The Superior Healthcare Group Ltd

Superior Healthcare

Inspection report

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21 November 2019

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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
Superior Healthcare is a domiciliary care service registered to provide nursing and personal care to people in their own homes. The agency is registered to provide a service to the whole population, including babies, children and adults with complex heath needs including, physical disabilities, sensory impairments and care at the end of their life. At the time of our inspection 50 people were receiving personal care.

Not everyone using the agency received a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service and what we found
People and relatives spoke highly of the staff that had worked with them for several years providing consistency and continuity of care. Relatives told us that the nurses and care staff had built trusting relationships with their loved ones and felt like part of their family.

Staff were recruited depending on the skills and experience required to meet the person's needs. Nurses and care staff were recruited safely. Staff felt supported in their role by the management team who were visible and approachable. Staff felt proud to work for the organisation and were valued in their role.

Staff were trained to meet people's needs and registered nurses were supported to keep their registration with the Nursing and Midwifery Council (NMC). Nurses and care staff received continuous support and supervision from the management team.

People's needs were assessed prior to receiving support from the agency. Care plans were person-centred and informed staff how the person wanted and needed to be supported. The care team worked closely with external health care professionals to promote people's health.

People were supported to maintain their nutrition and hydration with staff preparing meals and nurses providing people with a specialist diet. Referrals were made to dieticians when concerns were identified about a persons' eating or drinking.

Staff were caring, and knew people, their preferences, likes and dislikes well. Staff encouraged people to maintain their independence using aids to support this. Staff understood the importance of protecting people privacy whilst promoting their dignity.

Staff worked in partnership with the local hospice team to support people to have a dignified, pain-free death they and their families had chosen.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's, staff's and relatives' views and feedback were sought and acted on. There was an ethos of continuous improvement were any concerns were acted on to improve the service. Quality assurance questionnaires were sent out to gather further feedback alongside regular reviews. Systems were in place to enable people or relatives to make a complaint.

Systems were in place to monitor and improve the quality of the service people received. Lessons were learnt, and action was taken when any shortfalls were identified.

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

Rating at last inspection
The last rating for this service was Good (published 24 February 2018). Since this rating was awarded the service has moved premises and re-registered. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected
This was a planned inspection based on the previous rating and the timescale for unrated services.

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.

Superior 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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector and an Expert by Experience who made telephone calls. 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
Superior Healthcare is a domiciliary care service registered to provide nursing and personal care to people in their own homes.

Inspection activity started on 19 November 2019 and ended on 21 November 2019. We visited the registered office on 19 November 2019.

The service had a manager registered with the Care Quality Commission who was also the nominated individual. This means that they 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 five days' notice of the inspection. This was because the service supported some people with very complex health needs and we needed to gain people's and relatives consent to being contacted for their feedback.

What we did before inspection
We reviewed information we had received about the service since the agency registered with the CQC. We sought feedback from the local authority and professionals who work with the agency. We used the

information the registered manager 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 used all of this information to plan our inspection.

During the inspection
We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, the operations manager, the assistant training manager and two care staff.

We reviewed a range of records. This included five people's care plans, risk assessments, daily care records and medicines records. We looked at three staff files in relation to recruitment and staff support and supervision. We also saw a variety of records relating to the management of the agency, including a sample of audits, quality assurance surveys, accidents and policies and procedures.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service since they moved premises. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said they felt safe and felt their loved one was safe with the nurses and care staff. A relative said, "Being introduced to the carers at the start and checking that they got on with my daughter made me feel comfortable and eventually I felt she was completely safe with them."
- Staff had been trained to recognise and respond to potential abuse and followed the provider's and local authorities' policies and protocols. Records showed concerns has been raised and the registered manager had worked in conjunction with the local authority during investigations.

Assessing risk, safety monitoring and management

- Individual risk assessments were in place to keep people safe and reduce potential risks. For example, risks relating to people's mobility, personal care needs and any specific health support. Guidance was in place for the event of an emergency such as, equipment failure.
- Potential risks within and outside of the property had been recorded such as, external lighting, smoke detectors and electrical appliances.
- The organisation employed a health and safety advisor who would complete a risk assessment for anyone identified as higher risk such as, the person or a family member smoked. People were offered the opportunity to receive a visit from the local fire brigade; people were given fire aids to reduce the risk of a fire spreading.

Staffing and recruitment

- Staff were recruited safely, completing checks to minimise the risk of unsuitable staff working with people. Nurses Personal Identification Numbers (PIN) were checked to make sure they were registered with the Nursing and Midwifery Council (NMC) and make sure the PIN was kept in date.
- There were enough nurses and care staff to meet people's needs. All care packages were allocated a team with an allocated lead nurse, this was to provide people with consistency and continuity of care. One person said, "I've got the same team of regular carers I've had for years and I'm very happy with them."
- Once an assessment of needs had been completed, the staff team were then recruited on an individual basis. A relative said, "At the start we were shown the staff profiles and their experience, so I felt confident that my daughter was safe."

Using medicines safely

- People's medicines were managed consistently and safely in line with national guidance. People's medicines were administered by registered nurses and trained care staff at the time prescribed by their GP. Nurses and care staff had been trained and completed annual assessments of their competency in the administration of medicines.

● Care plans included guidance and risk assessments to manage people's medicines safely. Information was available regarding individual medicines and the potential side effects. People's medicines were regularly reviewed with the relevant healthcare professionals.
● Medicine Administration Records (MAR) contained information to promote the safe administration of their medicines such as, allergies and the medicine form. MAR sheets were audited and checks of medicines took place to identify any concerns and address any shortfalls.

Preventing and controlling infection
● Staff had been trained and knew how to minimise the risk of cross contamination with the use of personal protective equipment such as, gloves and aprons.
● Staff knew how to dispose of any clinical waste such as, needles in sharps bin for people that were type one diabetic and required insulin injections.

Learning lessons when things go wrong
● Incidents and accidents were recorded and monitored by the registered manager to identify any patterns or trends. The analysis was used to prevent the risk of a reoccurrence and learn lessons when things had gone wrong. For example, following an accident in which a driver drove into the back of a person's car which was being driven by care staff; a decision was made to hold insurance details for people that had a car driven by the agencies' staff.

Good

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.

This is the first inspection for this newly registered service since they moved premises. This key question has been rated Good. 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

- People's needs were assessed by a lead nurse and the operations manager prior to any package of care, to ensure their needs could be met. The assessments were completed in partnership with the relevant healthcare professionals and family members.
- Assessments used nationally recognised tools to monitor people's skin integrity, behavioural support and risks related to malnutrition. A training needs assessment was completed at the initial assessment. This was to identify the specific skills and training staff required prior to the package of care starting.
- People's assessments included characteristics covered by the Equality Act (2010) such as religious and cultural needs, sexuality and emotional support. This was recorded for the parents of children that were supported, to ensure staff were sensitive and supportive to people and their families.

Staff support: induction, training, skills and experience

- Staff completed the required training and updates to fulfil their role and meet people's needs including their specialist complex care needs. Registered nurses received clinical supervision and were supported in their reflective practice.
- New staff completed a comprehensive induction which included time to get to know people and working alongside experienced members of the team. New staff completed an induction similar to 'The Care Certificate' this is a nationally recognised qualification within the care sector. If required staff attended an additional clinical workshop which included tracheostomy and percutaneous endoscopic gastrostomy (PEG). This is when a tube placed through the abdominal wall is used instead of receiving nutrition or hydration via the mouth.
- Staff told us they felt supported in their role by the lead nurses and the management team. Comments from staff included, "I am very much supported in my role" and "There is always someone available who will give advice over the phone or will come out and give support." Staff said they had regular supervision meetings with their line manager which were a two-way process, enabling them to receive support and give their views.

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

- People's nutrition and hydration needs had been assessed, and staff followed guidance which detailed the support people required. Some people had their nutritional needs met through their PEG, whereas other people had meals cooked for them by staff. One person said, "They are very good with my meals, I can shop for the ingredients and they will cook anything I want."
- Staff monitored food and fluid intake for people that had a specialist diet or were at risk of not eating or

drinking enough. Staff worked alongside other healthcare professionals such as, dieticians and speech and language therapists to ensure people received the nutrition they required.
● Staff received training in food safety and understood the importance of maintaining a healthy diet. Any concerns were reported to the management team and acted on promptly such as, new and additional referrals to the dietician.

Staff working with other agencies to provide consistent, effective, timely care
● Nurses attended regular multi-disciplinary meetings with healthcare professionals to discuss people's progress and provide an update on the care being provided.

Adapting service, design, decoration to meet people's needs
● People had access to the equipment they required in their own home such as, wheelchairs, mobile suction machine and ceiling track hoists. Referrals were made to the occupational therapy team for additional equipment if the need had been identified.

Supporting people to live healthier lives, access healthcare services and support
● Nurses and care staff had a close working relationship with healthcare professionals such as, the local hospice team, speech and language therapists and specialist at the hospital. Professional guidance was implemented and followed to support people to remain as healthy as possible.
● Care plans contained clear direction and guidance for staff to ensure people's specific health needs were met. People were supported to attend scheduled appointments and check-ups such as, specialist consultants at the hospital. Records were kept of all health care appointments, the outcomes and any actions or changes to the person's care.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● Mental capacity assessments and best interest decision forms had been completed for specific decisions.
● Staff understood and spoke confidently about the MCA and understood people's capacity could fluctuate. People told us staff asked for their consent prior to any care or support tasks.

Good

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.

This is the first inspection for this newly registered service since they moved premises. This key question has been rated 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 and relatives spoke highly of the staff and said, they were kind, caring and it felt like they had become part of their family. Comments from relatives included, "She sees them as one of the family because they are here so much and have been since she was tiny" and "The carers are so kind and caring they will chat away to my daughter and make her laugh, they can tell her moods and act appropriately to them."
- Staff worked with people and relatives to promote communication and enabling people to express their views. Staff spoke about and understood people's specific communication needs which were recorded within their care plans. A relative said, "They do know my daughter well they know she is non-verbal and too young to sign so they use body language and a computer to communicate, they know how to soothe her when she cries."
- People's likes, dislikes, personal histories and emotional needs had been recorded in their care plan for staff to follow. Children's care plans contained a photograph and information about their favourite toy or television programme. Due to the complexity of some of the care packages, compassion and empathy were qualities that were identified during the recruitment process. Staff were able to provide people and their families with emotional support and reassurance.

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

- People and relatives were supported to be actively involved in decisions about their or their loved one's care. Care plans were written in conjunction with people or their relatives. An example was a person had expressed a wish to attend a festival. The nurses and care staff worked hard to enable the person to attend the festival despite their complex health needs.
- Some people required the support of others to express their views and make decisions such as, solicitors or case managers (social workers). Staff knew how to make referrals to lay advocacy services if people required additional support. Lay advocates are independent and who can support people to weigh up information, make decisions and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity during personal care tasks. Relatives told us that when this involved changing their child's continence aids, this was done in the quickest and easiest way possible without causing any distress to the child.
- People were supported to be as independent as possible; care plans detailed what people were able to do for themselves and whether additional support was required from staff. For example, one person's care plan stated they wanted to gain more independence. Therefore, during personal care staff were to verbally

encourage them to do as much for themselves as possible. Another person had a set daily routine which included tasks to develop independence.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service since they moved premises. This key question has been rated Good. 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 and relatives told us they received the service they wanted and would recommend the agency to others. A relative said, "The service has worked really hard to get this right, communication is very good and that is the key. I would recommend them."
- People received a personalised service that placed them at the centre of their care. Care plans and risk assessments contained the specific guidance for staff to follow detailing how to meet the person's needs. For example, people's preferred name if this was different from their given name.
- Care plans were regularly reviewed with people or their relatives to ensure their needs continued to be met. Any changes were acted on promptly to ensure people received the right care they needed.

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.

- People's communication needs were assessed, and action was taken to provide information in a way that was accessible to the person. An example of this was one person was not able to read documents or letters on white paper, as a result, all documents were printed on coloured paper. Another person required an independent interpreter at any meetings, as English was not their or their families first language.
- Documents were available in different formats such as easy read and large print depending on people's needs.

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

- Some care packages included staff support to access the community and engage in activities. For example, staff supported one person to access hydrotherapy and physiotherapy on a weekly basis.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint or raise a concern, as this was outlined in the service user guide. A relative said, "I did make a complaint once to our care coordinator, they did listen, and I feel they did act upon it."
- Complaints were welcomed and seen as a positive way in which the service could be improved for people. A policy and procedure was in place which detailed the action that would be taken in the event of a complaint. For example, an outline summary of the complaint, an investigation and the outcome. Records

showed this had been followed when a complaint had been made.

End of life care and support

● People and relatives were involved in creating an end of life care plan, to plan for the future care of themselves or their loved one. Nurses ensured that people receiving palliative care at home had the correct equipment and medicines in place.

● Nurses and care staff completed additional training for end of life care with the local hospice team.

Good

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.

This is the first inspection for this newly registered service since they moved premises. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives told us they felt the service was well-led and that their comments were listened to and acted on. Staff felt proud to work for the organisation and said the management team were always available to offer support and guidance. One member of staff said, "The management team are very supportive and approachable. They value what you have to say, and I feel valued as an employee."
- The management team promoted an open culture where staff were included and empowered in their role. Regular team and office meetings were held enabling staff the opportunity to share best practice, raise any concerns and to make suggestions for improvements. The senior management team met on a regular basis with the different departments coming together to discuss ideas and receive updates about the wider organisation.

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 and management team understood their responsibility in line with the duty of candour. The organisation had a policy and procedure in place which would be followed if something went wrong; this was to ensure all parties were open and honest.
- Systems were in place to ensure that any accidents or incidents were investigated to see if any lessons could be learnt to prevent a reoccurrence.

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

- The entire staff team were aware of their roles and responsibilities and who they were accountable to. Each role within the team had a job description and person specification which were given at the start of employment.
- The registered manager had submitted notifications to the CQC in line with their regulatory responsibility. Notifications are information we receive from the service when significant events happen, such as a serious injury or death of a person.
- Systems were in place to monitor and improve the quality of the service people received. The management team completed a range of audits which included, incident and accidents, daily report logs and a care records audit. Lead nurses completed spot check visits announced and unannounced, observing staff and speaking with people. A relative said, "I like the fact that a nurse will comes out now and again to go over the care with the carers and check all is ok."

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

● People, relatives and staff were involved in the development and review of the service. Annual surveys were sent out to gather feedback, ideas and suggestions about improvements that could be made. Results were collated, and changes were made to improve the service based on feedback. For example, a relationship manager had been recruited to aid communication for staff working remotely.

● The organisation arranged events for staff, people and their relatives to attend. A summer BBQ and a Christmas party had been arranged with a face painter and arts and crafts for the children. The organisation sponsored the local pantomime and offered people and their family's tickets to attend at no cost.

● Special lunches had been arranged for staff that had worked for the organisation five years or more. Care staff were offered the flu jab and were provided with winter kits to prepare for the winter; these included a de-icer and a torch.

Continuous learning and improving care

● The organisation was committed to developing their staff to improve care and continuously learn. The registered manager had started a foundation course which included, governing change, learning and developing skills and reducing conflict. The care coordinators and office staff had started a customer service course, this was to increase and support calls to the office.

Working in partnership with others

● The organisation developed links and built relationships with other outside agencies. For example, the management team gifted their time to a local charity to support them with whatever work needs completing such as, painting or cleaning.

● The care team worked in partnership with health care professionals to promote people's health and well-being.