

Superb Healthcare Limited

# Superb Healthcare

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Superb Healthcare is a domiciliary care agency. The service provides support to older people, younger adults, people living with physical disability, dementia, mental health needs, sensory impairment and the misuse of drugs and alcohol. Staff provide personal care to people living in their own homes and supported living settings. 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 the inspection 18 people using the service were receiving personal care, supported by 28 staff.

### People's experience of using this service and what we found

The provider could not provide required documentation to demonstrate there were enough staff to meet people's needs safely. Whilst staff always sought consent before delivering people's care, records did not show consent to their care had been sought in accordance with the Mental Capacity Act. Care plans did not contain required information in line with the Equality Act 2010, to enable staff to provide person-centred care. Records did not demonstrate people and relatives' involvement in their care planning. The registered manager had not identified breaches of regulation in relation to staffing, the need for consent and person-centred care planning, which exposed people to potential risk of harm.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People were protected from avoidable harm and experienced safe care from suitably recruited staff, who had been trained to recognise different types of abuse. Staff promoted people's independence whilst effectively mitigating risks to keep them safe. People were supported to take their prescribed medicines safely by staff who prompted and reminded them, in line with their medicines support plans. People were protected from the risk of infections because staff delivered care in accordance with the provider's infection prevention and control policy. The management team analysed accidents and incidents to identify and implement required learning.

People's needs were assessed before they received care to ensure their support needs could be met by the service. People experienced care and support from staff who had been enabled to develop and maintain skills relevant to their role. Staff supported people to eat and drink enough to protect them from the risks associated with malnutrition and dehydration. Staff worked effectively with other health care professionals to effectively access health care services and live healthier lives.

People experienced caring, meaningful relationships with staff who consistently treated them with kindness and compassion. Most people and relatives felt valued by the service and that their opinion mattered. People were treated with dignity by staff who respected their privacy and embraced their diversity and

individuality.

The management team promoted a positive culture within the service, where people and staff felt valued, focused on delivering good care. The registered and deputy managers were proactive and responsive, ensuring the service achieved good outcomes for people, their relatives and staff. The management team assumed responsibility when mistakes had been made and understood their responsibilities to inform people when things went wrong. Staff experienced good support from the management team, who were readily available to provide guidance. Staff felt comfortable to voice concerns, which they were confident would be addressed. The service collaborated effectively with other agencies, including occupational therapists, hospital discharge teams, social workers and other care providers to ensure people experienced good outcomes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was good (report published 11 July 2022).

At our last inspection we recommended that the provider seek advice and guidance from a reputable source about the development of individualised, person-centred care plans. The provider had failed to make improvements.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to staffing, need to consent, person centred care planning and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Superb Healthcare

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one inspector and an Expert 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post, who was also the nominated individual and a director of the provider group. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 March 2023 and ended on 3 April 2023. We visited the site office on 14 March 2023. The registered manager was on leave and some material was unavailable to be reviewed. We revisited the site office on 20 March 2023, on the registered manager's return from leave to review this material. We

returned on 22 March 2023 to review further staff files not made available on 20 March 2023.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed notifications and information we had received about the service since the last inspection. We sought feedback from the local authority quality assurance and safeguarding team, and other professionals who work with the service. We checked information held by Companies House and the Information Commissioner's Office. We checked for any online reviews and relevant social media, and we looked at the content of the provider's website. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with 6 people who use the service and 4 relatives of different people. We spoke with 10 staff including the registered manager (nominated individual/company director), the deputy manager (company secretary), 2 field care coordinators (company directors) and 6 support workers.

We reviewed a range of documents, including people's care records and daily notes. We looked at 18 staff files in relation to recruitment, staff training and supervision. These included the most recently appointed staff within the service. A variety of records relating to the management of the service were reviewed, including the provider's policies, procedures, accidents and incidents and quality assurance audits.

After the site visit, we continued to seek clarification from the registered manager to validate evidence found and received additional documents and information to inform our inspection. We received feedback from 4 health and social care professionals who engaged with the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- People reported a mixed experience in relation to staffing. For example, one person told us, "They're [staff] never on time and they [staff] do not let me know if they [staff] are running late." and "Where I have an appointment, or I want to go out I will often cancel as I know that if I have to wait for them [staff] I won't make my appointment as it's just not reliable [the service]. I have spoken to the management about this [poor time keeping] on many occasions but nothing ever changes." Other people and relatives told us care staff did arrive on time. For example, one person told us, "The carers [staff] are very good and more or less on time each day." Another person told us, "They [staff] always arrive on time or thereabouts, I understand that they [staff] may be caught in traffic or with a person before me. It's never a problem."
- On the first day of inspection, we requested staff rotas for the period between 6 February 2023 and 27 March 2023. At the time of writing this report, all requested information had not been provided. Therefore, we could not be assured which staff were scheduled to complete which visits and when.
- At our last inspection the registered manager told us they planned to introduce an electronic system to identify and respond to missed or late calls. At this inspection this had not been implemented. The service had no electronic monitoring system to record visits had been completed, including when staff arrived and left. People's daily notes did not always record the times of their visits.
- This meant we could not be assured there were enough staff to provide the correct amount of time and care to meet people's needs safely as identified in their care package.

The provider was unable to demonstrate that enough suitably competent and experienced staff were deployed to make sure people's care and treatment needs were met safely. This was a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At our last inspection staff had not always been recruited safely because staff had not always provided full employment histories. The registered manager provided evidence to explain the gaps before the inspection was completed. At this inspection new staff had been recruited through a sponsorship scheme and people's education and employment histories had been obtained.
- A staff member related to the registered manager had provided an inappropriate reference from another family member also related to the registered manager. The registered manager agreed to obtain further evidence to demonstrate this staff member's suitability to provide care to people in their own homes.
- Other staff had undergone relevant pre-employment checks, which were documented in their records. These included a full employment history, which explored and gaps, references from previous employers

and checks to evidence their conduct in previous care roles. Disclosure and Barring Service (DBS) checks were also completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- At our last inspection, the service prompted or reminded people to take their prescribed medicines. However, the responsibility the service took regarding people's prescribed medicines was not always clear. At this inspection the service had a detailed medicines management policy which detailed what 'prompting' or 'reminding' people involved.
- Staff had been trained and understood their responsibility to prompt and remind people to take their prescribed medicines safely, in line with their medicine management plans. Staff competency to prompt or remind people to take their prescribed medicines was regularly assessed by supervisors qualified to do so.
- Medicine administration records (MAR) recorded whether people had taken their medicines at the correct times. Where people had declined to take their prescribed medicines, this was recorded on their MAR, together with any action taken to mitigate any risk from their choice not to take their prescribed medicines.

### Systems and processes to safeguard people from the risk of abuse

- People, relatives and community professionals told us people experienced safe care and treatment from staff they trusted. For example, one person told us, "We [married couple] feel really safe and happy with our carers [staff]. They really know and understand my wife really well." Another person told us, "Just having the security knowing that they [staff] are coming makes me feel safe and relaxed."
- The provider had established systems to protect people from the risk of poor care, which staff operated effectively. People were protected from avoidable harm and discrimination by staff who had completed safeguarding and whistleblowing training.
- Staff understood how to report any concerns, both internally and externally. Staff told us they would contact their supervisor if they were worried someone was being abused. They would also escalate their concerns to the local authority safeguarding team or the CQC, if they felt the provider failed to act on their concerns. For example, one staff member told us, "I would tell the [named managers] if I thought someone was being abused and they would sort it out. I know we can come to you [CQC] and the council [local safeguarding authority] if the manager doesn't do something to make sure our client [person] is safe."

### Assessing risk, safety monitoring and management

- People's independence was actively promoted, whilst ensuring they were safe. People told us staff gave them information about risks to their safety enabling them to make choices, so they had as much control and independence as possible. The least restrictive option was always considered. For example, one person who required support to move and position using a hoist told us how staff promoted their independence saying, "My carers [staff] will support me to get into the sling and then I will take control of the remote control of my hoist when I am in it."
- The service had clear processes to assess and manage risks to people, which were reviewed regularly in response to people's changing needs to ensure they were met safely.
- People experienced safe care from staff who were aware of people's individual risks. The management team identified and assessed risks to people, which staff managed safely. Support plans provided staff with the necessary information and guidance to enable them to mitigate identified risks, such as choking, malnutrition, moving and positioning and developing pressure area breakdown. For example, one person told us, "They [staff] always check my skin and pressure areas and will always let me know if there are any concerns, but currently I am perfect."

### Preventing and controlling infection



- Staff followed the provider's infection control policy and procedures. People and relatives told us that staff demonstrated the required standards of hygiene and cleanliness whilst delivering care and support.
- Staff had access to personal protective equipment, including aprons, masks and gloves to help reduce cross infection risks. People were reassured by staff who used personal protective equipment in line with best practice guidance. One person told us, "I feel safe and secure with my carers [staff] and they always have gloves and aprons on. This makes me feel safe."
- Staff had completed training in relation to safe food preparation and hygiene practices. People and relatives told us that staff followed correct procedures whenever food was prepared.

#### Learning lessons when things go wrong

- Staff understood their responsibility to report concerns and were aware of the provider's whistle blowing policy, which gave them confidence to speak up if they had concerns.
- Staff recorded incidents and accidents, in accordance with the provider's policy, which the management team analysed and investigated. Any learning identified or subsequent changes to risk assessments were discussed with staff.
- People's risk assessments were updated in relation to accidents and incidents. For example, where people were identified to be at increased risk of falling or developing pressure areas. Appropriate referrals had been made to health care professionals in relation to reported incidents and where necessary additional supportive equipment had been arranged.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was not working within the principles of the MCA.
- People's right to make their own decisions and their need to consent to their care was not clearly understood and documented by the provider. People's capacity to consent to their care had not been assessed, where appropriate, and accurately recorded.
- Plans of care were not always signed by people who had capacity to make their own decisions.
- People's consent to care and treatment was not recorded. When we raised this with the deputy manager, we were told people's families had consented where required.
- Where there were concerns about people's capacity to consent, mental capacity assessments had not been completed. However, there was no evidence recorded that people did not have capacity to give consent themselves.
- People's care records did not document people's consent to their planned care. Each person's care plan contained a sentence in a section entitled 'Information about me' which read, 'I or my NOK will be involved in my Care Plan review meetings.' There was no evidence to explain why NOK (Next of Kin) should be involved in the care planning process.
- Decisions made in people's best interests were not always recorded and did not always follow a process to ensure appropriate people were involved in the decision.

Consent to care and treatment was not always sought or recorded in accordance with the MCA. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were able to demonstrate their understanding of mental capacity and how this impacted on people, including how to promote choice and control wherever possible for people.
- Staff ensured they consistently obtained people's consent to their day-to-day care and treatment. People confirmed staff always sought their consent before delivering care. For example, one person told us, "My carers [staff] always listen to me and really go out of their way to support me and my choices." Another person said, "They [staff] are so supportive of my choices and wishes".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started to use the service to ensure their support needs could be met. People's needs assessments considered all aspects of their care in line with relevant standards and guidance. Staff understood and delivered care in line with these assessments and advice from specialist healthcare professionals.
- The service achieved good outcomes for people by delivering care based on effective assessments and care plans. Care plans considered all aspects of people's lives, clearly detailing their needs, individual preferences and choices, and how they wished to be supported. This enabled staff to support people effectively to achieve good outcomes, such as working to increase their strength, mobility, nutrition or to maintain healthy skin.

Staff support: induction, training, skills and experience

- People and their relatives told us they were confident care staff had the right training and skills to support them safely. One person told us, "The care staff give me great confidence as they really know what they are doing." One person was impressed with the standard of staff training and how they listened to their wishes about how they wished to be supported. They told us, "Yes I feel they are fully trained and plus I have trained them myself too."
- Staff were supported to access training to develop and maintain skills relevant to their role. Staff told us they felt well supported during their induction to the service, with face-to-face induction training from the registered manager and shadow shifts with more experienced staff.
- Staff consistently told us they received effective supervision, appraisal, training and support, which enabled them to carry out their roles and responsibilities effectively. One staff member told us, "The training is good, and the managers are very approachable. They will arrange further training if you want it too." Another staff member said, "We get supervisions and spot checks which are good. [Senior staff] watch you then tell you what you are doing well and what you can improve."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met effectively. Where people were supported with this aspect of their care, they told us they were happy with the support they received.
- People's care plans explored whether they had a good appetite, if they had any dietary restrictions or preferences and if they were at risk of malnutrition, weight loss or weight gain. The deputy manager spoke about a successful outcome achieved by supporting a frail person to become stronger through encouraging them to eat more.
- Staff followed guidance from relevant professionals to protect people from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People praised staff making prompt referrals to health care services when their needs changed. For example, one relative told us, "Due to the level of care and support my [relative] needs, the carers [staff] are very vigilant and will inform me if we need to get the district nurse in of any other professionals."
- Staff worked collaboratively with other agencies and organisations to ensure people had access to the support they needed for their health care and wellbeing needs.
- When people's needs changed staff liaised with health and social care professionals to seek their guidance, which they implemented effectively. One relative told us, "We have a really effective communication book in place that has proved to be very effective, ensuring that all people supporting [person] are fully aware and up to date, the nurses who visit use the book as well and myself and the care staff."
- Health care professionals told us that staff supported people well, in accordance with their guidance and liaised promptly regarding concerns about people's health and mental well-being. Records reflected the guidance provided and implementation by staff.
- People experienced well-coordinated care and support when they were referred to, or moved between different services, such as admissions and discharges from hospital. For example, one relative told us, "When the package first started there was a mix up at the hospital, the equipment had arrived at the home but the bed had not been inflated so [deputy manager] came to the house and she contacted all the relevant people and got it sorted for us" and "The service is really flexible and have been really good in supporting me to take [person] appointments and move calls around quickly to accommodate the lateness in us returning home."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People experienced caring relationships with staff who treated them with kindness in their everyday care. Relatives of two different people praised a staff member for going the extra mile, waiting with their family member for an ambulance to arrive. One relative told us the staff member found their relative on the floor after a fall and remained with them until the ambulance arrived 4 hours later. They said "The carers [staff] go above and beyond for [person], they think about how to best support [person] but also how they can help me as a family member. Another relative told us, "On one occasion [family member] required the ambulance, [staff member] stayed with him for 1.5 hours as we were unable to get there. He [staff member] is just incredible."
- People feel well supported and say that staff really care about them. People experienced good continuity and consistency of care from regular staff, with whom they shared a strong personal bond. Relatives consistently reported staff were focussed on caring and not completing tasks. For example, one relative told us, "We feel that the carers [staff] really understand [person] and are so kind to [person] even when [person] may be a little unkind to them, they remain professional and full of smiles."
- Staff spoke with pride and passion about people they supported. For example, one staff member said, "It is so rewarding knowing you are making people happy and giving them a better life." Another staff member said, "It is the best feeling when you see them [people] smile because you care."
- Staff training included equality and diversity, which prepared staff to meet people's diverse needs arising from their individual cultures.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives consistently told us they had initially been involved in decisions about all aspects of people's care and support. People and relatives told us they felt valued and that their opinion mattered.
- Care plans were initially developed with people, their relatives and relevant professionals, enhanced by staff knowledge gained from working closely with people.
- Records demonstrated the management team reviewed people's care plans and risk assessments quarterly or whenever people's needs changed. This ensured they were accurate and reflected people's current needs and preferences. However, records did not demonstrate people and relatives' involvement. The deputy manager undertook to update the format of reviews to show people's involvement.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, respect and kindness during interactions with staff. People and relatives consistently told us staff encouraged them to be as independent as they could be.
- People received care which promoted their independence and respected their privacy. One person told us "My carers [staff] are very good at protecting my privacy and dignity, especially around my personal care and my care staff really help me to keep my independence." A relative had installed a CCTV system so they could remotely monitor their family member's safety when they were alone. They told us, "[Person] can be very stubborn and sometimes will not go to bed, however, I can see how patient they [staff] are with her and so thoughtful and when she has chosen not to go to bed the carer [staff] will call me and I will visit later."
- Staff had completed training and demonstrated knowledge in relation to their responsibility to maintain the confidentiality of people's care records to protect their privacy. The provider had appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view it.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we recommended that the provider seek advice and guidance from a reputable source about the development of individualised, person-centred care plans. The provider had failed to make improvements.

- At our last inspection care plans did not contain required information in line with the Equality Act 2010, to enable staff to provide person-centred care. The registered manager agreed to review the information on care plans to include further appropriate equality and diversity information.
- At this inspection care plans still contained none of the required equality and diversity information related to people's personal history, lifestyle choices, cultural, religious, emotional, spiritual and sexuality needs.
- Care plans were prepopulated with generic information referring to 'the client' and were then adapted with handwriting by the deputy manager. People's names were not always accurately recorded on these care plans and some had other people's last names.
- Some assessments had been completed by staff who were not shown to be the staff member completing the form. Some risk assessments had the name of the person being assessed as the person completing the record. The deputy manager explained this was due to a coordinator training another staff member to create assessments.
- Support plans did not always use respectful person-centred language. For example, support plans did not refer to people by their preferred name but used the impersonal term 'the client.'
- Support plans frequently used generic statements. For example, moving and positioning plans used expressions such as 'Carers to support and assist client with all movements/transfers.' The assessment did not provide individualised details about how to support and assist 'the client' with all movement and transfers.

The provider had failed to do everything reasonably practicable to make sure that people who use the service received person-centred care and treatment that is appropriate, meets their needs and reflects their personal preferences, whatever they might be. This was a breach of Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had mitigated the potential adverse impact on people of support plans not containing the required person-centred information. Staff consistently demonstrated an in-depth knowledge about these aspects of

people's lives, their individual needs, personal preferences and how they wished to be supported.

- Staff were proud of the personalised service they provided, including their prompt response to people's changing needs, based on their in-depth knowledge of the people they supported.
- Health and social care professionals told us the service provided personalised care that was responsive to people's needs. For example, one social care professional told us the assignment of an experienced support worker to two people had achieved unexpectedly positive outcomes.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had a clear understanding of the AIS and could explain how they met the standard whilst delivering people's day to day support.
- Staff effectively identified the information and communication needs of people with a disability or sensory loss and communicated with them in accordance with their communication plans. Staff used large prints, braille and audio facilities to support people who were visually impaired.
- Relatives praised staff for the empathetic way they communicated with their family members. For example, a relative of a person who could not communicate verbally told us, "The carers [staff] really like [person]. They [staff] are so kind and respectful. They really know [person] and can see when [person] may be frustrated or upset or happy."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff promoted people's independence by supporting them to take part in activities according to their wishes and abilities. Staff supported people to maintain relationships that mattered to them, such as family, community and other social links.

#### Improving care quality in response to complaints or concerns

- Most people were confident to share their worries and concerns with staff, who supported them to achieve successful solutions to problems and complaints.
- One person was unhappy with the provider's response to their complaints. This person told us, "I have made many suggestions and complaints however it appears to fall on deaf ears, nothing is ever done. However, if I had a real problem, I would go directly to social services myself."
- The provider had a complaints policy with clear guidance for staff about how to investigate and respond to complaints. Staff could explain the complaints policy and their roles and responsibilities to apply the correct procedures.
- People had a copy of the provider's complaints procedure, in a format which met their needs and knew how to make a complaint.

#### End of life care and support

- At the time of inspection, the service was not supporting anyone with end of life care. The deputy manager was reviewing people's care plans to explore their end of life wishes in more detail.



# 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 our last inspection we rated this key question good. At this inspection the rating has changed 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

- The registered manager had not ensured that quality assurance arrangements were applied effectively. The registered manager had failed to consistently assess, monitor and improve the quality of the service and to effectively operate systems and processes to ensure compliance with the regulations.
- The registered manager had failed to identify and address breaches of regulation in relation to staffing, the need for consent and person-centred care planning we found during the inspection. This exposed people to the potential risk of harm.
- The registered manager had failed to implement recommendations in relation to personalising care plans identified during the last inspection.
- The management team had not checked the service activity in relation to obtaining lawful consent from people to their care.

The failure to effectively operate processes and systems to ensure compliance with regulations was a breach of regulation 17(1)(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Most people told us they experienced person centred care from staff who truly cared, which achieved good outcomes. For example, one person told us, "[Staff member] one of my carers [staff] is absolutely amazing she really understands me, and we have a great laugh and giggle together, she really makes my day. She really gets me and is so supportive and great at listening." A relative told us, "The carers [staff] and my [family member] have built up a great bond and we would never want to change them, it works so well"
- The registered manager promoted a positive culture within the service, where they focused on people receiving high quality care. The management team were knowledgeable about the people using the service, their needs and care arrangements.
- The registered manager and management team had cultivated an open, inclusive culture, where people and staff felt valued.
- The registered and deputy managers were positive role models for staff, who were caring, proactive and responsive, ensuring the service achieved good outcomes for people and their relatives

- Staff were very positive about the service and worked well as a team. One staff member told us, "It [Superb Healthcare] is a good place to work. We all work flexibly as a team and for one another." Another staff member said, "It's a very good company, great place to work. The managers are very friendly and helpful. I feel we are a good team working together to make people's lives better."

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

- The deputy manager told us there had been no incidents reportable under the duty of candour regulation. However, the registered and deputy managers were aware of their responsibilities.
- The management team assumed responsibility when concerns had been raised or mistakes had been made. The registered manager understood their responsibilities to inform people when things went wrong, and the importance of open and transparent investigations to identify lessons and take action to prevent any further occurrences. For example, one person told us, "On the odd occasion I have had the odd thing broken. My iPad was knocked off my table by a carer [staff] and it was broken. However, the manager and carer [staff] apologised and then the carers [staff] went out and bought me a new one"
- Where accidents and incidents had occurred, the management team had completed investigations and spoke directly to people to explain the circumstances, action they had taken and apologise.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service involved people, their families and staff in the development of the service, through a system of reviews, satisfaction surveys and supervisions.
- Records demonstrated that people had their care and support reviewed quarterly by the management team. However, most people we spoke with could not recall having their care reviewed. For example, one person told us, "I only found out who the manager was last week. Apparently he came to support me about 3 times at the start, but I haven't seen him since" and, "I can't remember ever having any care reviews." A relative told us, "We have been supported by Superb Healthcare for 2 years and I can't remember if we have ever had a care review."
- Staff consistently told us they received good support from the management team, who were readily available whenever they needed advice or guidance. Staff felt confident in raising concerns and issues and said these were always addressed.

Continuous learning and improving care

- There were systems in place for monitoring the quality and safety of the service. This included gathering the views of people through phone calls and formal reviews.
- Formal reviews of the people's care did not effectively record who was involved in the reviews or the details of the review. Reviews of people's care often just recorded 'no change'.

Working in partnership with others

- The registered manager and staff worked well in collaboration with external agencies, including occupational therapists, hospital discharge teams, social workers and other care providers. This helped to ensure people received good quality care. For example, a health and social care professional praised the professionalism and flexibility of the service in their response to emergency discharge of people from hospitals. Another social care professional provided positive feedback regarding the registered manager for effectively working with them to tailor a package of care to support a person with complex needs.
- Guidance and involvement from professionals was promptly sought and systems were in place to check that these were effective in achieving successful outcomes to improve people's lives, health and wellbeing.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>How the regulation was not being met:</p> <p>The provider had failed to do everything reasonably practicable to make sure that people who use the service received person-centred care and treatment that is appropriate, meets their needs and reflects their personal preferences, whatever they might be.</p> <p>Regulation 9(1)</p>
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>How the regulation was not being met:</p> <p>Consent to care and treatment was not always sought or recorded in accordance with the MCA.</p> <p>Regulation 11(1)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had failed to effectively operate processes and systems to ensure compliance with regulations.</p>

Regulation 17(1)(2)(b)

**Regulated activity**

Personal care

**Regulation**

Regulation 18 HSCA RA Regulations 2014 Staffing

**How the regulation was not being met:**

The provider was unable to demonstrate that enough suitably competent and experienced staff were deployed to make sure people's care and treatment needs were met safely.

Regulation 18(1)