

Supreme Care Services Limited

Supreme Care Services Limited

Inspection report

43 Southend
South Croydon
Croydon
Surrey
CR0 1BF

Date of inspection visit:
19 November 2018

Date of publication:
21 December 2018

Tel: 02082534310

Website: www.supremecare.co.uk

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

Supreme Care Services Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. CQC only inspects the service being received by people provided with 'personal care', that is help with tasks related to personal hygiene and eating. Where they do this, we also take into account any wider social care provided. At the time of our inspection seventy-eight people were using the service.

At our last inspection of the service in May 2016 we rated the service 'Good'. This inspection took place on 19 November 2018. At this inspection we found the evidence continued to support the rating of 'Good'. There was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People told us they were safe with staff. Staff had been trained to safeguard people from the risk of abuse and knew how to report any safeguarding concerns about people to the appropriate person and agencies. Staff understood the risks posed to people and followed current guidance about how these should be minimised to keep people safe from injury or harm. Staff followed good practice to ensure risks were minimised from poor hygiene and cleanliness.

There were sufficient numbers of staff to meet people's needs. The provider made sure, wherever possible, people received support from the same staff to ensure continuity and consistency in the support they received. The provider maintained recruitment and selection processes and carried out appropriate checks to verify staff's suitability to support people.

People's needs had been assessed to determine the level of support they required, and this was delivered in line with current legislation and standards and current best practice. Staff received relevant training to help them meet people's needs. They were encouraged to continuously improve their working practices through regular supervision. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and supported people in the least restrictive way possible. The policies and systems in the service supported this practice.

People were involved in planning and making decisions about their care and support package. People's records contained current and detailed information about them and reflected their preferences and choices for how and when they received support. Staff knew people well, understood their needs and how these should be met. People's care and support needs were reviewed with them to ensure this was continuing to meet their needs.

Staff supported people to eat and drink enough to meet their needs and keep healthy and well. People received their prescribed medicines as required. Staff communicated with others involved in people's care so that they were well informed about people's health and wellbeing, particularly if there were concerns

about this. The provider worked closely with other healthcare professionals to ensure a joined-up approach to the support people received.

The provider promoted compassionate, respectful and empathetic behaviours within the staff team. They had introduced initiatives to reduce the risk to people, with no immediate family and friends, of becoming socially isolated. Where staff were responsible for this, they supported people to take part in activities or pursue interests that were important to them.

Staff were caring and treated people with dignity and respect. They asked people for their consent before care was provided and ensured people's privacy was maintained when being supported with their care needs. People were encouraged by staff to be as independent as they could be. Staff only took over when people could not manage and complete tasks safely.

People were satisfied with the care and support they received from staff. They had no concerns about the management of the service. Staff said they were well supported by the senior staff team. The service continued to have a registered manager in post. The registered manager understood their registration responsibilities particularly with regards to submission of statutory notifications about key events that occurred at the service.

The provider had maintained arrangements to monitor and assess the safety and quality of the service. People and staff were asked for their views about how the service could be improved. If people were unhappy and wished to make a complaint, the provider had arrangements in place to deal with their concerns appropriately. Records relating to people, staff and to the management of the service were up to date and well maintained.

The provider made improvements when these were required to enhance the quality of the service. Since our last inspection the provider had undertaken a full review of the service and implemented an improvement plan to make changes to the way the service was delivered. People and staff told us as result of these change they felt that the service had improved.

The provider worked in partnership with others to continuously improve the delivery of care at the service. Senior staff reviewed all incidents or safety concerns involving people. They used the information and learning from these to make improvements when things went wrong to ensure people's continuing safety.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Supreme Care Services Limited

Detailed findings

Background to this inspection

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

This inspection took place on 19 November 2018 and was announced. We gave the provider ten days' notice of the inspection because senior staff are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that senior staff would be available to speak with us on the day of our inspection. The inspection team consisted of two inspectors and two Experts by Experience. These are people who have personal experience of using or caring for someone who uses this type of service.

Prior to the inspection we reviewed the information we held about the service. The provider had not sent us a recent Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The provider confirmed they had not been sent a PIR to complete prior to this inspection. We took this into account when we inspected the service and made the judgements in this report. We also reviewed information we held about the service, including any statutory notifications submitted about key events that had occurred at the service and feedback shared with us by the local authority as part of their quality monitoring arrangements of the service.

During the inspection we spoke to members of the senior staff team including the registered manager, the quality and compliance consultant, the company director and the company secretary. We also spoke to five care support workers. We looked at the records of eight people using the service and eight staff records. We also looked at other records relating to the management of the service, including the service's policies and procedures. After the inspection we spoke to eight people using the service and four relatives. We asked them for their feedback and experiences of using the service.

Is the service safe?

Our findings

People told us they felt safe with the staff supporting them. One person said, "The carers have been with me a long time, I am happy with them. I have not had any problems...oh gosh, I do feel safe." Another person told us, "[Staff member] is lovely...yes, I don't know why I feel safe I just do. There's something about her." And another person said, "Yes, I do feel safe they are very kind to me and look after me well."

Since our last inspection, the provider continued to provide training and support to staff to safeguard people from abuse or harm. Staff were aware of safeguarding procedures and how and when to report concerns to the appropriate person and/or authority. Records showed the provider cooperated fully with the local council with their enquiries and investigations when safeguarding concerns were raised about people using the service.

Senior staff continued to assess, monitor and review how people's individual circumstances and needs could put them at risk of injury or harm. People's support plans reflected identified risks and contained guidance for staff about how to support people in such a way as to keep them safe. For example, where people were at risk of falls in their home, staff were instructed to check the environment was clear of trip and slip hazards. Staff understood the support people needed to promote their independence and freedom whilst minimising any identified risks to them. A person said about a staff member, "She puts her arm around me to help support me when getting in the shower."

There were sufficient numbers of staff to meet people's needs. The provider issued rotas to staff so that they had timely notice of their scheduled visits. To reduce the risk of staff running late for scheduled visits these were planned as much as possible in close proximity to each other to cut down travel time between them. Senior staff went through rotas with each staff member, so they could check together that sufficient travel time had been allocated between visits. Where people needed help to move and transfer in their home, two staff were assigned to these visits to ensure this was done safely. Staff told us the provider encouraged them in these instances to travel together wherever possible to reduce the risk of one of them running late which could impact on the person receiving timely and safe support.

The provider maintained recruitment and selection processes to check that staff were suitable to support people. Disciplinary procedures were used to address any poor staff conduct and behaviours that impacted on people's safety, for example when staff had missed a scheduled visit to a person and had not reported this to senior staff in a timely manner to enable them to make suitable alternative arrangements. Staff were provided the provider's lone working policy so that they were aware of the steps they should take to ensure their own personal safety when working alone with people.

Where staff were responsible for this, they supported people to take their prescribed medicines. Staff had received training in medicines administration. There was information on people's records about their prescribed medicines and how they should be supported with these. Records showed staff recorded what medicines people were given and when. Senior staff reviewed these records monthly to seek assurances medicines had been administered appropriately by staff.

Systems were in place to reduce risks to people from poor cleanliness and hygiene. Staff had received training in infection control and had access to supplies of personal protective equipment (PPE) such as gloves and aprons, to reduce the risk of spreading and contaminating people with infectious diseases. Staff also received training in food handling, so they were aware of the procedures that needed to be followed when preparing and storing food to reduce the risk of people acquiring foodborne illnesses.

Senior staff reviewed all incidents or safety concerns involving people. They used the information and learning from these to make improvements when things went wrong to ensure people's continuing safety. We saw a good example of how the provider used their learning from a safeguarding concern raised about one person to introduce a risk rating system for all the people using the service. The provider now assessed the risk to each person of a missed visit and the impact this would have on them in relation to their health and wellbeing. This enabled the provider to ensure that the care and support needs of people identified as high risk and vulnerable would be prioritised in the event regular staff could not attend a scheduled visit to ensure this would not be missed.

Is the service effective?

Our findings

Prior to using the service, people's needs had been assessed to determine the level of support they required, and this was delivered in line with current legislation and standards. For example, people's choices and decisions about when, how and from whom they received care and support helped to inform their package of support. Risk assessments were undertaken with people as part of this process to ensure that the support provided to them was delivered in a way that maintained their safety and wellbeing. The provider also used best practice guidance when planning how people's needs should be met. For example, we saw for one person, the provider obtained detailed information from a reputable source about the person's specific healthcare condition which was used to help staff improve their learning and understanding as to how they could support the person to manage their condition more effectively.

People told us staff were meeting their needs. One person said about staff, "Yes, they are very, very good." Another person told us, "They know what they are doing and [staff member] is very susceptible to my moods. She can tell if I don't want to be disturbed." A relative said, "Yes, the ones [family member] has presently do know how to look after her." People's records contained detailed information about how their needs should be met to help them achieve good outcomes and enhance the quality of their lives. Staff were clear about these intended outcomes and how they could help people achieve these through the support they provided.

Since our last inspection, staff continued to receive relevant training to help them meet people's needs. New staff underwent a programme of induction before supporting people unsupervised as being well as required to complete the Care Certificate. The Care Certificate is a nationally recognised learning tool to support staff new to care. Staff were also encouraged to continuously improve in their role. Staff had supervision (one to one) meetings with their line manager to discuss their working practices, any issues or concerns they had about their work and any further training or learning they needed to help them provide effective support to people. A staff member told us, "We have training, and supervision every three months... we get a lot of training. It is very helpful and helps us to do the job."

Where staff were responsible for this, people were supported to eat and drink enough to meet their needs. One person said, "They make my meals and drinks, as I want." Information had been obtained about people's dietary needs and how they wished to be supported with these including any specialist requirements people had due to their healthcare conditions. Staff were aware of people's preferences for food and drink and ensured these were met. Staff recorded what people ate and drank so that there was good information for others involved in people's care to assess they were eating and drinking enough to meet their needs.

Staff supported people to keep healthy and well. They recorded their observations about people's general health and well-being and communicated with others involved in people's care, particularly if they had concerns about a person's health, so that appropriate support could be sought for them. One person said, "I have a habit of passing out, and they acted really well. They called an ambulance and my son." Another person told us after they had become unwell, staff immediately made them comfortable and telephoned

their GP for advice and support.

The provider worked closely with other healthcare professionals to ensure a joined-up approach to the support people received. The provider had written to people's GP's and dispensing pharmacists to advise them that staff from the service were providing support and requested they keep the service informed and updated about any changes to people's prescribed medicines as well as any annual health checks and flu jabs due. This would help staff remind and support people with these at the appropriate time.

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 with appropriate legal authority. Any application to do so must be made to the Court of Protection.

We checked whether the service was continuing to work within the principles of the MCA. Staff had received training in the MCA and associated codes of practice and understood their responsibilities under this Act. Systems were in place to assess people's capacity to make and consent to decisions about specific aspects of their care and support. There were processes in place where if people lacked capacity to make specific decisions about their care and support the service would involve people's relatives, representatives and healthcare professionals, to ensure decisions would be made in people's best interests.

Is the service caring?

Our findings

Since our last inspection the provider had introduced new initiatives within the service to promote and encourage compassionate, respectful and empathetic behaviours within the staff team. The provider had purchased posters from an external not-for-profit social enterprise which were displayed around the head office. These communicated key messages and prompts for staff, to encourage them to think about how to provide care and support that was person centred. For example, one poster prompted staff to 'learn something new today' by asking people details about their life history and the things that had been important to them in their life. This could help staff build more caring and positive relationships with people they were supporting as they got to know them better. Staff said the posters helped remind them to support people in a caring and compassionate way. Senior staff also told us they were aware that some people using the service had no close or regular contact with family or friends so often spent a lot of their time alone. In response, the provider had recently launched a 'befriending' initiative through which all staff were asked if they could volunteer an hour of their time once a month which would be spent making social calls to people who wanted this. We saw take up of this had been good amongst the staff team and the provider was rolling out a programme of visits at the time of this inspection.

People spoke positively about the staff supporting them and told us they were caring. Comments we received included: "They are not rude or heavy handed"; "We have a great relationship. [Staff member] knows me."; "I have [staff member]. She is so caring. They are very good with me and just know what to do."; and "Well [staff member] comes in, asks how I'm feeling – that shows me care." Staff were enthusiastic about their work and talked about people with kindness and compassion. One staff member said, "I feel every day I give person centred care. I always go in with a sense of humour and try and cheer people up and keep people happy." Another staff member told us about the support they had provided to a person who had recently passed away. "Towards the end of her life I spent more time with her as she had no family. I spent time talking to her and stayed with her when needed."

The provider took steps to make sure, wherever possible, people using the service received support from the same staff to ensure continuity and consistency in the support they received. This was important as this helped staff build positive and caring relationships with people, to help them feel comfortable and confident receiving support from staff. Staff told us since our last inspection the provider has improved the scheduling of their visits so that they were supporting the same people on a regular basis. A staff member said, "I have regular clients now so there is better continuity." Another staff member told us that by supporting the same people on a regular basis, this had helped them to get to know people and their needs better.

People said staff treated them with dignity and respect. They told us staff respected their home and kept this clean and tidy after each visit. One person said, "With my house, they come and leave it as it is." Staff told us about the various ways they ensured people's privacy and dignity when supporting people with aspects of their personal care. They sought people's consent before providing any support, offered choice and gave people time to do things at their own pace. This demonstrated staff were sensitive to people's needs and discreet when providing care and support.

People were supported to be as independent as they could be. People's support plans set out their level of dependency and the specific support they needed with tasks they could not undertake without help, such as getting washed and dressed. Staff were encouraged to prompt people to do as much for themselves as they could to help them to retain control and independence over their lives.

Is the service responsive?

Our findings

People said they were involved in planning and making decisions about their care and support package. They told us their views and preferences for how this should be provided were listened to and acted on. People's records contained current and detailed information about them and reflected their preferences and choices for how and when they received support, taking account of their specific social, cultural and religious needs. This helped to ensure people received support that was personalised and tailored to their needs. Staff understood people's needs and preferences and how these should be met. People's care and support needs were reviewed with them to ensure this was continuing to meet their needs. When changes to their needs were identified through these reviews, people's records were updated promptly so that staff had the latest information about how to support people appropriately.

Where staff were responsible for this, they supported people to take part in activities or pursue interests that were important to them. This helped to ensure people's social and physical needs were met to promote their health and wellbeing. When supporting people at home, there was information in people's care records about their hobbies and interests to help staff get people talking about topics and subjects that they cared about. Since our last inspection the provider had also started a new initiative called the 'Supreme Café'. Every three months people using the service were invited to the provider's offices for food and drinks with the aim of meeting new people and building relationships with them and the staff team. People who could not travel independently and wished to attend were picked up by staff and then taken home after the event. Senior staff told us these events were popular with people who had no immediate friends and families in their lives and therefore at risk of becoming socially isolated.

The provider used spot checks, home visits and quality surveys to monitor whether people received timely and responsive support from staff. People we spoke with did not have any immediate concerns about staff turning up on time for their scheduled visits. One person said, "Oh yes, they are very good with their time." Another person told us, "Yes, [staff member] comes on time." One person said that on occasions staff had been late for their scheduled visit but told us this was not an issue for them as they had been notified by the staff member in advance. Any concerns about the timeliness of individual staff members was promptly dealt with by the provider through supervision and in persistent cases through the provider's disciplinary procedures. Senior staff regularly discussed at staff team meetings the importance of attending scheduled visits on time and the impact this could have on people if this need wasn't met. All staff were provided with the service's policy around punctuality to remind them of the expected standards required from them.

Feedback we received from people and their relatives indicated no issues or concerns about the care and support provided by staff. Feedback the provider had received from people and their relatives through spot checks, home visits and quality surveys also indicated that people were satisfied with the support provided. If people were not satisfied with any aspect of their care and support, the provider continued to maintain arrangements to deal with their complaints about the service. Records showed when a concern or complaint had been received, senior staff had conducted a thorough investigation, provided appropriate feedback to the person making the complaint and offered an apology where this was appropriate.

Is the service well-led?

Our findings

People's feedback indicated they had no concerns about the management of the service. One person said, "It is alright for the time being. They came to see me." Another told us, "They are very good...they have sent me a questionnaire recently." And a relative said "They do come and do reviews." People told us any concerns or issues they had, were appropriately dealt with. A relative told us, "We have complained...we had to contact head office to make the complaint. From that we began to see changes."

The service continued to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager understood their registration responsibilities particularly with regards to submission of statutory notifications about key events that occurred at the service. This was important as we needed to check that the provider took appropriate action to ensure people's safety and welfare in these instances.

Staff said the senior staff team were supportive. A staff member told us, "I feel they listen to you and will act on what we say. They listen, and I trust them." Staff were supported to contribute to the provider's aims and standards for the service. The provider used supervision and monthly staff team meetings to check staff were meeting required standards through their working practices and behaviours. Senior staff also used spot checks to check staff were delivering the support people required as well as demonstrating the required conduct that people should expect from them. Any poor practices and behaviours observed were promptly dealt with. A staff member told us, "Managers have been straight on it, dealing with any bad practices." The provider had an employee recognition scheme which rewarded staff for delivering good quality care and support as a way of motivating staff to achieve positive results in their working practices.

The provider undertook a range of checks and audits to monitor and review the quality and safety of the service. Where any gaps or shortfalls were identified through these checks prompt action was taken to address these including supporting and encouraging staff to learn and improve their working practices. The provider sought people's and staff's views about the quality of the service and how this could be improved. The provider used spot checks, home visits and quality surveys to seek people's views and suggestions for service improvements. Staff's views were sought through employee surveys and monthly staff team meetings. A staff member said, "We can give our opinions...and everyone speaks their mind." These arrangements helped the provider gauge the level of satisfaction people and staff had with the service and to identify areas of the service that needed to improve based on their feedback.

The provider made improvements when these were required to enhance the quality of the service. Since our last inspection the provider had undertaken a full review of the service and from this had identified areas they wished to see improve. Over the last twelve months a new office-based staffing structure had been introduced and an additional care coordinator and field supervisor had been appointed as well as extra administrative staff. The company director told us these improvements were made to support the day to day management of the service and provide additional capacity to manage workloads. New staff had been

recruited and training provision had been reviewed and improved. All staff had also undertaken a refresher in the Care Certificate to reinforce good practice and provide staff a baseline in terms of the required standards of care they were expected to deliver. The service's rostering and scheduling system was updated to improve the continuity and timelines of scheduled visits.

People and staff told us as result of these changes they felt that the service had improved. A relative said that over the last few months support had been consistently provided by the same staff and as a result they had no issues about the care provided to their family member. A staff member said the improved scheduling of their visits meant that their workload was more manageable. A senior staff member told us that the whole staff team had worked together on the improvement plan and understood the reasons for why these changes were happening.

The provider worked in partnership with other agencies to develop and improve the delivery of care to people. Field supervisors from one of the provider's other services based in Hackney had undertaken training with specialists in pressure ulcer care from Homerton Hospital. Following this training they had shared their learning through workshops with staff across the provider's services. The provider also introduced specific guidance and information for staff on how to monitor and reduce risks of people developing a pressure ulcer and when to seek appropriate support for a person.