

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 responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Supreme Care Services Limited is a domiciliary care agency. The service provides personal care to people living in their own houses and flats. It provides a service to older adults some of whom have physical disabilities, mental health needs and are living with dementia. At the time of our inspection 520 adults were receiving support with personal care from this service. The majority of people had their care funded and organised by the local authority.

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 told us they felt safe, and they received support from regular staff. Staff understood how to report safeguarding concerns. We made a recommendation to the provider to review their employment practices to ensure they were working within their policies and procedures.

Risks had been assessed correctly and provided staff with clear information on how to care for people. Staff administered people's medicines in a safe way. The provider had processes in place for the recording and investigation of incidents and accidents. People said staff wore appropriate personal protective equipment (PPE) and staff confirmed they had access to PPE when they needed it.

People were informed when their care visits would be taking place. If staff were running late people were alerted by office staff.

Detailed assessments of a person's needs were completed before they started to receive care and support. The care plans described the care and support a person required. People were supported to eat a healthy diet and to access healthcare professionals when required.

People were supported to have maximum choice and control of their lives and the provider supported them in the least restrictive way possible and in their best interests; the application of the policies and systems supported good practice. Staff received the training and supervision they required to provide them with the knowledge and skills to provide care in a safe and effective way.

People told us they felt the agency was well managed and if they had any concerns or complaints, they knew who to raise these with and they were dealt with.

The provider operated effective quality monitoring systems and sought feedback from people using the service. Spot checks took place to ensure staff were working within the policies and procedures of the

service.

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 (29 March 2019).

Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the provider 24 hours' notice of the inspection as we wanted the management team to be available.

What we did before the inspection

The provider was asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed the previous inspection report and notifications received from the provider.

During the inspection

We spoke with the quality and assurance lead and the nominated individual (NI). The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at 6 people's care files and 4 peoples medical records. We analysed electronic call monitoring data. We reviewed communication logs for 4 people. We looked at recruitment records for four care staff. We contacted 16 professionals and received feedback from two professionals. All staff were sent a questionnaire and we received feedback from 40 staff members.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider had recruitment procedures in place. However, they were not always following these procedures. The providers application form stated that all volunteer roles should be recorded but on one occasion it was blank despite one-person having a reference from a volunteering role. This was not recorded within the application process.
- Within another person's file we identified evidence they had other employment which they had not declared within their employment history. We raised this with senior staff who told us they received this documentation after the interview stage.

We recommend the provider review their recruitment practice to ensure staff are recruited in line with the providers policies and procedures.

- The provider obtained relevant information about staff members, including proof of identification and evidence of satisfactory conduct in previous employment in the sector. Staff were checked with the Disclosure and Barring Service (DBS) before they started work. The DBS provides information on people's backgrounds, including convictions, to help employers make safer recruitment decisions.
- The service had an electronic call monitoring system which assisted them to ensure all calls were covered by staff. We analysed the call monitoring data for this service. There were enough staff to meet the needs of people. We analysed call times for all 560 people as part of the inspection and we found that carers had enough time to travel between calls. We saw staff were generally early or on time. People confirmed this data and told us staff attended calls on time, comments included, " The carers are on time " and " She is always on time. "
- People benefited from consistent staff. People told us this was important, comments included, " I always know the carer that comes, she is so wonderful and does what I need " and "He is an excellent carer. When he doesn't come, there is a stand-in."

Systems and processes to safeguard people from the risk of abuse

- The service safeguarded people from the risk of abuse. During the inspection we reviewed all safeguarding concerns which were raised. The provider had effective procedures in place to ensure people were protected from financial abuse. If staff carried out shopping tasks, they completed a financial log which was audited regularly. Staff were reminded that they were not allowed to accept gifts from people, and this was discussed in staff meetings.
- People told us they felt safe when they received support in their homes. Comments from people and their family members included, "Yes, I feel he is very safe with his carers and "I feel so safe my carers they are really good."

Assessing risk, safety monitoring and management

- Risks to people had been assessed and planned for. The provider had introduced a prioritisation score for each person who received care. If they had a rating of green, they were deemed to be low risk. This was used as a tool to guide staff when they were providing care and support. Everyone had risk assessments for moving and handling, managing falls and medicines management which meant there was sufficient information to guide carers to manage identified risks. If required people had risk assessments regarding specific health conditions such as diabetes. These were detailed and contained information about the signs and symptoms of complications that staff should be alerted to.
- Risk assessments were reviewed when a person's needs changed. This helped show us they were appropriate to the person's current needs.

Using medicines safely

- People received their prescribed medicines safely from staff who had completed the required training and been assessed as competent to do so.
- Office staff were responsible for auditing medicine administration records (MAR) charts and a sample of 10% was completed each month. If issues were identified staff were offered support to improve their practice. Senior staff told us if concerns were identified action was taken to improve the staff practice.

Preventing and controlling infection

- The provider had effective processes in place for managing infection control. Field care supervisors carried out spot-checks in people's homes and staff had spot-checks carried out to make sure they were working within the provider's policies and procedures.
- We were assured that the provider was using PPE effectively and safely. People told us carers knew how to safely put on and take off their personal protective equipment (PPE).
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The service monitored incidents and accidents to understand trends. Staff recorded all incidents and accidents in accordance with the providers policy. Senior staff reviewed all incidents each month and they spoke about the importance of learning from things went they went wrong.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained. 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;
Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed before staff started to provide care and support. People had an initial referral form completed by the local authority. Staff then visited people in their homes to carry out their own assessment. This was completed within 48 hours of the care packaging starting. This assessment was very detailed and covered several areas, including risk assessments and the living arrangements for the person.
- Care plans provided detailed information on what support people needed to ensure their nutritional and hydrational needs were met. Care plans included information on people's preferences for mealtimes.

Staff support: induction, training, skills and experience

- Staff had the appropriate training to carry out their roles. One staff member said, "Yes we have online training, to meet the requirements of my client's needs and any difficulties report to my line Manager."
- Staff completed induction training and they shadowed more experience staff before they started to work on their own. This information was stored within the member of staff's file.
- Senior staff explained staff completed three supervision sessions and an annual appraisal each year and records we saw demonstrated this. During COVID-19 staff were supported via zoom sessions if face to face support was not possible.
- Each staff member had a COVID-19 health questionnaire which recorded any potential risks in the event that they contracted COVID 19.
- Staff completed a range of training courses which included mental health, assisted moving and handling and pressure ulcer training. We saw staff had completed their training and there were records to indicate when a refresher course was due.

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

- People were supported to access healthcare professionals if required. If care workers identified a person needed specific support to see a GP or district nurse, they contacted the office who arranged for the healthcare professional to visit.
- People's assessments contained all of the contact details for health and social care professionals who were involved with the person.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible,

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the MCA. The MCA had been incorporated into policies at the service.
- A mental capacity assessment was completed as part of people's initial needs' assessment. This identified if the person was able to understand, retain and make decisions based on the information about their care which was provided. If staff had concerns regarding people's capacity, they worked with the local authority to carry out a second assessment. This was the responsibility of the local authority to do.
- Staff understood their responsibilities under the MCA. One staff member told us, " The Mental Capacity Act protects people who may potentially lack the mental capacity to make decisions about their care and needs."
- As part of people's initial assessment people were asked to sign consent forms and this was stored within people's files.

Is the service responsive?

Our findings

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

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

At the last inspection we made a recommendation to the provider to seek guidance on best practice in relation to the process used to ensure effective communication with people and relevant agencies. At the is inspection this recommendation had been met.

- The provider had effective procedures in place to ensure good communication with people and relevant agencies. Since the last inspection, the provider had recruited more office staff and they had moved office. Senior staff told us had improved communication with people and across the whole organisation.
- People's care was planned to meet their needs. Care plans had detailed information about people's cultural and religious needs. The care plan provided staff with a one-page sheet which detailed what was important for people. This covered likes, dislikes, food preferences, and interests. For example, when providing personal care there was detailed information on people's preferences.
- The provider used an outcome star tool which sought to empower people to seek achievable goals which were important to them. These goals were reviewed on a yearly basis. Senior staff spoke about the positive impact this had on people who choose to engage in this aspect of the care provided.
- Senior staff spoke about the importance of ensuring people's cultural needs were met by trying to ensure staff were able to speak to people in their preferred language.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint. Complaints were raised through the local authority if they commissioned the package. The provider was responsible for investigating the report and all information was sent to the local authority.
- The local authority confirmed they were responsible for making the person aware of the outcome of the complaint. We discussed this with senior staff as their policy stated that they would make the complainants aware of the investigation outcome. Senior staff explained this was done but only if the complaint was raised directly with them. However, they confirmed they would update their policy appropriately to ensure people were aware of the providers responsibilities.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the AIS. Care plans had clear information on how best to communicate with people. For example, one person requested all of their correspondence to be in large font which was accommodated by office staff.
- If people spoke a particular language, the provider would access their translation service to provide the required information in the required language.

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

- The provider had established an accredited befriending scheme to work with people who may be at risk of isolation or loneliness. Staff were asked to volunteer up to one hour of their time each week. If they agreed they would be buddied up with a person and they would visit them each week. Senior staff spoke about the positive impact this had both for staff and people who received this service. One senior staff member told us, "It allows us to provide person centred care and it makes everyone count."

End of life care and support

- At the time of our inspection, the service was not supporting anyone who was end of life care as the local authority commissioned a separate end of life pathways service. However, within people's care plans people were asked what their preference and wishes were and if they had an advanced care plan in place'. This meant care staff had the necessary information to meet people's needs.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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; Continuous learning and improving care

- The provider had effective systems to monitor how people received their care. Each month office staff reviewed a sample of care records, communication logs and MAR charts. If concerns were identified care workers were contacted and appropriate action taken to improve performance.
- Care plan audits were also completed regularly to ensure all relevant paperwork was in place and information was appropriate to the person's individual circumstances.
- The provider had a business continuity plan that provided guidance for a number of events that could impact on the continuity of care.
- Notifications of incidents and events that occurred at the service were sent to the Care Quality Commission (CQC) as required.

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

- The provider created a person-centred and open culture. People and their relatives were involved in planning their care and staff were aware of how to meet people's needs. People and staff told us they felt well supported by the management team.
- Senior staff told us they were committed to ensuring people and staff did not experience any inequality or discrimination. The provider celebrated important calendar events such as Black history month. The provider had their own Lesbian Gay Bisexual and Transgender (LGBT) group which was led by a branch manager and was open to staff to attend.
- The NI told us they were committed to recruiting a workforce that was diverse to ensure it was appropriate to the needs of the local community. This meant they actively recruited people where English was not their first language.
- Senior staff also held information sharing events for staff. These were used as an opportunity to share best practice but also provide support to staff. For example, a campaign was held during the COVID 19 vaccinations stage to keep staff informed of government guidelines.
- The branch manager carried out an annual survey which was sent out to all customers on an annual basis. Feedback from this survey was used to improve service performance.

Working in partnership with others

- Senior staff told us the service had a good working relationship with health professionals such as GP's

district nurses and the local hospices.

- The provider worked in partnership with the local authority, and they were asked to speak at provider events to share their best practice for other agencies within the borough.

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

- Senior staff were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment
- The NI told us it was important to be transparent and take full responsibility by acknowledging and acting on any concerns raised with them.