

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 09 May 2016. Our last inspection of the service was in July 2014 when we found it was meeting all of the standards we inspected.

Supreme Care Services Limited provides care and support to 51, mainly older people, who live in their own homes in the London Borough of Ealing. The service has two registered managers. 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 using the service and their representatives told us they felt safe with their care workers.

Care workers supported people to manage their medicines safely.

The provider carried out checks to ensure new care workers were suitable to work with people using the service.

The provider organised training, supervision and team meeting to support care workers.

People using the service were involved in planning the care and support they received.

Care workers supported people to maintain a healthy diet.

People received care and support from care workers who knew and understood their needs.

People's support plans covered their personal, social and health care needs and detailed the support their care workers provided on each visit.

People told us their care workers listened to them, and gave them time to express their views and preferences about the way their care was delivered.

People using the service and their care workers told us they felt able to approach the management team and felt valued by them.

The provider had systems to monitor the quality of the service that people received and to make improvements.

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.

People using the service and their representatives told us they felt safe with their care workers.

Care workers supported people to manage their medicines safely.

The provider carried out checks to ensure new care workers were suitable to work with people using the service.

Is the service effective?

Good ●

The service was effective.

The provider organised training, supervision and team meeting to support care workers.

People using the service were involved in planning the care and support they received.

Care workers supported people to maintain a healthy diet.

Is the service caring?

Good ●

The service was caring.

People using the service and their relatives told us their care workers were caring and treated them with respect.

People and their relatives told us their care workers respected their privacy and dignity.

People's support included information about how to support them to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People received care and support from care workers who knew

and understood their needs.

People's support plans covered their personal, social and health care needs and detailed the support their care workers provided on each visit.

People told us their care workers listened to them, and gave them time to express their views and preferences about the way their care was delivered.

Is the service well-led?

Good ●

The service was well led.

People using the service and their care workers told us they felt able to approach the management team and felt valued by them.

The provider had systems to monitor the quality of the service that people received and to make improvements.

Supreme Care Services Limited

Detailed findings

Background to this inspection

This inspection took place on 09 May 2016. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection.

One inspector carried out the inspection.

Before the inspection we reviewed the information we held about the provider and the location. This included the last inspection report and statutory notifications the provider sent us about significant events that affected people using the service.

During the inspection we spoke with one of the registered managers and staff working in the office. We also looked at records related to the running of the service. These included care plans, risk assessments, care needs assessments and risk management plans for five people using the service, staff files for four care workers and records the provider and registered managers kept to monitor standards of quality in the service.

Following the inspection, we spoke with seven people using the service or their representatives and six care workers. We also contacted the local authority's safeguarding adults and contract monitoring teams for their views on the service.

Is the service safe?

Our findings

People using the service and their representatives told us they felt safe with care workers from the agency. Their comments included, "Yes, I feel safe, the carers know what to do" and "The [care workers] always make sure I'm safe before they leave." One person's relative commented, "I don't worry about my [relative] when they are with the carers, I know they are safe."

The provider had policies and procedures for safeguarding people using the service. Care workers told us they had the information they needed to help keep people safe and to take appropriate action if they had concerns about a person's safety. Care workers told us they had completed safeguarding adults training and the training records confirmed this. Care workers understood their responsibility to protect people from harm and could describe the different types of abuse that could occur. They were also clear about the actions they should take if they suspected abuse or if an allegation was made and were aware of how to report any unsafe practice. Care workers told us they would report any concerns to the provider and they felt confident they would listen to them, take them seriously, and take appropriate action to help keep people safe. Their comments included, "I would tell my manager straight away if I had any concerns about abuse" and "I have done the training and I would tell my manager if I thought someone was abusing one of my clients."

Where people using the service needed support with their medicines, the provider had appropriate policies in place and guidance and training for care workers on the safe administration of medicines. The provider had reviewed their medicines management policy in September 2015. People's care plans included clear details regarding the medicines they were prescribed and who was responsible for their administration. Where relevant, a medicines risk assessment had been completed to address and minimise any risk. Care workers confirmed they had undertaken training on medicines administration. We checked Medicines Administration Record (MAR) charts and saw that care workers had completed these correctly when they supported people with their medicines.

The provider had recruitment policies and procedures in place and they followed these when employing new care workers. Care workers' recruitment records all contained an application form and employment history, a minimum of two references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provided information about any criminal convictions a person may have and helped to ensure people employed were of good character and had been assessed as suitable to work at the service. All of the staff we spoke with confirmed they had provided reference checks, attended an interview and had a DBS check completed before they started working with people using the service.

People's support plans contained risk assessments that identified the risk and the support required to minimise the risk. The assessments covered possible risks in the person's home, mobility, medicines management and moving and handling. All risk assessments included clear guidance for staff on how to mitigate identified risks. People's risk assessments had been evaluated and reviewed regularly to make sure they were current and remained relevant to the individual and their care needs.

The provider deployed sufficient staff to meet people's needs in a safe manner. All of the care workers we spoke with said they were given enough time to travel to people using the service and spend the agreed amount of time supporting them. People using the service and their relatives told us care workers never rushed a support visit, were usually punctual and always stayed the allocated amount of time. Their comments included, "The [care workers] are usually on time, if they are late they always ring me" and "They are usually on time and always ring if they are running late."

Is the service effective?

Our findings

People were looked after by staff who were trained and knowledgeable about how to meet their needs effectively. People's relatives commented, "They know what they are doing, they are well trained" and "The [care workers] are really good, nice people and they appear to be well trained."

The provider and registered managers supported care workers and had regular supervision, team meetings and an annual appraisal. The staff records we checked confirmed these meetings had taken place. Staff told us that they could discuss any work related matters in their supervision including topics such as personal development. One care worker said, "I have regular supervision with [registered manager's name]. It helps me to understand my job."

Care workers told us they received training relevant to their job. This included safeguarding adults, moving and handling and food hygiene. Care workers also told us they had also had an induction at the commencement of their employment, and received refresher training when it was due. The training records we saw confirmed this. A care worker told us, "The training is good, it helps me to do my job." A second care worker said, "I have done all of the training and [registered manager's name] tells me when I am due to do refresher training."

The Care Certificate is a set of standards for social care and health workers. It is the new minimum standard that should be covered as part of induction training of new care workers. The provider had a policy to implement the requirements of the Care Certificate that they had reviewed in April 2016. The provider told us they expected all new care workers to complete the required Care Certificate training. They also planned to ensure existing care workers worked towards the requirements of the Certificate as they updated their training.

Care workers were able to demonstrate that they knew people's needs well. People's relatives told us they usually had the same care workers and this ensured continuity of care. Relatives also told us the care workers had got to know their family members' routines, likes and dislikes. Their comments included, "There were a few teething troubles but now we have a fantastic carer" and "We have regular carers and they treat my [relative] like a member of their own family." Comments from two relatives were less positive. One relative said, "During the week it's fine but at weekends it can be difficult to know who is coming. It would be better if they just told us in advance who the carer would be." A second relative told us, "There's no problem with the care but the communication of any changes is not great."

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. We checked whether the service was working within the principles of the MCA and found that, where the provider felt a person may lack capacity to make a decision, they worked with the local authority and the person's family to ensure they completed assessments and made decisions in the person's best

interests.

We saw that people using the service or their relatives had been involved in their care planning and had signed to demonstrate they had given consent to their care plan. Care workers told us that people could refuse support at any time. They told us when this happened they would record it in the daily log book and report to the office. A care worker said, "My job is to help people in the way they prefer. If they don't want the support I must respect that but I would always tell the office."

Care workers supported people to maintain a healthy and balanced diet. A relative told us, "The carers always make sure [family member's name] has enough to eat and drink." A care worker said, "If it is in the support plan I will prepare meals and I always make sure [person's name] has a drink left for them when I leave." The daily care notes we saw confirmed this.

Is the service caring?

Our findings

People using the service and their relatives told us their care workers were caring and treated them with respect. Their comments included, "No problems at all. [Carer's name] is excellent, very hard working," "It's going extremely well, wonderful, considerate, kind carers. First class care agency" and "The carers are really good, nice people."

People and their relatives also told us their care workers respected their privacy and dignity. They said that care workers addressed them by their preferred names and we saw they also used the person's preferred name in the daily logs they completed. People's comments included, "[Carer's name] always helps me to have a wash in private, they are very caring", "the care worker respects my [family member's] dignity, we've never had any complaints" and "my carer is lovely and respectful and understands my privacy."

The staff we spoke with told us they enjoyed working with people. They were able to tell us what important things they needed to consider when caring for someone and how they treated people with respect. For example, one care worker said, "For some people, small things make a difference. I always check the care plan to see how people prefer to be addressed. Some people I call Mr or Mrs and others I use their first name." Another care worker said, "With one client, it is always important to make sure their glasses are clean before I leave."

People's support included information about how to support them to maintain their independence. For example, support plans recorded where people were able to manage aspects of their own care and the care workers were encouraged to support the person to do this. Care workers told us that they supported people to be as independent as they could and gave people using the service the opportunity to do as much as they could for themselves. For example, one care worker said "I try and get [person's name] to do what they can for themselves. I just help with what they cannot do."

People's support plans demonstrated a flexible and person centred approach to care and support. They included information on things for care workers to consider when supporting people, for example, "consider pain in the groin area when hoisting." A second support plan instructed care workers to offer a choice of porridge or toast each day for breakfast and the daily logs showed the person was supported to choose their breakfast each day. The plan also instructed care workers to ask the person what food they wanted to eat at lunchtime and the daily log books confirmed they did this routinely.

People told us the provider asked them about their preferences about how their care was delivered and by whom, for example, they told us they could request a preference to have a male or female care worker and the records we saw confirmed the provider responded to these preferences.

Is the service responsive?

Our findings

People using the service received care and support from care workers who knew and understood their needs. One person said, "All my carers know I have a care plan and they ask to see that to make sure they are doing everything they need to do." A relative told us, "We've been lucky to have the same carers for some time now. They know my [family member] very well and they are fantastic." Care workers could describe how the care they provided was tailored to individual's needs and was always being adapted as the person's support needs changed. For example, one care worker told us, "I tell the office if I think someone isn't getting enough time."

When care workers started to work with new people using the service, they told us they had the information they needed to provide safe and appropriate care. One care worker said, "I always look at the support plan if I'm working with a new client." A second care worker said, "If a client can't tell me what help they need, I look at the care plan and the things I have to do are there."

People's support plans covered their personal, social and health care needs and detailed the support their care workers provided on each visit. The support plans were person centred and emphasised what the person using the service could do for themselves, as well as the support they needed. For example, one person's summary of care said, "Encourage [person's name] to do as much as they can for themselves." The person's daily care notes showed care workers encouraged the person to do as much as they could to help with their personal care, dressing and managing their medicines.

The support plans were working documents and were adjusted, as people's needs changed, with the involvement of any relevant family and professionals. A relative told us, "There were a few teething troubles but now we have a fantastic carer. I spoke to the office and they were very good at sorting things out."

The support plans we checked during the inspection had been regularly reviewed and updated with the person using the service or their representative. For example, the client had signed some of the care plans and their relatives or other representatives had signed others. The provider had reviewed all of the support plans in March or April 2016. We also saw evidence of phone calls to people using the service to confirm they were receiving the support they needed, although these were not always in line with the frequency described in the provider's policy. We discussed this with the provider who said they had identified this as an area for improvement.

People told us their care workers listened to them, and gave them time to express their views and preferences about the way their care was delivered. People told us their care workers always stayed for the required time and would not leave until people were satisfied. People appreciated this and told us that staff always asked if anything else was needed before leaving. Care workers recorded in the daily care notes we saw that they made sure people were comfortable and had everything they needed before they finished their call.

People were aware of how to make a complaint and the provider supported and encouraged them to raise any issues that they were not happy about. The provider reviewed their complaints procedure in January 2016 and this referred clients to the local authority and the Care Quality Commission if they were not satisfied with the outcome of the provider's investigation. People told us they had received a copy of the complaints procedure. A relative told us, "We know about the complaints procedure but have never used it."

The provider told us the local authority passed any complaints to them for investigation and they sent their investigation report to the council. The provider's complaints records showed they acknowledged, investigated and responded to any concerns within timeframes outlined in their company's policy. The records also included a number of compliments and letters of thanks received from people using the service or their families.

Is the service well-led?

Our findings

People using the service and their care workers told us they felt able to approach the management team and felt valued by them. One person told us, "The office staff always ring my [family member] if they need to, they communicate well." A second person said, "I think the communication is OK. I can ring the office and speak with the manager if I want to." Care workers' comments included, "It's a good agency to work for, they support their staff" and "The training is very good, it shows they value us and the work we do."

Comments from people's relatives were mixed. One relative told us, "I'm very happy with the carers and I talk to people in the office if I need to, they are fine." Comments from two other relatives included, "During the week it's fine but at weekends it can be difficult to know who is coming. It would be better if they told us in advance who the carer will be" and "communication is not great, it can be hard to speak with someone out of hours."

The provider's Nominated Individual for the regulated activity 'Personal Care' was also one of the two registered managers of the Ealing location. The second provider was also a registered manager for the location.

The provider engaged positively with our inspection visit. They told us the service was a member of the United Kingdom Homecare Association Ltd (UKHCA). UKHCA is a professional association that aims to support businesses and promote good practice in the sector. The provider said they were able to keep up with developments in practice through attending UKHCA events and through their regular newsletters. They also told us managers and care coordinators attended UKHCA training events, most recently on the implementation of the Care Act. The provider also said they attended the local authority's provider forum and conferences.

The service had a set of principles and values that were shared in their guide for clients and on the provider's website. These stated, "The core concept of Supreme Care Services is one that is rooted in the most basic human need – that of independence, familiar surroundings and the companionship of caring individuals. From the beginning, Supreme Care Services has striven to treat every patient with compassion and dignity - just like family." Care workers were able to tell us about the provider's values and described how they put these into practice. For example, care workers talked about maximising people's independence and treating them with respect and dignity.

The provider had systems to monitor the quality of the service that people received and to make improvements. They met with people to review their care and monitored staff competency via a system of spot checks. People's support plans and the staff files we reviewed during the inspection all included a record of spot checks carried out in the person's home to make sure their care workers were punctual and carried out the support the person needed. Care workers returned the daily care records they completed to the office regularly and we saw the provider checked these to ensure standards of recording were satisfactory.

The provider produced an annual quality assurance report for the local authority reporting on the services they provided in 2015. The provider sent surveys to 68 people who had used the service and 87% were returned. The responses were largely positive. 95% of people said they were happy with the service and 87% said their care workers always asked what help they needed. The provider analysed the responses and took action where improvements were needed. For example, 19% of clients did not know how to make a complaint and the provider undertook to arrange more training for care workers and field supervisors to enable them to explain the contents of the service user guide, including the complaints procedure. Clients also raised the issue of late calls at weekends. In response, the provider included travel time on all care workers' rotas to ensure they had time to travel between calls and reminded care workers to contact clients if they were running late.