by two inspectors and two 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.

Prior to our inspection, we reviewed the information we held about this service, including any safeguarding alerts and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

During the inspection, we made calls to 20 people who used the service and six relatives asking for their feedback. We spoke with the managing director, quality and compliance consultant, company secretary and eight members of staff that worked for the service. We looked at care records for nine people, 12 staff files and reviewed records related to training, safeguarding, incidents and accidents, medicines, recruitment and other aspects of the service management.

During the inspection, we contacted three healthcare professionals asking for their feedback about the service delivery.

Is the service safe?

Our findings

Systems were in place for reporting and recording any safeguarding concerns received. The management team used a spreadsheet for recording any relevant information about the safeguarding taking place, including dates and action taken to protect people. Any themes from safeguarding concerns received were discussed with the staff team to outline the improvements required to prevent any repeated incidents. Staff were aware of different types of abuse and told us they approached the management team if they noticed people being at risk of harm and abuse.

Risk management plans were person centred and identified individual risks to people. People's risk assessments were comprehensive and provided guidance for staff on how to mitigate the potential risks to people in relation to falls, mental health, nutrition, moving and handling and medicines. Colour coding was used to alert staff about the risks that had a higher impact to people's well-being.

Appropriate recruitment checks were carried out to decide on staff's suitability for the role. Records showed that staff were required to fill in a job application form, attend an interview, provide two references, identification documents and carry out a criminal records check before they started working with people. We also checked files for those staff members who required visas to work in the United Kingdom and we found they had an up-to-date permission to work in this country.

The management team told us they took over staff's employment contracts from other providers when people were transferred by the local authority to Supreme Care Services Limited. These staff members were required to fill in a job application form and attend an interview style meeting which helped the management team to assess their knowledge and skills set. At the start of their employment, regular spot checks and supervisions were carried out to ensure staff's fitness for the role.

Staff were trained to safely manage people's medicines. The Medication Administration Record (MAR) charts were appropriately maintained and completed. The management team had regularly audited the MAR charts to ensure that people had taken their medicines as prescribed. People's care records included guidance for staff on the support people required to take their medicines, including the assistance a person required to access their medicines safely.

Staff followed the incident and accident reporting procedures to protect people as necessary. Staff had to complete a form when an incident or accident took place which was then sent to the management team to check if the required action was taken quickly as necessary.

Some people and their relatives told us that staff had not always wore their uniforms and identification badges or had the protective equipment to use such as gloves to minimise the risk of infection. One person told us, "I've had [staff] turn up dressed as though they are going to a party. My regular [staff member] is very professional. She is old school and wears a uniform and is clean and tidy." Relatives' comments included, "[Staff] just wear ordinary clothes and they have no name or identity badge. They just say they are the carer with nothing to prove who they are. There have been times when they say they have forgotten the gloves

and I have to give them gloves. I don't mind but they should have the tools of the trade" and "[The staff member] doesn't wear a uniform, it's his own clothes but he does bring gloves. I'm not sure if he has ID."

Although people's feedback was not always positive, we saw systems in place to encourage staff to adhere to provider's policies and procedures around dress code and infection control. The management team told us that all staff were issued with uniforms and ID badges at the start of their employment. Staff were provided with protective equipment such as gloves, aprons and shoe covers to ensure they supported people safely. This was a regular discussion topic at the staff meetings. Records showed that regular spot checks were carried out to evaluate staff's performance on the job. However, a template used to record the spot check had not included observations on staff's appearance and use of protective equipment. This was discussed with the management team who agreed to revise the spot check forms making sure they observed staff's performance in these areas as necessary. We will check their progress at our next comprehensive inspection.

We had mixed responses from people in relation to staff's attendance for their visits. The majority of people that we spoke to told us they felt safe with the staff that supported them and that they were on time for their visits. People's comments included, "[Staff] are never late and always do what I want. They have never missed a visit and it's the same person who comes for the week and then someone else will come at the weekend but that's ok as most are very nice" and "They are always around the right time and I know [staff] and they know me. I'm happy with everything."

However, on four occasions we were told that covering staff were not punctual, two people reported missed visits and that the agency did not let them know if staff were running late. Comments included, "My main carer I've known for a long time and is never late or missed calls. However, my carer takes Sundays off and [the agency staff] is finding it difficult to cover. I've had where they weren't turning up until 9.30am and it should be 8am and they don't let me know. I tried to explain to them about this but they either couldn't or wouldn't understand although it has improved a bit as I have a little more regular carer on Sundays now" and "[The regular staff member] is generally on time for the 3 visits which should be 9 am 1 pm and 6 pm but with new carers they can come at 8am and then at 2pm- I just don't know when to expect them and they don't let me know. I have had times where nobody has come at the weekends to help me and I've had to phone my son."

An electronic system was used by the provider to monitor staffs' attendance for their shifts. Staff used a mobile phone to log the start and finish of visit which informed the management team about the duration of their shift and if they were running late. There were two full time staff members working at the agency office who called people if they saw staff running late. Calls made to people were appropriately recorded and audited to ensure safe care delivery. Records demonstrated that staff's punctuality was improving. Punctuality audits for January 2019 showed that less than 2% of staff were late for more than 30 min for their visits and mainly because of transport delays or being held up at previous visits. The management team told us they regularly reviewed the systems used to monitor punctuality making sure that staff were able to attend the visits on time. Recent changes included staff being assigned to work with people who lived in the same area to reduce the travel time. Staff also had to choose if they wanted to work with people who required two staff members so they could attend the visits together and in time.

We discussed staff's attendance with the management team who told us they were happy that people were not making complaints about the regular staff members meaning that recently introduced changes were effective. We were told that changes were also had been made regarding the covering staff and the service aimed to use the same staff to cover the visits when people's main carers were not available so that people got to know covering staff as their regulars.

People's feedback reflected this improvement. They told us they noticed that the service had improved over the last few months with the introduction of better quality of staff and a more reliable service overall. We will continue monitoring and check their progress at our next comprehensive inspection.

Is the service effective?

Our findings

People told us they had support to meet their nutritional needs as necessary. One person said, "[Staff] cook what I want and always leave me a drink. They stay with me whilst I eat and then clear up. If I don't want the food straight away they put it in the microwave for me and then I can switch it on myself later." Care plans had guidance for staff on the support people required to meet their dietary needs related to their health conditions such as diabetes.

The management team told us they contacted healthcare professionals if staff had noticed people's health needs changing, including GPs and district nurses. They also requested the healthcare professionals to review people's medicines to ensure they continued meeting people's health needs. Staff were aware and followed recommendations made by the healthcare professionals which ensured effective care delivery for people.

People had their individual needs identified to ensure person-centred care. A pre-admission assessment was carried out to determine the assistance people required to lead their chosen life styles and to decide if the service was able to meet their care needs. Information gathered included people's wishes, relatives' observations and healthcare professionals' feedback which was reflected in people's support plans for staff to follow as necessary.

Staff received support through regular supervision meetings. Records showed that staff met with their supervisor every three months to discuss their developmental needs. Supervision notes were signed off by supervisor and supervisee and the following supervision date was agreed. The appraisal meetings were upcoming as staff had not yet worked for the service a full year.

Records showed that staff had been trained in areas the provider considered mandatory. One person said, "Carers help me to get into the bath using a special chair, they make sure everything is in place and that I feel comfortable and safe. I certainly have the impression that carers are trained and competent." Before staff started working with people, they were required to attend training courses based on the Care Certificate which is an agreed set of standards that sets out knowledge and skills expected in the social care sector. The training courses included safeguarding, medicines management, health and safety, mental health awareness and moving and handling. Staff were provided with additional training courses to meet people's specific needs, such as arthritis care. One staff member told us, "We did five days training and it is very useful. The training we get is very very interesting."

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 make 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. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. Although staff had attended training on the Mental Capacity Act 2005 (MCA), most staff that we talked to had a very limited knowledge about the MCA. They couldn't tell us what the MCA was in relation to but when prompted they provided us with examples of how they supported people to make everyday decisions and choices about their care. Staff told us that any concerns they had about people's ability to make more important decisions were reported to the management team for providing those people with support as necessary.

These concerns were discussed with the management team who told us they had systems in place to remind staff of their responsibilities in relation to the MCA. At the start of employment, staff were provided with a pocket size guidance about the MCA. The MCA was a policy of the month in January 2019 and staff had to sign confirming they read it. On the second day of inspection, the management team told us that from now on staff's competence will be checked after they completed the MCA training to ensure they understood the principles of the act. Staff were sent an easy to understand information about the MCA to reinforce their understanding about the act before they attended their next training course. We will check their progress at our next comprehensive inspection.

We also found that the staff team had carried out mental capacity assessments to determine people's capacity in relation to their ability to make overall decisions about their personal care, including nutrition, dressing and washing. This was contradicting a main principle of the MCA to assess people's capacity only in relation to a specific decision. The management team told us and records confirmed that people were assessed as mostly having capacity to make such decisions and therefore no further action was required after these assessments were carried out. This meant that the impact on people was minimal. On the second day of the inspection, the management team informed us that such assessments would no longer be carried out.

Is the service caring?

Our findings

People described staff as friendly and caring, particularly those who were regular and they knew for some time. People's comments included, "My regular carer is beyond perfect- she goes the extra mile to do all she can for me. We have known each other for so long. She will make sure she tidies up after herself too", "I like my regular carer- she is lovely. She washes me and she does my breakfast. I always choose what I am going to have and she clears up for me. I had a giddy spell this morning and didn't feel like eating and so she just got me a cup of coffee, she is very kind", "[The staff member] is helpful, kind, respectful and does what I want her to do. I am happy with my carer" and "My regular girl is very kind but professional. I would be so sorry if she left. She is there for the welfare of people and not just a job."

People told us they made decisions about the care they wanted to receive and that staff were good at listening to them. Their comments included, "The care I have is as we agreed when we started with the agency, you have to explain to staff how you want that to be done, which they carry out, it is a pain however to keep explaining to new staff", "The carers always ask how I am and how I want to be helped. They follow my instruction, in the way I like things to be done" and "I have to have cream on my legs but I am very particular how this is done and staff have it right."

People provided us with the following examples of how staff ensured their dignity was respected and made them feel comfortable during personal tasks, "The carer closes the doors whilst I am changing even though there is no one in", "I have to be helped with personal care and my carer is very good at getting me into the shower and then leaving me to wash. She says to just call out and she will come back in", "Staff are very good at getting my clothes and towel ready for me keeping me warm and treating me with respect" and "[The staff member] always makes sure I am covered and keeps my privacy when helping me." A relative told us, "I trust mum's carer 100%, she is very professional and respectful of mum's things."

Staff were provided with information about people's spiritual and cultural needs. A family member said, "[The staff member] is Nigerian as is [my relative] so they can communicate more easily and there is a good rapport built." The management team told us that where possible they took into account people's first language when matching a staff member making sure they spoke a person's first language. Staff received a reward for referring new employees from different cultural backgrounds to help the service to meet people's diverse care needs. Care plans included information if people were following their religious beliefs and support required to practice their religion.

Staff supported people to retain their independence where possible. One person said, "I am less able than I was which can be very frustrating. The carer is very good at not doing everything for me. We agree the parts I can manage myself as it is important that I keep going." Another person told us, "I chose just how much help I want. I can still do a lot for myself. The staff are very good at knowing just how much to help." People's relatives told us that staff adapted to people's changing needs and encouraged them to do tasks for themselves. One relative said, "Mum's ability has declined. She could do a lot for herself, now staff have to do more, but they still make sure she washes herself." Another relative told us, "Mum's carer is outstanding, she is so compassionate and caring. She doesn't rush Mum and lets her work at her own pace, gently

encouraging her." Care plans included information on how to support people safely in the community whilst not reducing their independence.

Staff respected people's confidentiality and protected their personal information. One person said, "No gossip, [staff] don't talk about others that they care for." Records showed that people were asked to consent to their information to be shared on a need to know basis.

Is the service responsive?

Our findings

People told us that communication with the agency office was not always effective. Most people said they found it difficult to get hold of the relevant staff members working for the agency. People's comments included, "It's not easy to get hold of the people in the office. It can just ring out for ages. Also a few times the messages didn't go through, for example when I cancelled cover for weekends because my carer was off, someone still turned up", "I have already reported them to the council because [Supreme Care Services Limited] had never return the calls, I was at the end of my tether" and "The management is very poor. I've had to phone a couple of times about things and I'm still waiting for them to get back to me." A relative told us, "When you phone they pass you from one person to another and the person you need is in a meeting or not in today and they never return my calls. It's always a problem to get hold of them."

The same communication issues were noted by the healthcare professionals, with one saying "Some of the staff at the phones must be ready to answer clients' questions rather than passing on messages. It makes the process rather long which of course might delay immediate answers to questions which we may require quick answers and may get lost in the process. The chain responders cause delay." In addition, issues relating to information sharing were also recently highlighted by the Care Quality Commission. We asked the management team to provide an action plan noting how they planned to improve their communication with us.

These concerns were discussed with the management team who told us they had arrangements in place to support good communication with people and other parties involved in their care. There was an on-call team to answer people's calls during the out of office working hours. Records confirmed that actions were taken to address people's concerns raised when they called on the weekends. The management team had also told us that people were given a phone number that was connected to every phone in the office to ensure their calls were answered quickly.

We saw appropriate systems in place to address the complaints received. Records showed that any complaints reported were investigated and dealt with to ensure effective care delivery for people. For example, changes to the rota were made where a person had reported staff being late for their visits.

We recommend that the provider seeks guidance on best practice in relation to the processes used to ensure effective communication with people and relevant agencies.

Records showed that people were contacted regularly over the phone for feedback about the care delivery. People had confirmed receiving calls from the agency staff, with one person saying, "I had a call the other day from them and she asked me if I am satisfied with the care and I said generally yes as I get on with my carers." The management team told us they identified that sometimes the allocated times for visits did not longer suited people and therefore they made arrangements to call people regularly to discuss their preferred visit times to ensure effective care delivery.

People's care records were comprehensive and reflected their current support needs. Care plans contained

person-centred details about people's lives and were written in the first person. Information was available about people's life history, preferred name to be called by, hobbies, TV programmes and newspaper of choice, likes and dislikes, areas that they wanted to improve their independence skills and the goals that they wanted to achieve. There was a clear guidance for staff to follow on the support people required to meet their health and social care needs depending on their individual circumstances. Evidence showed that the care plans were developed based on people's choices and input from their relatives which ensured good care delivery. The management team told us that support provided for people should not be presumed to be endless and that they aimed to enhance people's independence thus resulting in a reduction of the current support hours.

The service met the requirements of the Accessible Information Standard by supporting people to meet their individual communication needs. A family member said, "My mum is getting very confused. The carers are good at making sure she understands and they use reassuring language to support her. Carers know that they have to repeat themselves a few times. They are very patient and take time to make her feel at ease." People's care plans included data regarding people's preferred methods of communication, such as verbal and body language, the support people required to get involved in conversations and understand the information provided.

The management team told us that people had their advanced wishes discussed in the initial assessment and that this information was reflected in their care records as necessary. This included Do Not Attempt Resuscitation (DNR) decisions which guided staff to support people in respect of their wishes.

Is the service well-led?

Our findings

This service was registered with the Care Quality Commission on 2 February 2019. They started operating from March 2018. The provider was commissioned by the local authority and gradually took more people, some of which were from other providers. There was a transition period where people were supported to change their provider. In some instances, people had their regular staff members coming to work for Supreme Care Services Limited so they could continue supporting them. The management team told us this was a rapid transition and that they believed in continuous improvement of the service. We saw actions agreed and implemented where they had identified issues arising to ensure effective care delivery for people. This included staff's repeated lateness being addressed in formal meetings with their line manager. The service also planned for the field supervisors to start using tablets for making notes on the spot so they could spend more time with people instead of traveling to the agency office to record their activities.

A representative from the local authority told us that Supreme Care Services Limited was the 'most improved' domiciliary care agency that they worked with at the moment. They also said that, "[The service] has really improved over the last couple of months, and I hope they keep this, maintain this and make more improvements which are required."

There were clear expectations of the staff team which helped to ensure good care delivery for people. Field supervisors held a case load and were responsible for managing all aspects of care delivery in their allocated area. Regular staff meetings were facilitated to share experiences and have discussions with staff about their role responsibilities in relation to infection control and good working practices. Staff told us they were well supported by the management team. One staff member said, "The management are attentive to carers, they give advice when you need it."

The management team told us that Supreme Care Services Limited had recently launched a new volunteer befriending service to address social isolation which is an issue in domiciliary care setting. Some people only had paid staff visiting them and therefore the agency had encouraged their staff to dedicate time, which they had free between their shifts, visiting people socially and having a cup of tea with them. At the time of inspection, they had 17 staff members signed for the scheme.

Records showed that quality assurance processes were in place to monitor the quality of the services provided for people. Regular audits were undertaken by the quality compliance manager, quality compliance officer, registered manager, care coordinators and field supervisors to ensure that health and safety at the service, people's care records, staff's recruitment files were up-to-date and accurate. Regular checks, such as spot checks, were carried out to review staff's performance on the job making sure they were meeting their role expectations. Systems were in place to monitor and learn from any incidents and accidents occurring, safeguarding concerns and complaints received. Actions taken included re-zoning staff rotas to ensure timely visits and calling people to agree the visit times that suited them.

The management team told us they worked in partnership with relevant health and social care agencies to share information and practice issues as necessary. This included joined working relationships with the local

authority to assess and monitor people's support needs so they could be provided with the required level of care. A healthcare professional told us, "I work really well with the care co-ordinators, and that works really well."