

St@y Home Limited

Supreme Home Care Redditch and Bromsgrove

Inspection report

Marlborough House
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Redditch
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Tel: 01527844444

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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 Homecare is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of the inspection it was providing care to 15 people.

Not everyone using Supreme Homecare receives regulated activity; 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:

People were safe in their home and there were enough staff to fulfil the visits to people.

People received the medicines they needed safely.

Staff understood their responsibilities about keeping people safe.

Risks were identified and managed well. Incidents and accidents were monitored to inform practice and make improvements to the service.

Staff understood their responsibilities to prevent the spread of infection whilst working between people's homes.

Staff had received the training and support they needed to carry out their roles well. People had confidence in the staff and were content with the care they received.

Care plan information focused on a person-centred method of supporting people. Information contained what support was required and care plans had been signed by people who received a service from Supreme Homecare.

Where appropriate, people received the support they needed to have a healthy diet.

People were supported to access health care services when they needed to. Staff described positive working relationships with health care professionals.

Staff supported people to remain independent and promoted their dignity. People's privacy was respected, and their personal information was kept securely.

There was a clear management structure that supported staff well.

Governance arrangements were embedded within practice. Regular audits identified any shortfalls in provision of care.

More information is in the full report.

Rating at last inspection: Good (published 1 April 2016).

Why we inspected:

This was a scheduled inspection based on the previous ratings.

Follow up:

We will continue to monitor the service through the information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remained safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained well-led.

Details are in our Well-Led findings below.

Good ●

Supreme Home Care Redditch and Bromsgrove

Detailed findings

Background to this inspection

The 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.

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 in the community.

Notice of inspection:

This inspection was announced and took place on 6 March 2019. We gave the service 48 hours' notice of the inspection site visit to ensure the registered manager would be present and to ensure people's consent was gained for us to contact them for their feedback.

What we did:

We used information the provider sent to us in the Provider Information return (PIR). This is information we require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection, we spoke with four people and five relatives to ask about their experience of the care delivered. We spoke with the registered manager who is also the provider. We also spoke with the deputy manager and three care staff.

We looked at the care records for five people, three staff employment related records and records relating to the quality and management of the service.

Details are in the Key Questions below.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk and supporting people to stay safe from harm and abuse.

- People receiving support and family members told us they felt the service was safe. Comments from people included; "I feel totally safe with them and they help me with everything that I need", "I have one call a day and I do feel safe with the care. They are very good staff" and "I feel safe with the care staff as they all seem to be well trained." Relatives told us; "The staff are very good with [relative] and I feel he is safe with them", "The care is absolutely safe. I have complete faith in them" and "The care is definitely safe."
- We found care records we looked at included risk assessments that covered mobility, health and safety, the environment, falls and medication. Information contained details comprised of the person's level of independence and action to support them. Records were signed by people who used the service or a relative to ensure their understanding of protocols to reduce risk.
- The provider had policies and procedures to guide staff in how to safeguard people from the risk of harm and abuse. Safeguarding was included in the provider's training plan.
- In discussions with staff, they confirmed they completed safeguarding training. This was also confirmed in training records. Staff knew the different types of abuse, the signs and symptoms which would alert them to concerns and the action to take to refer to other agencies.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The registered provider ensured consistency of staff for people. One relative said, "The staff are regular faces that [person] knows."
- People and relatives said staff usually arrived on time and stayed for the right length of time. Comments included, "They always turn up and are generally on time", "They are only ever late on the odd occasion and the staff we have are the same ones mainly", "My staff are always on time and I know them" and "There are always two staff and they arrive on time. They are care staff that we know which helps. They are very consistent."
- When new staff started work, they shadowed more experienced staff to learn about people's needs. One relative said, "When there are new staff, they shadow a shift here to be introduced and trained."
- We checked the recruitment records of three staff and saw the provider had good recruitment practices, which ensured employment checks were in place before staff started working with people. These included application forms to assess gaps in employment, references, an interview and a disclosure and barring (DBS) check to ensure there were no exclusions from working in care settings. New staff had a probationary period and meetings to check their progress.

Using medicines safely

- People who received help with their medicines told us they received their medicines on time and as prescribed. One person said, "They apply my creams for me and always do so correctly. It is all signed off in the notes."

- Staff were trained and administered medicines safely. The registered manager told us, and we saw documents which demonstrated the registered manager observed staff practice to ensure they were competent.
- Medicines records were checked by the management team and action taken when any errors, for example, missed signatures, were found.

Preventing and controlling infection

- Staff told us there was sufficient personal protective equipment, such as disposable gloves and aprons to maintain good standards of infection control. One person told us, "They [staff] are very much aware of the use of gloves and use them as appropriate."
- The registered manager ensured infection control procedures were maintained with effective staff training. People we spoke with told us staff consistently washed their hands before and after providing personal care for them.

Learning lessons when things go wrong

- We looked at how accidents and incidents were managed by the management team. They detailed the nature of the incident, time and action taken to resolve it. When accidents occurred any accident or 'near misses' were reviewed so that lessons could be learnt and to reduce the risk of similar incidents occurring.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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 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 were supported by staff that knew the principles of The Mental Capacity Act 2005 and recognised the importance of people consenting to their care.
- People told us they were in control of their support. People and relatives told us, "They [staff] offer me a choice with my meals and respect my wishes", "They [staff] always ask his opinions, offer him choice and show him respect" and "They [staff] always ask consent and explain things to him and they encourage him in what he can do."
- Staff described to us the approaches they took when supporting people. These discussions demonstrated that people were involved and encouraged to make their own decisions that staff listened to and respected.

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

- People's needs were fully assessed before they began to use the service. This helped to make sure the service had the staff available to provide personalised care in accordance with needs and wishes.
- People's care and support plans clearly set out their needs and preferences for how they wished to be supported.
- People received care and support in accordance with their assessed needs because staff understood the importance of care plans and made sure they were kept up to date.

Staff skills, knowledge and experience

- People and relatives told us they felt confident staff were trained. Comments included, "The carers are trained really well which gives us confidence", "The staff are well trained and offer a very good standard of personal care" and "The staff seem to be adequately trained and they care for [person] well."
- Staff had access to a range of training, which helped them be confident when supporting people and promoted individual skills and development. Staff said the training met their development needs. Their comments included, "Training is plentiful" and "The training is always helpful." Records showed staff completed training and there was a system of indicating when updates were required.
- Staff had formal supervision to discuss their training needs and personal development although, the provider recognised this needed to be more structured and frequent. They told us this included discussion about the people they supported, work load, personal performance, targets and training needs.

Supporting people to eat and drink enough with choice in a balanced diet

- Care plans seen confirmed people's dietary needs had been assessed. Support and guidance was recorded as required.
- People we spoke with told us they were happy with the support they received with their meal preparation. A relative told us, "They [staff] help prepare meals for me and it is done safely" and "They [staff] even stay extra time to try to ensure she is eating as much as possible."
- Staff informed us they had completed food and hygiene training to ensure they were confident with meal preparation.

Staff providing consistent, effective, timely care within and across organisations

- Staff were able to tell us of the healthcare needs of the people they supported, and they knew when to contact outside assistance. We saw records that showed when healthcare professionals had been contacted in support of people's health. One person told us, "They [staff] have helped me in the past when I have been unwell by arranging an urgent GP review." A relative commented, "We did have an emergency situation where the care staff stayed until the paramedics arrived and even then, helped the paramedics by hoisting him."
- Advice provided by healthcare professionals was followed by staff which ensured people were supported to maintain their health and wellbeing.

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.

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.

- People told us, and family members confirmed, that they were treated with kindness and were positive about the caring attitudes of staff. Comments included, "It is always lovely to see the care staff, they are all so lovely. I look forward to their visits", "The staff are very jovial with [person] and will have a good chat and a laugh. We have got to know them, and they have got to know us as a family. They are like extended family now. I look forward to them coming. They are all very friendly" and "The staff are all very positive and happy personalities. They are amazing. [Relative] loves to sing and they are always singing along with [relative]. There is no sense of rush and if anything, will stay longer with her. [Relative] is happy with all of the carers and so, as a result, we are happy as a family. We can relax and have peace of mind that [relative] has such lovely care."
- Staff received training in equality and diversity and people's cultural and spiritual needs were respected.
- The provider had systems which ensured staff were monitored to make sure their practice was kind and caring, such as, observations of practice by a member of the management team.
- People told us staff were respectful of them and their belongings. One person said, "They are good with my care and they leave my home tidy too. They show respect for my feelings and my privacy. My main carer really does know me well."

Respecting and promoting people's privacy, dignity and independence.

- People told us staff treated them with dignity and respect. One person said, "It is really good care. They always leave me with everything that I need. I feel well cared for and I am treated with respect."
- People's dignity was maintained when staff provided personal care in privacy. Staff told us how they ensured they were sensitive and people were comfortable with the care provided. Staff explained how they knocked on doors and waited for a response before entering people's homes, bedrooms and bathrooms. One relative commented, "They [staff] treat him [person] with respect and have a first-class approach to preserve his dignity."
- People told us they were given choice and control over their day to day lives and supported to maintain their independence wherever possible. One relative told us, "They [staff] encourage his independence and have really got to know him and what he likes, his taste in music etc."

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

- People were involved in their care and were encouraged to make choices about how they wanted their care provided. One person said, "I make my own choices and care is always given just how I want it done."
- Staff explained how they supported people who had limited communication to make choices. One staff member told us they looked for physical signs and gestures to understand a person's needs and choices.
- Care plans contained individual guidance for staff to follow when supporting people to express their

views.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's individual care needs had been identified. Care plans had been developed with the involvement of the person and their family members where appropriate. One person told us, "I have a care plan and it has been reviewed regularly." Another person said, "My care plan is kept up to date. The manager comes out to do it. It is nice as I feel I can always approach them if there is anything I need changing."

- Care plans were person centred; they took account of people's likes, dislikes, wishes and preferences in relation to their daily routines.

- Staff had access to information about people's care needs; care plans detailed all tasks required for each visit and ensured that people received care that was person centred and appropriate to their needs.

- Staff completed a daily record at each visit to ensure that any concerns or identified changes were recorded. This ensured that staff had access to relevant and up-to-date information.

- Most people told us they received care and support from regular staff who knew their routines well. Comments included "I mostly have the same team of staff anyway, so I know them," and "They are care staff that we know which helps. They are very consistent." Although one person commented, "There are new carers who don't always know what they are doing and who are a little lackadaisical with my personal care but in general I do feel that I am well cared for particularly by the more regular staff." The registered manager was aware of this concern and was working to resolve it.

- People and their family members told us staff were always on time and stayed the allocated amount of time as stated within their care plans. Comments included, "The carers never let me down and are punctual" and "There are always two staff and they arrive on time."

End of life care and support

- The registered manager told us the service does support people with end of life care, although it was not required at present. The service had provision for staff training in 'end of life care'.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided accessible ways to do this. One person said, "They sent a questionnaire which I returned asking about our views."

- People told us they knew how to complain about the care if they needed to. Comments included, "I did make one complaint and they absolutely listened and responded to it immediately. I would have total confidence to talk to them about any concerns" and "I haven't needed to complain but I would feel entirely comfortable in approaching them."

- The registered manager had a complaints policy in place and said they would look at any complaints received to assess if action could be taken to prevent further occurrences.

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.

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

Continuous learning and improving care:

- The registered manager and staff understood their roles and responsibilities. People and family members were confident in the leadership of the service. One person told "I know who the manager owner is. They are consistently good, and I feel that they are honest and open. I would not recommend any improvements. It is a very good company and the girls are lovely, they are great company and I am lucky to have them." A relative commented, "It is a compassionate, professional and well-run service. I would recommend them with no qualms at all."
- Quality assurance arrangements set out by the registered provider were used effectively to identify concerns and areas for improvement. The registered manager worked to make and sustain improvements to the service.
- Staff felt confident they would be supported with any learning or development needs or wishes and described a culture of learning and development.
- The registered manager, deputy and staff were clear about their roles, and understood quality performance, risks, regulatory requirements and leadership and management.
- The registered provider's systems for assessing and monitoring the quality and safety of the service were followed and improvements were made. Risks were identified through the quality assurance systems and mitigated in a timely way.

Promotion of person-centred, high-quality care and good outcomes for people:

- The registered manager promoted a culture of person-centred care by engaging with everyone using the service and their family members. People and family members felt listened to and involved in the care provided. Comments included, "Everyone is helpful, and they show genuine concern for me. I don't know what I would do without them" and "I have an out of hours contact number, but I have never needed to call. I think that they are an honest and open company who I would confidently recommend. I am quite happy with their service."
- The comments received from people, family members and staff were positive and showed good outcomes for people's lives.
- Staff understood the service's vision and felt respected, valued and well supported. They told us they felt valued and trusted by the registered manager. One staff member told us, "I have directly benefitted from the supportive nature and ethos of the registered manager. I can't speak highly enough of them."

Engaging and involving people using the service; the public and staff. Working in partnership with others:

- The service involved people and their families through regular reviews and conversations to allow them to put forward their views about the service. Staff were encouraged to share their views about the service

through regular meetings.

- The registered manager was aware of the need to work closely with other agencies to ensure good outcomes for people. This included working with health and social care professionals as well as external agencies such as the local authority.