

Supreme Care Services Limited

Supreme Care Services Limited

Inspection report

70-72 Croydon Road
Caterham
Surrey
CR3 6QD

Tel: 01883334920
Website: www.supremecare.co.uk

Date of inspection visit:
14 October 2016

Date of publication:
12 December 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

We carried out this inspection on 14 October 2016. Supreme Care Services Limited provides personal care to people who live in their own homes in Surrey. When we visited 107 people were using the service, some of whom were living with dementia.

The service was last inspected in November 2013, at that inspection we found that the service did not meet all the regulations we inspected. We found the provider was in breach of regulation 13 and regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The breaches concerned medicine management and staffing.

At this inspection we found the provider had made improvements, however we found a new breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records did not confirm that people always received their medicines as prescribed because the medicine administration records (MARs) were not always complete. We found several gaps on people's MARs and staff had not signed when they had given medicines or had not used the appropriate code if medicines were not given. The registered manager told us that regular medicine audits took place to monitor the administration of medicines. We received 10 medicine audits after the inspection. However the medicine audits did capture the errors we found.

The service has a registered manager. 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.

Staff had an understanding and an awareness of the provider's safeguarding processes. Staff were trained in and had the knowledge of the signs of abuse. Staff were confident in raising a safeguarding allegation to protect people from the risk of abuse. There was a whistleblowing policy in place that staff were familiar with and understood its use to raise a concern about the service.

Staff identified risks to people's health and well-being. Plans were developed with people to safely manage a risk whilst keeping people safe and reducing the likelihood of the risk occurring. The registered manager had employed sufficient numbers of staff to care for people and meet their individual care needs. The service had regular staff available to provide care and they were familiar to people and their needs.

Staff received support from the registered provider with training, induction, a yearly appraisal and supervision that supported them in their caring role. The support gave staff the opportunity to identify their training, personal and professional development needs.

Care and support was provided to people once they gave their consent. Staff gave people their care plan

information in a way that they understood so they were able to agree to receive the support they needed. The registered manager and staff had an understanding of their responsibilities within the principals of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met for the maintenance of their health. Staff supported people with their meals which met people's needs and preferences. Carers supported people to have meals they enjoyed when they wanted.

Staff ensured people's care needs were addressed when they changed. Staff made appropriate referrals to health care professionals for support and advice. When people's health need changed staff used professional guidance to assist them and help people maintain their health.

People's personal histories, likes and dislikes were recorded and this enabled staff to develop their care and support plans. People and their relatives were involved in making care decisions. Staff provided care to people in a way that was person centred and included people's preferences, and choices while respecting their dignity and privacy.

People's care records were regularly reviewed to ensure their care needs were appropriately met. Care reviews took place with the contribution of people so they remained appropriate and relevant. People took part in activities of their choice which met their interests and hobbies. People were encouraged to take part in activities that interested them and met their needs. Staff supported people to maintain relationships with people that mattered to them.

The registered provider had a system in place for people to make a complaint. Each person was provided with a service user's guide and this contained the complaints policy within. People and their relatives knew how to make a complaint of the service. The registered manager understood the process for effectively managing complaints in a timely manner.

The registered manager demonstrated clear leadership and established a positive culture within the staff team. The registered manager had developed a working relationship with external health and social care staff to enhance the support people received.

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 was not always safe. People's medicines were not managed safely because medicine administration contained gaps.

Staff were aware of how to protect people from abuse.

Risks to people were identified and plans were in place to manage those risks safely.

There were sufficient staff available to support people safely.

Requires Improvement 

Is the service effective?

Good 

The service was effective. Staff were supported with supervision, training and appraisal.

Appropriate health care specialists met people's health care needs.

Meals were provided that met people's nutritional needs and preferences.

The registered manager and staff were aware of the principals of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good 

The service was caring. People received care and support in line with their needs and preferences.

People made decisions on how they wanted to receive their care.

People were treated with kindness and compassion. Staff respected people and care was provided in a way that protected their privacy and dignity.

Is the service responsive?

Good 

The service was responsive. People were involved with regular

reviews of their care and support.

There was a system in place to make a complaint about the service.

Is the service well-led?

Good ●

The service was well-led. There were systems to monitor and review to drive improvements at the service.

The registered manager sought feedback from people on the quality of the service.

The manager sent appropriate notifications to the Care Quality Commission.

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 was planned to check 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 announced inspection took place on 14 October 2016 and was carried out by one inspector and two experts-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. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service, this included notifications sent to us by the service. A notification is information about important events, which the service is required to send us by law.

During the inspection we spoke with the registered provider, the registered manager and three care staff. We reviewed 20 people's care records and 10 medicine administration records (MARs), and other records regarding the management of the service.

After the inspection, we contacted 15 people using the service and five relatives for feedback on the care they received. We also spoke with two staff members.

Is the service safe?

Our findings

People and their relatives told us the care and support they received was safe. One person said, "Yes we feel safe, they help, they are looking after us." Another person said, "They always wear their uniform, they chat and make you feel comfortable." A third person told us "Yes I feel safe with them, they wear [identity] badges." However we found some aspects of the service were not safe and put people at risk from unsafe medicine management.

At the last inspection in November 2013 we found the provider did not protect people against the risks associated with the unsafe use and management of medicines by means of recording and safe administration of medicines. We did not receive a plan for improvements at the service to meet the regulations. At this inspection we found that although there were systems in place to record people's medicines these were not always accurate and completed.

People did not always receive their medicines as prescribed because the medicine administration records (MARs) were not always complete. One person told us "Yes they make sure we take our tablets three times a day, they give them to us at the right time. They make sure we take them while they are there." Another person said "The carers come twice a day. The carer only comes to give me my medicine. They make sure I take them, I take my tablets ". A third person said "I take it while they [carers] are there, they are always on time with my medicine. I am happy with this support."

The office based staff told us that they would check people's medicine stocks and MAR on each home visit they completed with people. Each time a medicine was due to be given the MAR should be signed by the care worker to show that the person received it, or a code should be used to explain why they did not do so. However when we checked the MARs returned to the office we found gaps on each of them. This meant we could not be sure if the person had received their medicines as prescribed.

The registered manager told us that regular medicine audits took place to monitor the administration of medicines of people. However we asked for the medicine audit records and these were not available we received 10 medicine audits after the inspection. The effectiveness of the medicine administration for people was not assessed because there were no records that showed medicine audits for all people who required support with their medicines. We found people were at risk of deterioration of their health because medicine administration records were not complete and did not confirm that people received their medicines as prescribed.

These issues were in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from abuse because knew how to use safeguarding policies and procedures in place. Staff understood and had knowledge of types of abuse and the signs of them. Staff knew the process to follow if they suspected abuse and who to escalate their concerns to when required. A member of staff told us, "Safeguarding is about keeping vulnerable people safe from harm and recognising the changes in them."

The registered provider had a whistle-blowing policy in place for staff. This provided staff with guidance on how to raise concerns about the service. One member of staff told us, "If I had a concern I would raise it with the manager, if that didn't work I would raise my ;concerns with other authorities." Staff were aware and understood what actions to take to protect people from the risk of abuse and were confident to raise a concern about the quality of care.

People were protected from risks to their health and wellbeing because staff identified the risks. Plans to reduce these risks were developed to manage and reduce the likelihood of the risk occurring. A risk management plan was used to guide staff so they were aware of the ways to keep people safe. For example, a risk assessment identified a person was at an increased risk of falls. A staff member told us, "I know [person] cannot walk on their own and I am aware that I must wait for my colleague before supporting them. This is to keep them safe." We saw another risk assessment that demonstrated that a person was at risk from developing a skin infection. The management plan described in detail what support the person required by staff to keep them safe and reduce the risks identified. Staff understood the reasons to support people in line with the guidance on the risk management plan. Staff demonstrated their knowledge of keeping people safe to prevent them being at risk from harm.

The provider ensured care calls took place promptly to support people . The registered provider had a system in place to record incidents and accidents. One person told us "I can't remember them missing a call- yes the usually come on time." Another person told us "No haven't had any missed calls and lately they have been on time-it has been spasmodic at times." A second person told us "Yes they come on time, they are good with time". Another person said "They haven't missed but sometimes they can be late- Up to 90 minutes. Yes they do stay for the time. Weekends are the worst – [they are] never on time." Another person told us "Timekeeping has improved, they do call now if they are late. They are on time now." We discussed the incidents of missed visits particularly over the weekend.

The service ensured that people had support from staff as required to meet their needs. The registered provider told us that the service is actively recruiting staff to work at the weekends. However they have agreed a working weekend pattern with staff which they have said has reduced the levels of missed visits at weekends. The staff rota was rearranged to ensure all calls were covered while staff had flexibility to work weekends. People, staff and relatives had access to a 24 hour out of hours service to allow them to speak with a senior member of staff in an emergency. This service was managed and advice obtained in the event of an emergency or outside office hours.

At the last inspection we found that the registered provider did not take appropriate steps to ensure that there were sufficient numbers of staff for the weekend visits. At this inspection we found that the service had made improvements and had systems in place to ensure people had their service when required.

The registered manager ensured sufficient numbers of staff were available to support people. The care rotas demonstrated that where people required two members of staff to support them this was indicated and provided. The registered provider had a robust recruitment process in place to ensure staff employed were safe to provide care. Before they began to work at the service, newly employed staff completed the registered provider's job application process. We found documents on the staff records that demonstrated appropriate pre-employment checks were carried out. The registered manager told us that the head office team carried out visa requirements checks. The records that we found demonstrated that the registered provider had carried out appropriate checks to ensure staff had permission to work in the UK.

Is the service effective?

Our findings

People received care from staff who had support from their line manager. Staff induction, training supervision and appraisal records were up to date. Staff completed an induction programme and were assessed as being competent and safe before providing care for people. The staff induction equipped newer staff to work with and learn from experienced staff to help them to develop their skills in caring. A staff member said, "When I first worked here I worked with one of my colleagues. This helped me to learn the job, my clients and the area better."

Staff received training, which equipped them to care for people effectively. A relative told us, "I would say they are very experienced. One has been a carer for 25 years." Another person said "They are very good- well trained." Another person told us, "Yes they are mainly experienced in what they do."

Records showed that staff had completed mandatory training. This included safeguarding adults, medicine management and basic life support. The registered provider had a training programme in place for staff, which supported them to develop their knowledge. A person told us "They [staff] are trained to look after [my relative] they have to change [my relative] catheter so it takes time and they have to clean up too."

One staff member said, "We do a lot of training. I have done them all, safeguarding, medicines training. When we have finished those we also do refresher training. It helps keeps me up to date with my training." Staff records held copies of staff training certificates. The provider supported staff so that they were skilled and knowledgeable to meet the care and support needs of people they cared for.

Staff had regular supervision with their line manager. Through supervision, staff were able to focus on their caring role, any concerns they had and action taken to resolve any issues. The provider held group supervision, this allowed an opportunity for the staff team to meet, share their experiences and learn from each other. Annual appraisals were completed. The supported staff to develop professional and personal goals and an action plan to meet and review them regularly.

People gave staff their consent before they provided support. One person told us "They do ask before they do anything. In the main they will ask me for my consent." Staff we spoke with knew how to obtain consent from people before providing care. This ensured people had agreed and wanted the care and support that was offered to them.

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 be 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 Deprivation of Liberty Safeguards (DoLS).

Staff were able to demonstrate their knowledge of the principles of MCA and DoLS. People's records held a

copy of their mental capacity assessment if they did not have the ability to make a decision for themselves. Best interests' decisions were used to guide staff to work within their recommendations. Staff understood the reasons for making an application to the Court of Protection to obtain authorisation to support people in accordance with DoLS.

People were supported with food to eat and drink which met their needs. People who required support with meals had this need met. Staff supported people with making a meal of their choice and ensured they had access to drinks after the visit. One person told us "They get my lunch- Its ok – They fill my flask with coffee so I have a hot drink in between visits." Another person said "Yes the carer helps me with breakfast, lunch and dinner. I buy what I want to eat and they heat it up in the microwave. I'm happy with this. They ask what I want." Staff shopped for people and supported them to prepare meals that met their nutritional needs and preferences.

People accessed healthcare services when their needs changed. People we spoke with told us about actions staff had taken to help them when they needed additional healthcare support. One person told us "I fainted one day on the hoist and they acted immediately and contacted the Doctor." Staff took prompt action to seek advice from a health professional so people were cared for in a safe way, and reduced the risks of poor health.

Staff informed office based staff promptly when people's health and care needs changed. The office based staff took appropriate action to resolve any health care changes. For example, we saw records which demonstrated that staff took appropriate action for a person to receive support with their medicine management. Records showed staff contacted the person's GP because they had difficulties with managing their medicines. The registered manager was able to discuss the referral they made to the GP for specialist support and the outcome had improved the person's health.

Is the service caring?

Our findings

People received a service which was caring and met their needs. One person told us, "I don't have any care needs except for my medication to be given to me, they are very polite, they come and go." Another person said "The carers are quite nice, they are friendly to me." A third person said "They are very good, they look after me properly, are very gentle and careful, they take their time. I feel comfortable with them." A relative told us, "they are very good, they are marvellous carers. They look after us, are very helpful, they chat, do all the washing up and give us showers, everything is good."

People were cared for by staff who showed them kindness and compassion. One person told us, "Yes I find them kind and caring-they talk to me nicely and do all I ask." A relative said "I think they are caring- their hearts are in the right place." Another person told us "Oh yes [my carer] will look around to see if there is anything extra I need doing. They will get on with whatever needs doing."

The staff we spoke with showed they were compassionate and understood people's needs. One person told us "Oh yes- they are very caring-happy and thoughtful." Staff described people with complex, challenging needs with kindness and described the additional support they would require. Staff ensured assessments and care records reflected this approach and were written in a way that demonstrated staff knew people well.

People were cared for in a way that took into account their needs, personal histories and preferences. Care plans were developed with people's and their relative's involvement. This helped staff gather the most relevant information to enable people to receive care in the way they wanted. Care records documented assessed needs and the support required to provide people's care. People told us they had met with staff to discuss their care needs and then staff drew up a plan with them that described the support they would receive. One person told us their care and support had "Yes it has been explained well" by staff.

People were treated with dignity and respect. Staff spoke about people they cared for in a courteous and caring way. One person told us, "The carers are good, very caring, always asking if everything is alright." A relative said "The carers are alright, they are not rude, they chat to me and get to know me. We are okay. I don't feel too great sometimes, and they are polite and ask if I need anything. The carers are fine, [my relative] has a [medical condition] and they can't do some things so they help us a lot." Another relative said "They are very pleasant, they are good with [my relative]. They are meeting [my relative's] needs and are trustworthy."

Staff knew people well and described their needs to us. A staff member told us, "I know the people I see very well and what they need, but I always check with them because things can change." Staff developed good working relationships with people they cared for and with their relatives. One relative told us, "Yes we have the same carers every day." A person told us "Yes the carers are the same but recently I have another lot coming. Only in the last 1-2 weeks." Another person said "I have two regular carers, I am familiar with the girls." This helped staff to care for people how they wanted. People had their care provided by regular staff who knew them and their needs.

People were encouraged to be independent. Staff supported people to manage some care tasks with supervision to ensure they were safe to do so. One person who told us, "Staff help me to take medicine on my own and I can do it." Staff supported people when there were unable to complete tasks independently and supported them to have control of their care.

Is the service responsive?

Our findings

People received care and support which was responsive and met their needs. Care assessments were carried out before care was provided. Staff at the service then determined whether care could be provided and to meet the person's needs. Decisions about care choice were made by people who were involved in assessments and reviews. A person told us, "There is a care plan, someone has come out to do a review." Most people we spoke with had been involved in planning their care but one person said "I think there's a care plan, no one has come from the office."

We found that assessments were person centred, sought and recorded people's views. For example, people had an opportunity to discuss the timing of their care visits and staff recorded and implemented this request.

People were provided with explanations about their care and support needs. People received copies of their care plan once this was completed. We saw people agreed to the care and support and signed in agreement with the plan. One person said "There is a care plan, it is reviewed regularly. We will be changing the care plan soon for the timings for [my relative's] shower, [my relative] doesn't want a shower in the mornings but in the afternoon now, so they will have to adjust the time." Another person said "There is a care plan, it is looked at annually, we are involved with this."

People's changing needs were responded to, reviewed and care records updated by staff to reflect any changes. People had regular reviews of their care and support needs. Records showed that professional guidance was sought promptly when required. For example, staff made a referral to a health specialist for equipment to manage a person's increasing health care needs. People were cared for by staff that involved and supported them in making care decisions.

Daily call visits logs were completed when people received their care visit by staff. The registered manager said this was to ensure a clear record was available to demonstrate care was delivered in line with the person's care plan. A relative told us, "They sign the book and detail what has been done." Another person said staff "They fill in it at each visit after they finish." People received information and explanations from the provider about their care. For example, all people we spoke with told us that they received a copy of their assessment and care plans. People received care which met their assessed need reducing the risk from poor care.

People were encouraged to make comments and complaints about the service. People and their relatives were provided with a copy of the complaints form to raise a complaint about aspects of their care. The registered provider had a complaints policy in place for staff to follow. The registered manager demonstrated the actions they would take to manage and review complaints or comments. The complainant was informed of the investigation and outcome promptly. A person said "We always have one [staff member?] who is in the lead and knows what to do." Another person said "I have a number and would ring the office. A relative told us, "yes I made a complaint once before, as the carers were not hoisting [my relative] properly but now they are okay."

Is the service well-led?

Our findings

People received a service that was well led. One person told us "I think so- I don't know what I would do without them." Another person said "Service is very good." A relative told us "We are quite happy with the service, there are little gripes but these get sorted out."

The registered manager encouraged staff to become involved and improve the service. For example, staff had regular team meetings and discussed issues relating to the service and their jobs. The provider told us that they held regular staff meetings to ensure staff had current information. We saw copies of minutes of staff meetings that told staff the importance to ensuring care records were accurate and reflected the care provided to people.

Staff we spoke with told us they liked working at the service and were supported by the registered manager. One staff member said, "I have worked with this agency for many years. The manager always listens to me and helps me when I need it." Another member of staff said "when I have had a problem the manager helps. She [registered manager] tells me when training is available that I might want to go on and it is arranged for me." Staff told us the registered manager was approachable and they were confident to raise any concerns with them and felt their issues would be managed promptly.

The registered manager was in place at the service. The provider ensured that the Care Quality Commission was kept informed of notifiable incidents, which occurred at the service.

Office based staff had completed observations and spot checks to assess the competency of staff. Staff received feedback from observations and spot checks and if further learning needs was advised staff had access to this. For example, if staff needed further moving and handling training office based staff arranged this for them.

People and their relatives were encouraged to feedback to staff and the manager annually. One person told us, "I feel it's great, they are good, the care is good. It's an alright service." Another person said "The service is good, I feel they care." A third person said "It's very good overall."

There was a quality assurance system in place that looked at the quality of the care provided. People provided feedback to the service on a regular basis. Staff completed regular telephone reviews and home visits that were unannounced. This was to ensure people received a service that they required and continued to meet their needs. The registered manager analysed the responses people and their relatives made. This showed that people were satisfied with the quality of care provided.

The registered manager carried out monitoring checks of the service. For example, people's care records and monitoring charts were accurate and up to date. The care records we looked at were accurate and reflected people's needs. For example we viewed care logs for people that were returned to the office. We could see that the care logs completed by staff reflected the care described in the person's care plan and other care records. Where people had a review of their care plans these were recorded and a copy of them

kept in people's care records to ensure the information was accurate and relevant.

The registered provider and registered manager had developed working practices with health and social care professionals. We saw records that demonstrated staff had developed working relationships with health and social care professionals from the clinical commission group (CCG) and the local county council. This relationship benefitted people in a way which provided them the appropriate advice and support as necessary.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were at risk because the provider did not ensure the safe management of medicines. |