

Supreme Care Services Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Supreme Care Services Limited [Greenwich] is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of this inspection the agency was providing a service to 39 people. 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.

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

People and their relatives told us they felt safe. The service had safeguarding and whistleblowing policies and procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks had taken place before staff started work and there were enough staff available to meet people's care and support needs. People's medicines were managed safely. Risks to people had been assessed to ensure their needs were safely met. The service had procedures in place to reduce the risk of infections.

People's care and support needs were assessed before they started to use the service. Staff had the skills, knowledge and experience to support people appropriately. Staff were supported through induction, training and regular supervision. People were supported to maintain a healthy balanced diet and had access to health care professionals when they needed them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their relatives spoke positively about the care and support they received. They said they had been consulted about their care and support needs. The service supported people to develop and maintain relationships to avoid social isolation. The service had a complaints procedure in place. There were procedures in place to make sure people had access to end of life care and support if it was required.

The registered manager and deputy manager had worked in partnership with health and social care providers to plan and deliver an effective service. Social care professionals' feedback was positive confirming good partnership working. The provider took people, their relatives and staffs view's into account through satisfaction surveys. Staff enjoyed working at the service and said they received good support from the registered manager and deputy manager.

Rating at last inspection

The last rating for this service was Good (published 27 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was 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 team consisted of 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 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

This inspection was announced. We gave the service 72 hours' notice of the inspection visit to ensure the registered manager would be present and ensure people's consent was gained for us to speak with them for their feedback. Inspection activity started on 3 September 2019 and ended on 6 September 2019. We visited the office location on the 3 and 5 September 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from professionals who work

with the service. We used all of this information to plan our inspection.

During the inspection

We looked at three people's care records, two staff recruitment records, records relating to the management of the service such as medicines, quality assurance checks and policies and procedures. We spoke with four staff members, the deputy manager, the registered manager and the registered provider about how the service ran and what it was like to work there. We spoke with three people using the service and two relatives.

After the inspection

We continued to seek clarification from the provider to validate some of the evidence we found at the inspection.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I absolutely feel safe, my carer has been coming to me for some time. Their whole manner and demeanour is professional so I have nothing to fear." A relative said, "I believe [my loved one] feels safe with the carers that come. They are happy when they see them."
- There were safeguarding adults' procedures in place. The registered manager knew they had to report abuse to the local authority and CQC. Staff said they would report any concerns they had to the registered manager, the local authority's safeguarding team and CQC if they needed to.
- Training records confirmed that all staff had received up to date training on safeguarding adults from abuse.

Assessing risk, safety monitoring and management

- Risks to people had been assessed to ensure their needs were safely met. Assessments included the levels of risk to people in areas such as falls, moving and handling and medicines. They included information for staff about the actions to be taken to minimise the chance of accidents occurring.
- Where people had been assessed as being at risk of falling a falls protocol was in place that guided staff on what actions to take to reduce the risk of falls. People had also been supplied with pendants to call a helpline in an emergency. One person said, "I have a pendent to call for help in an emergency. I have the office number too, in case I need any help from them." A relative told us the deputy manager advised them if they needed to speak to someone they could call them day or night. They said, "You can't get better than that."
- Risk assessments had been carried out in people's homes relating to equipment and health and safety and the environment.

Staffing and recruitment

- Appropriate numbers of staff were available to support people's needs. One person told us, "My carers have never ever been late, they are very punctual." A relative said, "The carers are always here on time. If they are going to be late they call us to let us know." Another relative commented, "They have never ever missed a call and if there is a possibility they will be late the manager rings and lets me know." A third relative told us, "They have never let us down and we have the same person every time."
- There were systems in place for monitoring missed and late calls. The registered manager told us there had been no missed calls and there were very few late calls. If a call was late the registered manager told us office staff would contact the member of staff, enquire on their whereabouts and let the person know when the member of staff would arrive. Missed and late calls were also monitored through telephone monitoring calls to people receiving the service.
- The registered manager told us staffing levels were arranged with the local authority according to the

needs of people using the service. They said staff worked in the same area where the people they supported lived. They showed us a staffing rota that indicated that staff had enough time to travel between calls. A member of staff said, "The deputy manager gives me my rota on a weekly basis. That way I always know what I am doing. They plan to rota in a way that makes sure I have plenty of time to get between calls."

- Robust recruitment procedures were in place. Recruitment records included a completed application forms, employment references, evidence that criminal record checks had been carried out, health declarations and proof of identification.

Using medicines safely

- The registered manager told us most people looked after their own medicines, some were supported by family members and some people required support from staff to take medicines.
- Where people required support to take their medicines we saw this was recorded in their care plans.
- People had individual medication administration records (MAR). The registered manager monitored MAR's to make sure people were receiving their medicines. This ensured that people were supported to take their medicines as prescribed by health care professionals.
- Training records confirmed all staff had received medicines training. Staff told us they had been assessed as competent to administer medicines by care coordinators and field care supervisors. This ensured that staff had the necessary skills to safely administer medicines.

Preventing and controlling infection

- The registered manager told us and showed us that personal protective equipment (PPE) was always available for staff. Staff told us they had access to PPE when required.
- Training records confirmed staff had completed training on infection control and food hygiene.

Learning lessons when things go wrong

- Staff understood the importance of reporting, recording and monitoring accidents and incidents.
- The registered manager learned from incidents and accidents and had taken appropriate action to address them. For example, after a trend in falls had been identified a falls protocol was introduced into people's assessments.
- Where appropriate accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals when required.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider used a strength-based approach when assessing people's care and support needs before they started using the service. These assessments considered people's needs, preferences, choices and existing skills and were used to draw-up care plans and risk assessments.
- Care records documented the involvement of people, their relatives and where appropriate any health and social care professionals. This ensured all the person's needs were considered and addressed.
- People's care plans and risk assessments had been kept under regular review.

Staff support: induction, training, skills and experience

- People told us staff were well trained. One person said, "I think my carer is qualified for the job they do." Another person told us, "Certainly, the staff are trained, and what they do is fine for my needs." A relative commented, "I think the carers are well trained. When there are new staff, the manager comes with them and talks to them about what they need to do."
- The registered manager told us staff new to care were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- Staff had the knowledge and skills required to meet people's needs. Staff told us they had completed an induction, they were up to date with training and they received regular supervision and annual appraisals.
- Training records confirmed staff had completed training relevant to people's needs. This training included basic life support, fluid and nutrition, infection control, health and safety, safeguarding adults and children, moving and handling, medicines administration, equality and diversity and the Mental Capacity Act 2005 (MCA).
- Staff had also received further training relevant to the needs of the people they supported. We saw some staff had received training in areas such as pressure sore care, stroke awareness, epilepsy, diabetes and dementia. A member of staff told us, "The provider always makes sure we have the right training that meets people's needs. For example, I support a person that uses a catheter and I have been trained on the topic."
- We saw records confirming that staff were receiving regular formal supervision and an annual appraisal of their work performance.

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

- We saw people's meal preferences and any support they required from staff was recorded in their care files. One person told us, "I mainly have frozen meals. The staff just heat them up for me. Sometimes they make me some soup and a nice slice of bread and butter. They make sure I am well looked after when it comes to food." Another person said, "They prepare my meals - a hot meal at lunch time and sandwich in

the evening. One carer made me liver, mash and onions recently, it was really nice."

- Staff said they cooked meals when it was recorded in the persons care plan. A member of staff told us, "I cook meals for a person from the same country that I come from. I know about their culture and the foods they like to eat. The registered manager matched us because the person said they wanted someone from the same cultural background as them."

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us they and staff worked in partnership with health and social care professionals, for example GP's, district nurses, physiotherapists and occupational therapists to plan and deliver an effective service for the people they cared for.
- One person told us, "If I wasn't feeling well the staff would contact my doctor for me." A relative commented, "Once when I was out, the carer called the telecare service for [my loved one], they called an ambulance and they also contacted me."
- A member of staff told us, "I take one person to regular hospital appointments as part of their care package. If I thought someone wasn't well I would ask them if they wanted me to call their GP or contact their family members. If they needed to go to hospital I would call an ambulance and let the office staff know."

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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.

- We saw completed capacity assessments in all the peoples care records we looked at.
- We saw that where a person lacked capacity to make specific decisions about their own care and treatment the registered manager had worked with them, their relatives and the local authority in making decisions on the persons behalf and in their 'best interests' in line with the Mental Capacity Act 2005.
- Staff had received training on the MCA. They told us they sought consent from people when supporting them and they respected people's decisions.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; equality and diversity

- Staff supported people with respect and showed an understanding of equality and diversity. People told us they were supported by staff who were respectful to their individual needs and were kind and caring. One person said, "I would say they are very pleasant, very good humoured, thorough and professional." Another person told us, "My carers know what keeps me happy. I suffer with depression, but they have helped to being me back to where I should be. I am very satisfied with the people I have coming. They do everything I need. They are what I need." A third person said, "They [carers] are excellent, very kind and loving." A relative told us "It's the way they [carers] talk to [my loved one], sometimes they will even dance with them. My loved one likes the carers music; they are really friendly and kind."
- People's diverse and cultural needs were respected and documented. Care records included information relating to people's disability, religion and sexual orientation. A relative told us carers respected their cultural needs. Carers greeted them with Namaste, a different way to say hello in the Asian culture. They called their loved one by the name they preferred and how family members addressed them.
- Staff received training on equality and diversity and they worked to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010.
- The registered manager told us the service promoted diversity in the work place. We saw the providers LGBT policy (Lesbian, Gay, Bisexual and Transgender) was displayed on the office wall. The registered manager said this was the policy of the month for September.
- A member of staff told us the training on equality and diversity had helped them understand how to work with people from different backgrounds. They said they would support anyone no matter what their beliefs were.

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

- People and their relatives had been consulted about the care and support they received.
- One person said, "When I started to use the service they came here and asked me about all the things I needed help with. I told them what I wanted, and they have a care plan for me. Everything is getting done the way I wanted it." Another person told us, "I talked to them about my care needs in the beginning and they are doing what we agreed." A relative commented, "The deputy manager turned up and talked to us about what was on offer. There is a care plan and I have read it."

Respecting and promoting people's privacy, dignity and independence

- A member of staff told us they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their homes. They explained to people what

they were doing for them when they carried out personal care tasks. They maintained people's independence as much as possible by supporting them to manage as much as they could for themselves.

- One person told us, "My carers always knock on the door and say good morning before they come into my room. They know exactly what to do and it runs like a well-oiled shop. They wash me and get my razor and it's all done well. They are very helpful; they don't take you for granted; I don't get the feeling they are just doing it for the money."

- A relative said the carers were very good. They didn't make their loved one feel uncomfortable. They commented, "I think they know what my loved one's needs are and certainly respect them. They are very good and very kind." Another relative told us, "The last time [my loved one] was going into respite, I asked the deputy manager to dress them up in their suit. The deputy manager was so helpful, she did all that I asked, all that for me."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People had care plans that described their health care and support needs and included guidelines for staff on how to best support them. For example, there was guidance for supporting people with personal care, their medicines and with moving and handling.
- People's care records included a risk rating relating to the level of care and support they required. The rating highlighted if people were at risk of falls or isolation. Care records also included 'all about me clouds' this recorded the things people liked to do and their daily routines.
- People told us their needs were kept under regular review. One person told us, "When my knees started to go there was some changes made to my care plan. Anything I asked for they accommodated me." A relative told us if they needed to make any changes to their loved one's care package it would be done through social services. The occupational therapist would be informed, then they and Supreme Care would come and carry out a review."
- Staff understood people's needs and they were able to describe their care and support needs in detail. For example, one member of staff explained how they supported a person from a different cultural background. They told us that training course in equality and diversity had help them understand how to effectively support people with differing needs.
- A relative told us their loved one was improving because of the care they were receiving. Their loved one had started walking again. They said, "The carers take [my loved one] out in the wheelchair, but my loved one is walking much better now."

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.

- The service identified people's communication needs by assessing them. People's communication needs were identified, recorded and highlighted in their care plans.
- A relative told us their loved one was nonverbal, and they used communication cards. They said, "The carers never have a problem they just follow [my loved one's] cue and do what makes them happy."
- The registered manager told us where people had been assessed as having poor eyesight they had been provided with information in larger print. Information could also be provided in different formats to meet people's needs, for example Braille or different languages.
- The registered manager told us the service promoted the use of assistive technology to people during the assessment process to improve the quality of lives and day to day orientation.

Supporting people to develop and maintain relationships to avoid social isolation

- The provider offered people a befriending service. The registered manager told us that some staff had volunteered as befrienders to the people they supported to offer companionship to people who were lonely or isolated. A member of staff told us they were currently offering time outside of their contracted hours to befriend a person using the service. They said they spent time with the person chatting, reading magazines, playing crosswords and watching television together. They told us they felt rewarded from seeing the person happy and getting satisfaction from their visits.
- The registered manager told us there were quarterly coffee mornings for people to attend at the office if they liked.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. The complaints procedure was available in different formats to meet people's needs.
- People told us they were aware of the complaints procedure and knew how to make a complaint. One person told us, "They [registered manager] do take notice. As soon as I complained about [some staffs attitudes], the staff did not come back." A relative commented, "I have never had to make a complaint because we have no problems with the carers."
- Records showed that where complaints had been made the service responded to them appropriately and in line with the providers policy.

End of life care and support

- The registered manager told us no one currently using the service required support with end of life care. However, they would work with people, family members and health professionals to make sure people were supported to have a dignified death.
- People's care files recorded where people had 'Do Not Attempt Resuscitation' forms in place.
- The registered manager told us they were reviewing their care planning to include people's wishes for their end of life care. The review would include cultural, religious and spiritual needs and any funeral preferences. We will check on this at our next inspection of the service.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and they demonstrated good knowledge of people's needs and the needs of the staffing team.
- The registered manager also managed another of the providers care services. They told us the deputy manager was responsible for running the service in their absence.
- There was an organisational structure in place and staff understood their individual responsibilities and contributions to the service delivery.
- Staff also told us they worked well as a team. One staff member said, "There is always someone available to speak with for advice and support out of hours. We have regular team meetings. It's nice to meet other staff, talk about our experiences and share good practice. Staff are recognised for their good work. For example, we receive positive praise and we are all invited to the Christmas party at the office."
- A social care professional told us they had been working with the service for several years and they were very happy with the services they provided. The service consistently came out very well when they carried out their annual audits and contract monitoring meetings. They said the registered manager had been very helpful in providing any additional information they requested to ensure good outcomes were being achieved for their clients. The feedback they had received from people's families had also been very good.
- An officer from one of the local authorities that commissions services from the provider told us that following a quality assurance inspection in December 2018 the service was found to be 'well-led' and scored highly in organisation and management. They rated the service very good overall.

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 registered manager understood their responsibilities under the duty of candour. They told us they were open and transparent with people, their relatives and professionals when things go wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us they felt listened to and included in their care planning. One person said, "They listen and take notice of my point of view; they are very good at listening." A relative told us, "Supreme Care are friendly and easy to communicate with. They are adaptable if we need change the days they come,

they will sort it out." Another relative commented, "The deputy manager is fantastic, I have tremendous relationship with them, she is such a kind lady."

- The provider sought people and their relative's views about the service through satisfaction surveys, telephone monitoring calls and during unannounced spot checks on staff. We saw an analysis report from the 2018 survey. Feedback from people indicated they were happy with the service. The registered manager told us they had not received any negative comments from people following that survey however if they had they would have acted to address any areas for improvement.
- One person using the service told us, "Once a week the deputy manager phones to see if everything is alright; shows she cares, and I can hear it in her voice." Another person said, "The deputy manager will call to ask how the carers are doing. It's always been positive because we are happy with the service."
- The provider also sought staff views through annual surveys. Following the 2018 staff survey a staff suggestion box had been placed at the office and was being monitored monthly.
- Unannounced spot checks were carried out by the provider to make sure staff turned up and left on time, administered medicines and completed medicine records correctly and completed the tasks recorded on people's care plans. One member of staff told us, "We don't know when they [deputy manager or field care supervisors] are coming to check on us but when they do they make sure we comply with the persons care plan, that we provide good quality care and we represent the organisation in a positive way. They also ask the people we are supporting what they think as well."

Continuous learning and improving care

- The provider recognised the importance of regularly monitoring the quality of the service. Records confirmed that regular medicines, care records, incidents and accidents check's, and audits were being carried out at the service.
- The registered manager carried out 'mock inspections' to ensure compliance with CQC's regulations. These covered areas such as medicines, staff training, supervisions and appraisals, spot checks, complaints and compliments, team meetings, pressure sore management, safeguarding and late and missed call monitoring. These inspections included actions to be completed for example staff were required to complete medication competency assessments and staffs understanding of the providers policies were reinforced through a policy of the month being displayed at the office and in the staff newsletter.

Working in partnership with others

- The registered manager had worked in partnership with health and social care providers to plan and deliver an effective service. They said they welcomed their views on service delivery.
- A social care professional told us the registered manager had been very proactive at their provider forums. They often brought examples of good practice to the table. As a result, they had asked them to take the lead on a training exercise at an upcoming forum for other providers to learn from the registered managers knowledge and improve their own training with their staff.
- The registered manager told us they had learned about other initiatives and good practice and they had introduced them to the service. For example, at a recent forum an ex-service user presented a directory they had collated listing all the services they used and found very beneficial whilst they were receiving a care package. Supreme Care adapted the idea and created a directory across for each authority where they provide services. The registered manager told us the directory was issued to people during their initial assessment and could be made available in any language as well as braille.
- Another social care professional told us the service had been reorganised under the new deputy manager. They commented, "Since they took over it was marvellous. I have used their carers and they have delivered a perfect service. I can truly say I have not had any cause for concern."