

Mr Innocent Mukarati

Supreme Healthcare Services - Surrey

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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 23 March 2017 and was announced.

Supreme Healthcare Service - Surrey is registered to provide personal care to adults and children in their own homes and was providing care to 49 people at the time of the inspection. The service operates from a location based in Woking Surrey.

Following our last inspection in March 2016 we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action in relation to how risks to people's safety were managed and how medicines were managed. Following the inspection the provider submitted an action plan to us to tell us how they planned to address these concerns. We carried out this inspection to check if the provider had made the changes required. We found that improvements had been made regarding how risks were managed to keep people safe and that safe medicines practices were being followed.

There was no 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 2008 and associated Regulations about how the service is run. A manager was in post and supported us during our inspection. The manager had submitted an application but they had failed to ensure the process was completed in a timely way. They then withdrew a subsequent application when they left. The failure to have a registered manager is a breach of regulation 5 and a limiter on achieving a rating of 'good' as it is a condition of the provider's registration to provide the service.

Risks to people's safety were assessed and control measures implemented to keep them safe. . People were protected from the risk of abuse and avoidable harm because staff understood their roles and responsibilities in protecting them. People received their medicines in line with prescription guidelines. There was a 24 hour on-call system in place and guidance was available to staff regarding the action to take if an emergency occurred. Systems were in place to monitor accidents and incidents and where changes were required to people's support to keep them safe these were implemented.

Staff understood the importance of gaining consent from people and acted in accordance with the principles of the Mental Capacity Act 2005. Staff were kind and caring towards people and upheld their privacy and dignity. Staff had a good understanding of people's needs and supported them effectively. People and relatives told us that staff were respectful and supported them to maintain their independence.

There were sufficient staff employed to cover all care calls at the agreed times. People told us they had not experienced any missed calls and that staff arrived on time. Robust recruitment processes were in place to ensure that staff employed were suitable to work in the service. Staff received training which was relevant to their role and training needs were monitored by the provider. There was an induction programme in place

which included new starters shadowing more experienced staff before working on their own. Staff told us they felt well supported by the provider and could contact them at any time to discuss concerns. The provider had a contingency plan in place to ensure that people would continue to receive a service in the event of an emergency.

People's needs were assessed prior to their service starting and detailed care plans were in place to guide staff on how to support people well. Staff were able to describe people's needs and regular reviews were completed. The service had good links with health care professionals to ensure people kept healthy and any concerns were responded to promptly. Where people required support with eating and drinking this was recorded within their care plan and people told us staff provided the support they required.

There was a complaints policy in place and people told us they were confident that any concerns would be addressed. Records showed that complaints were investigated and responded to in line with provider's policy. However, a central log of complaints was not maintained to enable trends to be identified. We have made a recommendation regarding this. There were systems in place to monitor the quality of service provided to people. Regular audits were completed and an action plan was maintained of areas of development. Records were regularly updated and people's personal information was stored securely. People and their relatives told us that they were given the opportunity to feedback on the service provided through regular calls and questionnaires.

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 were safe because staff knew how to protect them from the risk of potential abuse.

Risks to people had been identified, recorded and guidance provided for staff to manage these safely.

There were sufficient staff employed to cover all care visits.

People were supported by staff who were suitable to work with them because the provider's recruitment process was robust.

People were supported by staff to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective

Staff received appropriate supervision, induction and training for their role.

People received care from regular staff who knew their needs well.

Staff supported people to have access to health care professionals.

People had been asked for their consent before care and was provided.

Where people required support with food preparation this was done in line with their choice and preferences.

Is the service caring?

Good ●

The service was caring.

People told us that staff were kind and caring.

Staff knew the people they supported well and knew about their personal preferences.

Staff respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed prior to the service starting to provide support and regular reviews were completed.

Staff knew the people they supported well and knew about their personal preferences.

People and relatives knew how to raise any concerns and told us that they would feel confident in doing so. However, a complaints log was not maintained to ensure any trends could be identified.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The service was operating in breach of a condition of registration because there was no registered manager in post.

Quality assurance systems were in place to monitor the service and people were given the opportunity to give feedback on the service they received.

Staff felt supported in their roles.

People's personal information was stored securely.

Supreme Healthcare Services - Surrey

Detailed findings

Background to this inspection

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

This was an announced inspection which took place on 23 March 2017. We gave 48 hours' notice to make sure that the people we needed to speak to were available. The inspection team consisted of two inspectors and an expert-by-experience who spoke to people and their relatives on the telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at all the key information we held about the service which included notifications. Notifications are changes, events or incidents the provider must tell us about. During the inspection we spoke with the manager and four staff member. We also spoke with 6 people and 3 relatives to gain their views on the service they received.

We looked at the care records of seven people who used the service, five recruitment files for staff, and staff training records. We looked at records that related to the management of the service including, audits, risk assessments and contingency plans.

Is the service safe?

Our findings

At our last inspection in March 2016 we found that people did not always receive safe care. Risks to people's safety were not adequately assessed and safe medicines processes were not always followed. At this inspection we found that improvements had been made in both of these areas.

People we spoke with told us they felt comfortable with having staff in their own homes and that they felt safe. One person told us, "I know I can trust them. They seem to know what they're doing when they care for me." Another person said, "I would never have thought that any of them would do anything untoward." One relative told us, "I've not had cause for any concerns. They're very good."

Risks to people were identified and staff were aware of the precautions they needed to take to keep people safe. Risks to people's safety had been assessed and actions taken to reduce these risks. People's care files contained individualised risk assessments. These included assessments of the environment, people's moving and handling needs, communication and mental health support needs. One person was identified as being at high risk of falls. Guidance was available to staff on where equipment should be placed and that the person should be encouraged to wear their telecare alarm to summon assistance if required. Staff supported another person to monitor their mental health needs and guidance was in place for staff on how to identify when the person was becoming unwell and the action to take.

Records showed that accidents and incidents were recorded and appropriate steps taken to minimise the risk of them happening again. Where staff had found people unwell on arrival at care calls, appropriate action had been taken to call the emergency service. Staff remained with people until they were safe and offered reassurance. Care plans and risk assessments were updated to reflect any changes in people's healthcare needs. However, a log of incidents and accidents was not maintained to enable any trends to be identified. The manager assured us that they would take action to address this and an accident and incident log would be implemented.

People's medicines were managed safely. One person told us, "The morning medication was making me very drowsy so they spoke with the doctor and transferred my medication into the evening slot so I can go to bed normally. They make sure I have the medication on time." The provider had a comprehensive medicines policy in place. Where staff supported people with their medicines, medication administration charts (MAR) were in place. These were reviewed by the management team during spot checks at the person's home and when MAR charts were returned to the office. We found that there were no gaps present and staff used the correct coding systems in place. MAR charts and supporting documents contained details of medicines prescribed, when it should be administered and how the person preferred to take their medicines.

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff were able to describe the different types of abuse and tell us about the action they would take in the event of them suspecting abuse or potential abuse. One staff member told us, "First I'd report it to a manager. If they didn't follow it up I'd go to social services if I had to." The provider had a safeguarding adult's policy in place and had access to the Surrey County Council safeguarding procedures. All staff received safeguarding

training which was regularly updated. Records demonstrated that safeguarding concerns had been shared with the local authority safeguarding team and appropriate action taken.

There were sufficient staff employed to ensure all scheduled visits were completed. People told us that they had not experienced any missed care calls and records confirmed this. One person told us, "I don't recall one not turning up. If there is a problem the manager will come or another staff. It's a bit later but they always inform me." The service used an electronic rostering system to schedule all care calls. Any calls which required cover to be arranged were highlighted to ensure the co-ordinator was aware. Staff were required to log in when arriving at a care call and log out when leaving. This helped the registered manager establish that staff were staying for the allocated time of the call and take action if a staff member did not arrive at a call.

Robust recruitment processes were in place to ensure staff were suitable to work with people. Records showed the provider obtained two references from previous employers, proof of identity, information about their experience and skills and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

There was a contingency plan in place to ensure that people would continue to receive care in an emergency such as adverse weather conditions or IT failure. Individual responsibilities were clearly outlined along with emergency contact details. There were systems in place to ensure that those people at the highest risk were prioritised to ensure they received the care they required. There was a 24 hour on-call system in place and guidance was available to staff regarding the action to take if an emergency occurred. Links with Surrey Fire and Rescue had been established to support people in having smoke alarms fitted where required. The service made referrals to the fire service database for people who would require support to leave their home in an emergency. The database enables the fire service to be aware of people's needs should they receive an emergency call.

Is the service effective?

Our findings

People were happy with the care they received and liked the staff who visited them. People felt staff knew what they needed to do and had the skills to provide the care they required. One person told us, "Our main carer is excellent and spots any problems which we're very grateful for." Another person said, "My carer has been coming for quite a long time so knows how to care for me."

People received care from staff who had the skills, knowledge and understanding needed to carry out their roles. Staff told us they received regular training to support them in their role. One staff member told us, "We get lots of training. It is regular and always ongoing. I support someone with dementia and we had dementia training. If I am not sure, I can get extra training." Another staff member said, "The training is good and if we have any questions about anything we are always told to just ask." A training matrix was maintained which showed that staff had completed training in areas including safeguarding, moving and handling, dementia care and health and safety. The service had recently implemented the completion of the Care Certificate for new staff. The Care Certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives.

New staff were supported to complete an induction programme before working on their own. Prior to starting work staff were required to complete all mandatory training and shadow more experienced staff members until they were confident in their role. One staff member told us, "When I started I had my training and then shadowed another member of staff to get to know clients and their different routines. It was really useful and the (deputy manager) was calling often to see how I was getting on."

Staff received regular supervision and support in their role. Staff told us they felt supported by the registered manager and the office staff. One staff member told us, "We discuss how we feel and how we like the job as well as anything we need training for. Any problems we can ring the office and get an answer straight away." In addition senior staff completed regular spot checks to assess staff skills and interaction with people they were supporting. Records showed that all available staff had received a spot check in the past two months. Observations of spot checks were recorded and staff received feedback. One staff member told us, "Spot checks are always unannounced. They watch what we are doing and ask questions about things we should know like skin care and checking pressure points. We get feedback at the end; it makes me feel I'm doing my job how I'm meant to be doing it."

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's rights were protected as staff understood their responsibilities under the MCA. Staff told us they received training regarding consent issues during their induction and worked with people to ensure they were in agreement with plans regarding their care. One staff member said, I always ask people's permission

and explain what I'm doing. If they refuse I would ask again later, it depends on the person. I ask people what they want to wear, what they want to eat, I offer choices about everything." Records showed that people had signed to consent to the care provided by the service. People we spoke to confirmed that staff asked for their consent before carrying out care and offered choices. One person told us, "Oh yes, I would say they always ask me. If I wasn't happy they would try and sort it out." Another person said, "They ask but they've been coming so long they know what I want."

People's care records showed relevant health and social care professionals were involved in their care. We asked people if they received support to access healthcare services when required. One person told us, "Yes, if I need them to. They're quite supportive." Another person said, "They write down my appointments in my diary. They ask if they should put it in the book for me so I get a reminder." Records of contact with healthcare professionals were maintained in people's care records. One person had existing pressure sores when they started to receive support from the service. Regular contact with the district nurse was maintained and advice given was followed by staff. Referrals had been made the occupational health service where changes were noted in people's mobility to help ensure the correct equipment was in place to meet people's needs.

People who received support with meal preparation told us they were happy with this aspect of their care. One person told us, "We buy microwave meals and they prepare them for us. Then they serve it to us and we eat on a lap tray on the sitting room." Another person said, "They ask if I've eaten and what I would like to eat. I do buy the ready-made meals and keep it in the freezer. They put it in the fridge in the morning and warm it in the evening." People's care plans recorded the support people needed with preparing drinks and meals.

Is the service caring?

Our findings

People we spoke with told us that staff were kind and caring. One person told us, "I'm able to manage on my own now but I keep them on because they're so helpful and kind." Another person said, "(Staff member) is a bright little thing, and she's very caring." One relative told us, "They're caring in every way, if there is washing up they will do it even though I normally do it. I can't manage to get the bins out and they do that without being asked." Another relative said, "The ones I've seen are lovely. It's the way they speak to my mother; (staff member) took my mother's hand and knelt down to speak to her."

People we spoke with told us they were supported by regular staff who knew their needs well. One person said, "I have the same carers and we have a good routine. It all works very well." Another person said, "The carer I have is very good and very particular. She makes sure everything is done right." Staff we spoke to were knowledgeable about people's needs and how they preferred their support. The rota system contained information regarding people's preferred staff members and those who they did not want to support them. Records checked showed that people received care from their preferred staff wherever possible.

People's privacy and dignity was respected. One person told us, "They absolutely treat me with respect, if anything too much. They're very fussy about covering everything up." Another person told us, "I've no complaints about them. I never feel awkward with them." Staff we spoke with demonstrated an understanding of how to maintain people's dignity. One staff member told us, "If clients can't come to the door I always knock and announce myself when I come in. I'm conscious of being respectful, making sure doors and curtains are closed. I'll leave the room if people want privacy." Another staff member said, "If I'm helping someone to wash I want them to feel comfortable. If the curtains are open I close them and cover them up as much as I can."

People were supported to maintain their independence. Care records identified what people were able to do for themselves and areas where they required support. For example, care plans for supporting people with their personal care needs contained information regarding which areas people were able to wash independently. One person told us, "They don't try and take over. I can do what I want to do myself." Another person said, "(Staff member) knows me so well they let me get on with what I can." Staff we spoke to were able to describe how they supported people to maintain their independence. One staff member said, "If they can wash certain parts themselves I will make sure they have everything they need then leave the room and close the door. It's important they carry on doing as much as they can for themselves."

Information was available in people's care records regarding their personal history, interests and those who were important to them. This meant that staff were able to have meaningful conversations with people to help them build relationships. People confirmed that staff communicated well with them. One person told us, "They talk to me while they care for me and for a few minutes in the end." Another person said, "They're always chattering away. It makes my day." A relative told us, "I think they get on very well indeed. When the carers are here there is nothing but laughter with them." Another relative said, "The carer and my father come from the same place and are always sharing stories. My Mum will repeat them and laugh what they've said."

Is the service responsive?

Our findings

People and relatives told us that they would feel comfortable in making a complaint and that where they had raised concerns these were addressed. One person told us, "I would raise it with the manager if I needed to." Another person said, "I would make it clear. I would complain to the manager." A third person told us, "There was one (staff member) who came and wasn't very nice. I rang the office and I've never seen them (staff member) again." One relative told us, "I've asked them to change things I wouldn't say I've complained. I haven't needed to as it has been sorted out." The service had a complaints policy in place and records showed that any concerns raised had been addressed promptly. However, the service did not maintain a complaints log in order to monitor any complaints received and identify any trends. The manager assured us that they would take action to address this and an accident a complaints log would be implemented.

People's needs were assessed prior to them receiving care from the service. One person told us, "It was a while ago, before they started. They wanted to know what I wanted." Another person told us, "I was in the hospital and my wife sorted it all for me. I came home and the lady came around and assessed me." Care records showed that individual assessments took into account people's specific health and support needs. Assessments included details of people's preferences and life histories and we observed that these were included with people's care plans.

People told us they were involved in developing their care plans and felt in control of the care they received. One person told us, "I was involved to the extent I almost wrote it." Another person said, "I have the main say (about their care)." Care plans contained information regarding what was important to people and how they preferred their support to be provided. Information regarding the care people required was detailed and included guidance in areas including personal care, moving and handling, eating and drinking, communication and security. Care tasks were broken down into a list for each call in a way that was clear for staff. Staff told us that care plans contained they needed to enable them to provide the support people required. One staff member told us, "We have all the information we need about people. I look at care plans to check I've done everything I need to." Another staff member told us that care plans helped them get to know people but they would also speak to the person about what they wanted. They told us, "People trust you more if you talk to them about what they want. We talk to the last carer as well and will always do a handover."

People's care was reviewed regularly to ensure their needs were being met. People told us that they regularly received visits or phone calls to discuss their care needs and records confirmed this was the case. One person told us, "They ask me about the care and if there's anything else I need." A relative told us, "We asked for a change in the times and to rearranged rotas to accommodate us." Review records showed that where people's care needs changed that this was acted upon promptly. One person told us, "I did have an occasion last year where I needed extra help and they were able to do it." One person's care review highlighted their mobility needs had increased. Action had been taken to ensure the person received the equipment they required and guidance had been added into their care plan.

People told us that staff arrived on time for their care calls and that they were informed if staff were going to arrive later than planned. One person said, "They have arrived on time for the past two years." Another person said, "There can be bad traffic in town but they will let me know. If there's another problem they send someone else but always ring." Staff were allocated travel time between care calls and told us this had recently been adjusted to ensure they were able to arrive for their calls on time. One staff member said, "Carers complained we didn't have enough time between calls and they listened. They've adjusted the times and things are much better. I don't feel as though I'm having to rush now."

Is the service well-led?

Our findings

At our inspection in March 2016 we made a recommendation that systems were implemented to ensure that care records were regularly updated and monitored. At this inspection we found that improvements had been made and care records were now regularly reviewed.

People and their relatives told us they felt the service was managed well and they had noted improvements. One person told us, "Things are very well managed. They are doing very well." One relative told us, "It's much improved. I was a bitter complainer some time ago about some of the management. The whole company has improved beyond recognition."

There was no registered manager in post. Following our last inspection the manager of the service submitted an application to register with the CQC. Our records show that due to errors in the application this was returned. However, the provider and manager had not acted on this to ensure the process was completed. Shortly before this inspection the manager had re-submitted their application which was subsequently withdrawn due to the manager leaving the service. This meant the service was in breach of Regulation 5 of the Registration Regulations 2009 (Schedule 1), a condition of their registration.

There were systems in place to monitor the quality of the service people received. Regular audits of systems in place were completed which included care plan reviews, staff spot checks and supervisions, MAR charts, recruitment files and safeguarding referrals. The assistant manager completed a weekly target sheet to evidence which audits had been completed and any actions required. This was reviewed by the manager and actions required completed. For example, 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. The manager had a comprehensive action plan in place to monitor improvements made. This was reviewed on a monthly basis with the provider to ensure a process of continuous improvement. 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.

People had the opportunity to give feedback on the service. A survey of people's views had been completed. Comments received were largely positive and reflected that people were satisfied with the service they received. Action had been taken to address concerns raised within the survey. A number of people had commented that staff did not always arrive on time for calls. The service had responded by increasing the length of travel time. The responses we received from people regarding timekeeping were positive which demonstrated this measure had been effective. In addition people received regular telephone calls or visits to ask their views of the service and records showed that responses received were positive. One person told us, "I always say I'm happy with everything. I don't have any complaints at all. They've been very helpful for me and helped me through a bad time."

Staff told us they felt supported by the management team and communication had improved. One staff member told us, "Communication is much better. It's a lot less stressful now. They are very supportive." Another staff member said, "The managers are caring and will go that extra mile. I feel very supported. We

spoke to the manager about the support offered to staff. They told us, "We have started from scratch in trying to build a positive culture. Staff now know what is expected and what is acceptable. Communication is key and we know how important it is to support our staff." Records showed staff meetings were held and regular memos were sent to staff to update them on organisational issues. Minutes of staff meetings evidenced that staff were invited to contribute to discussions and raise any concerns.

People's confidential records were stored securely in locked cabinets and were maintained in an orderly manner. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The manager notified CQC of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.