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 well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Supreme Care Services is a domiciliary care agency which provides personal care to people living in their own home.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection, the agency was providing the regulated activity of personal care to 51 people. People receiving the care were either living with dementia or elderly and frail.

People's experience of using this service and what we found
We have made a recommendation that the provider has a system by which they can be assured people's care is delivered in accordance with their care plans.

We have made a recommendation that the provider ensures their audits identify shortfalls identified during inspection.

The provider did not have an effective system in place to monitor care worker call times. Some people who used the service told us they did not receive a rota to let them know which care worker would visit them, or for how long and they were not always informed of changes to the care provided.

Some audits were inconsistent and did not always address issues identified by us. Medicines administration was not always in accordance with the provider's 'recording the administration of medication' policy.

These issues had not impacted on people but there were possible risks as a result of the absence of effective oversight and records.

People and their relatives told us they felt safe with the care provided and said care workers took increased infection prevention and control measures to keep them safe during the COVID-19 pandemic.

Care workers described how they would respond to a service user who might deteriorate during their care. They said the office staff and the registered manager were accessible and always responded to their requests for support and guidance.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 25 September 2018)

Why we inspected

We received concerns in relation to missed or late calls; poor infection prevention control practice and inaccurate record keeping. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.
We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.
The overall rating for the service remains unchanged. This is based on the findings at this inspection. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-led sections of this full report.
You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Supreme Care Services Limited on our website at www.cqc.org.uk.

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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.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Supreme Care Services Limited

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The on-site inspection was carried out by three inspectors; an assistant inspector and inspector made telephone calls to care workers. An Expert by Experience made telephone calls to people who used the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave 48 hours' notice of the inspection. This supported the provider and the inspection team to manage any potential risks associated with Covid-19. It was also to ensure the registered manager would be in.

Inspection activity started on 20 November 2020 and ended on 22 November 2020. We visited the office location on 20 and 22 November.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We reviewed notifications and safeguarding concerns we had received from the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection
We spoke with the registered manager, the quality and compliance consultant and the provider.
We reviewed 15 service user records including care plans, daily notes and medication administration records. We looked at six staff records in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at a variety of information submitted by the provider, including training data and quality assurance records. We spoke with 16 people who used the service and nine care staff, as well as a local authority social worker.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● This inspection was in part prompted by concerns raised with CQC about late or missed calls. At the time of inspection, the provider did not have an electronic system to monitor calls. This is something which the provider should improve upon.

● Some people who used the service told us they did not receive a rota to let them know which care worker would visit them, or for how long. One person told us, "No one ever calls from the office if the carers are running late. It doesn't really inconvenience us at all, so we just accept it and get on with it." Another told us, "The morning call is usually within an hour or so of the time that I'm expecting them, so I don't consider that to be too bad. They always turn up which is the important thing." However, most did not see this as a matter of concern, and no one told us they experienced any missed calls.

● At the time of this inspection, the provider did not have a robust system by which to monitor care workers' daily activities. The registered manager said there was a 'risk stratification' process in place to identify more vulnerable people who had a weekly welfare telephone call from office, to ensure they are getting the service they required.

● This meant office staff were dependent on the person being able to answer the telephone, as well as accurately recall whether their care worker had visited on each of the days and at times they were scheduled to. The registered manager told us, "I feel more reassured with personal contact."

● We spoke with five people rated high risk according to the provider's risk stratification. They were unable to confirm whether they received weekly calls. However, they or their family member did not identify any negative impact on the person's safety during our conversations.

● The registered manager said that in addition to welfare calls, field supervisors did targeted field checks and observed workers as they entered and left people's homes. We saw records of these observations on people's records.

● Care workers told us what they would do if they observed deterioration in the person they supported. One told us, "Sometimes when you go to a person and you're not sure they are managing we call the office, and they would contact the physio, GP or OT to get the right support for the client."

● We were told that a new secure system to enable staff to log in and out of care calls was due to be installed some weeks following inspection. This system would give 'live' information and identify any trends with lateness or missed calls.

● We saw there were risk assessments in place on most records we viewed, including for falls and pressure areas.

Systems and processes to safeguard people from the risk of abuse

● People and their relatives told us they felt safe with the care they received from Supreme Care. One person

said, "They've [carers] always been able to do everything that I've asked of them and I've always felt safe when they are here. They let themselves in with the key safe and then lock the door after they finish, and they are always very good and make sure they do it properly for me because I can't check for myself." Another told us, "I think it would be fair to say that I am happy with the way the carers look after my relative. I don't have any concerns about their safety, nor have we had any accidents in all the years they have been looking after [relative]."

● There were safeguarding procedures in place which protected people from the risk of avoidable harm and abuse. Staff understood how to recognise different types of abuse and explained how they would report any concerns to management or the local authority. A staff member said, "If I noticed anything I would report to my manager in the office. I would be careful where I wrote things, so it wasn't left in the house. Managers would then report to social services."

● Safeguarding concerns had been raised with the appropriate authority and the service worked with the safeguarding team to investigate or provide additional information when required.

Staffing and recruitment

● The provider had a safe recruitment process for permanent staff. Recruitment checks had been completed, including checks on staff's conduct in previous social care roles and Disclosure and Barring Service (DBS) checks.

● People said they usually received care from a consistent staff team. One person said, "I nearly always have [name], they come to me every day." A second person told us, "It's usually the same ones [care worker]."

● Staff rotas showed the same carers were consistently allocated to people. Care workers told us, "Everyone has their area, so we have the same clients. You are used to the client and you know what they want. It's less confusing for the clients."

Using medicines safely

● People told us they received their medicines when they should. One person told us, "I am on antibiotics at the moment and [carer] checks I've taken them." Another said, "The carer fusses over me until they are sure I have taken my tablets."

● Training data showed that medicines training was delivered, and we saw completed competency checks in staff records. Care workers described how they administered medicines, one said, "I have done lots of training [medicines]; you have to be sure you are giving it to clients in the correct way." Another told us, "I write everything in the log book and make sure to sign my initials on the MAR chart."

● However, we noted the provider did not utilise body maps to demonstrate when and where topical creams or medicines were applied. The compliance manager confirmed that when care workers applied a transdermal patch for pain relief they were not expected to record the patch site on a body map. They said there was a form left in the person's house by the district nurses to indicate where a patch was applied.

Preventing and controlling infection

● We were assured that the provider's infection prevention and control (IPC) policy was up to date. This was recently updated to include guidance for staff on appropriate IPC practice during the COVID-19 pandemic.

● Staff received training specific to COVID-19, as well as general infection prevention and control. Staff training records showed that all staff had completed this training.

● One person who used the service told us, "The carers all arrive with their masks, gloves and aprons and they wear them all the time that they are here. They always make sure they are washing their hands as well." Another said, "From the very start of the pandemic, all of the staff have made sure that they've got their required masks and gloves and aprons, and they have always been very good about making sure that their hands are washed thoroughly."

● One staff member told us, "I have all the training, it's always on-going and we have access PPE. I wear my

mask, gloves and apron every day." Another said, "They (office) give us weekly updates on COVID information and provide us with hand gel, shoe covers, masks and gloves."

Learning lessons when things go wrong

● Systems were in place to record and review accidents and incidents. We reviewed the provider's accident and incident record following inspection. We saw that reported incidents were reviewed, and actions taken were recorded.

● Whilst we did not see evidence of any concerns or lessons learnt being shared with staff in team meeting minutes, care workers told us they were informed of incidents. One told us, "We get emails if there have been mistakes made; for example, we were reminded when we are on a double up [where two carers are required], we must both arrive at the same time."

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- When the inspection team arrived on the day of inspection, we were informed that a major IT system outage occurred two days prior and remained unresolved. We took this significant IT issue and the limitations it placed on the provider into account, during and following this inspection.
- The IT problems made it difficult, and at times impossible, for the inspection team to access certain records and documentation, including staff rotas and service user list. These were available on the second day of inspection.
- On the first inspection day, there were no available paper records of the staff rota, and the provider's business continuity plan made no provision for such a situation. This meant that it was difficult for the registered manager to have oversight of where care workers should be and with whom on the day.
- The registered manager said, "I have learnt from this that there should be a regularly updated paper copy to hand." Care workers we spoke with told us they were not affected by the IT issue, one said, "We know our rotas off by heart anyway as it seldom changes."
- There were audits that were inconsistent and did not always recognise the shortfalls that we identified. For example, the registered manager told us 10% of medicines administration records [MAR] were audited each month. We looked at audits for the period January to October 2020 and there did not appear to be an auditing schedule in place. During this time period, some MARs were audited three times, and others not at all. This meant there was not always consistent oversight of how workers completed people's MAR and whether people were getting their medicines in accordance with their prescription.
- The registered manager said, "We audit almost everyone, but we do take that feedback on board. We actually audit 100% but only record the audit of 10%."
- Although audits were taking place it was not always clear what actions had been taken where shortfalls were identified. For example, on one audit it was noted that there was a delayed arrival of a second worker [double-up] to assist their colleague, the outcome recorded was, 'No action to be taken, everything seems to be good.' There was no evidence to show what actions had been taken to reduce the risk of this happening again.
- We found that the audited MAR was confusing and untidy. There were instances where there were crossings-out to amend incorrect entries, which were not signed or dated and were in different coloured inks. The provider's medicine policy stated, 'Correct mistakes with a single line through the text,

accompanied by a signature, date and time. Never use correction fluid.' We found this was not taking place.
● The provider's medicines policy states that where topical administration, (including creams and transdermal patches) is required, a body map will be used. We confirmed that the provider did not use body maps, which was not in accordance with their own medicines policy.

We recommend that the provider reviews records to ensure accuracy in relation to their own policies and takes steps to follow up on shortfalls identified through audits.

● The provider had an internal auditing programme which outlined the type and frequency of the audit. All scheduled audits for 2019 were signed off as completed.
● The quality and compliance lead completed a 'mock inspection' every three months. This highlighted ways in which learning from safeguarding and complaints were shared with staff, as well as giving an overview of the service. It also recommended areas for improvement which included making internal audits more comprehensive.
● The registered manager had an understanding of the duty of candour and it how it applied to their role.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care
● Most people spoke positively about the service they received. One person told us, "I have a number I can call to get straight through, I haven't had to call them for a long time." Another said, "Supreme staff are always willing to listen to us. The manager is so friendly and helpful, any issues I raise are resolved very quickly."
● The provider engaged with service users and their relatives by extending infection prevention and control training to service users and their relatives to raise their awareness of COVID-19 and Public Health England guidelines. Before the COVID-19 pandemic began, people were invited into the office each month to join a coffee morning.
● Staff received regular newsletters and were part of group telephone chats and communication platforms where changes were communicated changes and support could be offered to staff who were adversely affected by the pandemic.
● Staff told us meetings were held virtually due to the COVID-19 pandemic. One member of staff said, "These meetings are good; we can tell the management what is happening in the field and if we have any worries." Another told us, "If you need something to change, the office will assess and come and make changes; they did lots of that at the beginning [of the pandemic]."
● Staff told us they felt valued by the provider. One said, "I have been told by the office that my reputation is high and I'm doing a good job. Very good compliments from clients have been shared with me by the manager." Another said, "There is always someone senior on-call from 6pm to 8am and weekends. They come back to you straight away and really supported me when I found one of my clients on the floor."

Working in partnership with others
● We saw evidence on service user records that the agency worked with the district nursing team and local authority in relation to care packages and reviews. A local authority social worker told us, "The agency was quick to make adjustments to a package of care."
● The provider attended Surrey County Council virtual provider forums. This was a way in which the registered manager could meet with other providers, as well as to be updated in relation to any changes in legislation or good practice guidance.