

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:
03 July 2018

Date of publication:
25 September 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Supreme Care Services Caterham Branch is a Domiciliary Care Agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults and children. People are supported with mental health needs, challenging behaviour, and learning disabilities. At the time of our inspection 30 people received care and support in accordance with the regulated activity of personal care.

Not everyone using Supreme Care Services Caterham 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.

The registered manager was present during the inspection. 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.

People received a safe service from the Supreme Care Services Caterham. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police.

Hazards to people's and staff's health and safety had been assessed. Information on how to manage and minimise the risk of harm were in place and understood by staff.

Staff recruitment procedures were safe. The provider had undertaken appropriate safety checks to ensure that only suitable staff were employed to support people in their own home. There were sufficient numbers of staff who were appropriately trained to meet the needs of the people who used the service.

Staff managed the medicines in a safe way and were trained in the safe administration of medicines.

Prior to people joining the service a detailed assessment of their needs was completed. This enabled Supreme Care Services Caterham to ensure they were able to meet those specific needs, such as people's faith, or specific medical conditions.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). Staff understood that they had to gain people's consent before they provided care, and that they could not make decisions for people.

People were supported to have enough to eat and drink. They received support from staff with this where a need had been identified. This varied from buying and preparing meals for people who needed help eating, to just checking that people had eaten something for those who were more independent.

People were supported to maintain good health. Staff understood that if people's health deteriorated they would respond quickly. They would make sure they contacted the appropriate professionals to ensure people received effective treatment. Emergency plans were in place to deal with situations that may stop the service running, such as adverse weather.

Staff had a positive and caring attitude about their jobs. People told us that they were happy with the care and support they received. People told us that the staff were kind and caring and treated them with dignity and respect. The staff knew the people they cared for as individuals, and had a good rapport with relatives. All the staff we spoke with were happy in their work and proud of the job they do.

People received the care and support as detailed in their care plans. Care plans were based around the individual preferences of people as well as their medical, psychological and emotional needs. They gave a good level of detail for staff to reference if they needed to know what support was required. People were supported by staff to maintain as much independence as possible.

People knew how to make a complaint, and told us they would feel comfortable doing this. Staff knew how to respond to a complaint and welcomed them as an opportunity to improve the service.

The provider had effective systems in place to monitor the quality of care and support that people received. The provider had ensured that accurate records relating to the care and treatment of people and the overall management of the service were maintained. We did highlight that there were a large quantity of records waiting to be archived at the office and recommended that this be done as soon as is practicable.

The registered manager regularly visited people in their homes, or office telephoned them to give people and staff an opportunity to talk, and to ensure a good standard of care was being provided to people.

Records for checks on health and safety, and medicines audits were all up to date. Accident and incident records were kept, and were analysed and used to improve the care provided to people.

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.

People felt safe with the staff. There were enough staff to meet the needs of the people. Staff understood their responsibilities around protecting people from harm. Accidents and incidents were reviewed to see if anything could be learnt from them and stop them happening again.

Appropriate checks were completed to ensure staff were safe to work at the service.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk. Staff understood how to minimise the spread of infection.

Medicines were managed safely and there were good processes in place to ensure people received the right medicines at the right time where necessary.

Is the service effective?

Good ●

The service was effective

People's needs had been assessed to ensure the service was able to meet these needs.

Staff had access to training to enable them to support the people that used the service.

People's rights under the Mental Capacity Act were met.

People had enough to eat and drink and staff supported people with specialist diets where a need had been identified.

People received support when they were unwell to help them get better.

Is the service caring?

Good ●

The service was caring.

People felt happy and confident in the company of staff.

Staff were caring and friendly, and staff that showed respect to people and protected their dignity.

Staff knew the people they cared for as individuals. People had good relationships with the staff that supported them.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and gave detail about the support needs of people. People were involved in their care plans, and their reviews.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

People would be supported at the end of their lives to ensure their preferences and faiths were followed.

Is the service well-led?

Good ●

The service was well- led.

Staff felt supported and able to discuss any issues with the provider.

The registered manager regularly visited to speak to people and staff to make sure they were happy.

People and staff were involved in improving the service. Feedback was sought via regular telephone calls and during quality assurance visits.

The manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

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 inspection took 03 July 2018. The inspection was completed by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using this type of care service.

We gave the service 48 hours' notice of the inspection visit to ensure the registered manager would be in. Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information was reviewed to see if we would need to focus on any particular areas at the service.

Before the inspection we contacted 11 people, or their relatives. We spoke with five staff, which included the registered manager and the provider of the service. We also reviewed care and other records within the service. These included six care plans and associated records, six medicine administration records, three staff recruitment files, and the records of quality assurance checks carried out by the provider.

We also contacted commissioners of the service, and health care professionals to see if they had any information to share about the service. This was the first inspection of this service since they registered with

the CQC.

Is the service safe?

Our findings

People received safe care and support from Supreme Care Services (Surrey). A relative said, "I think having the same regular carers makes her feel safe as she will recognise them straight away."

People were protected from the risk of abuse. Staff had a clear understanding of their responsibilities in relation to safeguarding people. Staff were able to describe the signs that abuse may be taking place, such as bruising or a change in a person's behaviour. They understood that all suspicions of abuse must be reported to the registered manager. Staff understood that a referral to an agency, such as the local adult services safeguarding team or police and that they could do this themselves if the need arose. One staff member said, "I have to inform the office first. If they don't do anything I have to whistle-blow to CQC or the police." At the time of our inspection there was an ongoing police investigation in relation to a complaint that had been made in December 2017.

There were sufficient staff deployed to keep people safe and support the health and welfare needs of people. A relative said, "They have never missed but timing can be a bit erratic, but it's not a problem for me I don't mind." Another relative described how two staff were always present to help their family member. They said, "They do arrive together and if they don't they don't start until the other one arrives a few minutes later." This ensured support such as helping a person to mobilise was done in a safe way. Staffing levels were calculated to ensure people received care and support when they wanted it. This was completed during the assessment by the manager, who reviewed with the person and their family how many staff were required for each support need. People told us that staff had enough time to care for people without having to rush. One person said, "They don't always stay for the allotted time but we have an understanding that if everything is done I am quite happy for them to leave." The provider understood that matching people's needs with the level of staff was of primary importance to ensure safe standards of care.

People were kept safe because the risk of harm from their health and support needs had been assessed. Assessments of risk had been carried out in areas such as Slips and trips; electrical and gas safety, infection control, food hygiene, and moving and handling. Measures had been put in place to reduce these risks, such as specialist equipment to help people move around their home, specific training for staff, or referrals to specialists such as district nurses. A person at risk of malnutrition had a nutrition risk assessment in place. This identified their preferences for food and drink, and gave details to staff on how to monitor the persons health. For example, guidance on bowel movement frequency and what to do if this varied. The assessment also included risk of fluid loss such as through fever or vomiting and action for staff to take to minimise the impact to the person. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs.

The risk to staff from lone working had been assessed to reduce the risk of harm. The registered manager had assessed property surroundings where people lived; if a person lived alone; any gender associated risks; and risks that may be posed from other occupants of the house the person lives in.

Staff understood how to keep people safe in their own homes. One staff member said, "When we go into

someone's home we look for any risks of harm. We also check and report changes in people's condition." Staff had a clear understanding of minimising the spread of infection, and described how they had access to disposable gloves and aprons, and how these were used at each call they made.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the manager to look for patterns that may suggest a person's support needs had changed. In response to learning from medicine recording a new way of generating medicine administration records had been introduced.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the service. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received their medicines in a safe way, and when they needed them. One person said, "They always check that I've taken my medication, they will ask me." A relative told us, "They check on her medication and leave her lunchtime ones in a pot, they will help with her cream if she needs it."

Staff that administered medicines to people, or prompted them received appropriate training, which was regularly updated. This included a five-day course and a practical test. Staffs competency was also checked during medicine training reviews. Staff who gave medicines were able to describe what the medicine was for to ensure people were safe when taking it. For 'as required' medicine (PRN), such as paracetamol, there were guidelines in place which told staff when and how to administer the pain relief in a safe way.

The recording and storage of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been prompted or given their medicines. All medicines were stored by people in their homes, so there was no risk of medicines being lost or damaged transporting them from the office to the persons home.

People's care and support would not be compromised in the event of an emergency. The provider had an emergency plan that covered incidents such as adverse weather that may have an impact on staff getting to people. Staff understood their responsibilities in the event these emergencies took place.

Is the service effective?

Our findings

People's needs had been assessed before they received the service to ensure that their needs could be met. Assessments had been completed with the individual and their families, were appropriate. They reviewed the person's life, such as particular support people may want, in addition to meeting care and support needs. For example, where people wanted to lose weight this had been discussed to develop a care plan for staff to follow. Areas covered included eating and drinking, sight, hearing, speech, communication, and mobility. The provider took care to ensure they could meet people's needs, before they agreed the support package. Any regulatory or statutory requirements were also reviewed prior to a person starting with the services. This ensured that the provider had the systems and staff training in place to meet these requirements. For example, if specialist medicines were needed, or if people's needs under the Equalities Act 2010 needed to be supported.

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. One relative said, "The last couple of years I feel their training has improved, we have a ceiling hoist and they have all had training in how to use it."

Staff had effective training to undertake their roles and responsibilities to care and support people. This included moving and handling, first aid, dignity and respect, food hygiene, dementia care, infection control, and medicine administration. One requirement for staff was that they had to complete the Care Certificate as part of their ongoing training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The provider had ensured that all their carers had been given access to best practice guidance with regards to the care and support of people.

The induction process for new staff was robust to ensure they would have the skills to support people effectively. One staff member said, "My Induction was two weeks long and we went through a lot. We did medicines, treating people respect and giving choice. I also shadowed experienced staff. I was supervised doing medicines before I was allowed to do it on my own."

Shadowing more experienced staff gives the opportunity for staff to find out about the people that they cared for and safe working practices.

Staff were effectively supported by the management. Staff told us that they felt supported in their work. One staff member said, "They communicate well and help me if I need it." Staff had regular one to one meetings (sometimes called supervisions) with the provider or team leader. These meetings enabled staff and management to discuss any training needs and get feedback about how well they were doing their job and supporting people.

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.

The provider had complied with the requirements of the Mental Capacity Act 2005 (MCA). Where people could not make decisions for themselves the processes to ensure decisions were made in their best interests were effectively followed. One relative said, "I heard my mum say she didn't want to get dressed on Saturday. Staff tried to encourage her but in the end she laid out her clothes on the bed ready so she could get dressed later." This demonstrated that staff had respected the person's decision. It also demonstrated that staff understood that as the decision did not need to be made at that time (for example to keep the person safe) a best interests decision had not been required.

Staff had an understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. One person's care plan around providing personal care gave guidelines for staff in this area. It included instructions for staff to assess and monitor the person's ability to make decisions as the person's ability may vary due to her condition. Staff understood that they could not make a decision for people if they felt they didn't have capacity to understand. They would have to contact the registered manager.

People were supported to ensure they had enough to eat and drink to keep them healthy. One person said, "Before my carer leaves she will check that I have drinks for the morning." Another person said, "She (the carer) brings me in bottles of water, especially in this hot weather." People's special dietary needs were recorded on the care plans, such as allergies, or if food needed to be presented in a particular way to help swallowing. Additionally, specific requirements for example to meet the requirements of people's faiths were also documented and met. Staff were able to describe the individual requirements of the people they supported.

People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. One person said, "We discuss what I would like to eat from the fridge. She (the carer) will make up a sandwich for me for to have later and prepare enough drinks for me." Staff involved people by asking them what they had eaten and had to drink, and discussed with the person if they needed to eat or drink anymore.

The Supreme Care team worked effectively with other agencies to ensure they could deliver care and support to meet people's needs. This included working with commissioners of the service if people's needs changed, or working alongside other care providers to meet people's needs. The registered manager said, "We were picked as a lead service for peer reviews around safeguarding due to the way we have worked with the local authority in this area."

People received support to keep them healthy. Where people's health had changed appropriate referrals were made to specialists to help them get better. One relative said, "If my family member seems in pain they will tell me and talk to me so we can decide on calling the GP." Staff were able to support people to contact the GP if they felt unwell, or call the emergency services if they found a person in distress. One relative said, "They will discuss if they feel there are any skin or health issues with mum they are very good like that." Another relative said, "They are very good at noticing anything wrong. Like a while back they found a lesion on her skin. They showed me and we kept an eye on it."

Is the service caring?

Our findings

We had positive feedback about the caring nature of the staff. One person said, "Yes they are brilliant, very kind. They know what to do. Continuity (of staff) is very important to me and I get that so I'm so lucky." A relative said, "They know her so well, they know her moods. They will banter with her, talk to her and treat her with respect by going with her mood." Another relative said, "I think they do know what is important to her. They know how to support her in the best way they can. I think that comes from having a regular carer who knows her very well."

People's privacy and dignity was respected. People told us that staff always respected their homes. One person said, ""They will give me a shower or a wash whatever I choose. They speak nicely and tell me what they are doing. Like they will say 'I'm going to wash your back now is that OK?'. " A relative said, "They wash her face and put her face cream on for her, that's important to mum. She can't do it herself, they never rush." Another relative said, "If my partner is around they make sure the door is closed." Staff understood how to protect people's privacy and dignity, examples given by staff included the practice of covering up parts of a person when washing to protect their dignity, and involving the person to do as much as they could for themselves.

Staff were aware of protecting people's confidentiality and data protection. They gave examples of how they did this such as not talking about people in front of other people and ensure they always discussed people's care and support where they could not be overheard.

People were supported to maintain independence and control over their lives. One person said, "I am now trying to make my own meals. I'm improving all the time. I couldn't have done this without my carer. She has given me encouragement and confidence." One family member said, "They encourage her to use her arm which she fractured and now needs to exercise like they will give her a flannel in the shower so she can do the parts she can reach."

Staff demonstrated the values of caring towards the people they supported. One person said, "I am very happy - over the moon. They are much better than the last lot I had. Why am I over the moon? Because I like my carers, they make my day." One relative said, "Sometimes they will even put some music on as they know mum loves her music they will all sing along with her." Staff had a caring attitude about the people they supported. When asked what the best thing about working for Supreme Care Services, all the staff talked about the enjoyment they got from helping people.

Staff were caring and attentive, and took time to get to know the people they cared for. Staff knew the people they cared for. They were able to tell us about people's backgrounds, their life stories as well as their medical or support needs, without having to refer to the care records.

People were given information about their care and support in a manner they could understand. Information was available to people in their home, such as their care plans and daily care records.

People were supported to be involved in their care as much as possible. One person said, "They check my catheter and arrange to change it if necessary. We discuss everything, they never just do something without discussing it first." Another person said, "They know I find some things difficult like opening jars so I leave them out and they will open them they just get on and do it." One relative said, "I hear them saying to my family member 'We are going to do this and that now, is that OK?'" People had been consulted about how they liked their care undertaken and what mattered to them.

Wherever possible people's choice on the gender of the staff that supported them was respected. One person said, "They did call me and ask if it was ok to send a male carer."

Is the service responsive?

Our findings

The care provided was flexible to meet people's routines and support needs. Where people required extra visits or reduced visits due to people's changing needs this was also arranged by the provider. One relative said, "They are very good at changing times like when my family member has an appointment early at the hospital they will come early to get her ready." Another relative said, "Sometimes if I go away and I need overnight stay I can email the manager and she sorts it out."

People and relatives were involved in their care and support planning. One person said, "I can't think of anything they could do better." A relative said, "If we need to change anything I will speak to mum's case worker and she sorts it out." Care plans were based on what people wanted from their care and support. They were written with the person by the provider. Staff explained how they talked with each person, and/or their family and asked what supported they wanted, in case this had changed since the care plan had last been updated. One staff member said, "Care plans are in people's home's so they can look at them. We take the Core plan with us when we first go in and go through it with them because sometimes their needs change."

People's choices and preferences were documented and staff were able to tell us about them without referring to the files. There was detailed information concerning people's likes and dislikes and the delivery of care. The files were well organised so information about people and their support needs were easy to find. The files gave a clear and detailed overview of the person, their life, preferences and support needs. Care plans were comprehensive and were person-centred, focused on the individual needs of people. Care plans had been signed by the person where they were able, to show they had agreed with what had been written.

People received support that matched with the preferences record in their care file. One relative said, "It's really nice as one of the carers (staff who come in and support them) is a Muslim. She knows our values and how we like to do things which is important to us. She saw that one day they were going to send a man to support us. She knew that would not be good for our faith so she spoke to the office for me and got it changed." The daily records of care were detailed and showed that these preferences had been taken into account when people received care, for example, in their choices of food and drink. Care planning and individual risk assessments were regularly reviewed, or if a need arose, such as a change in a person's support needs.

People were supported by staff would listen to and respond to complaints or comments. People said they felt their complaints would be listened to and dealt with. A relative said, "My family would tell me if she was not happy with something but she only sings their praises." Another relative said, "I had one complaint last year about not letting me know when they will be late. Now, on average, they do." One staff member said, "I was looking after a person and got a complaint about not supporting them properly. The office went through the complaint with me. We talked through the concern with the person as well." There was a complaints policy in place, and people had a copy in their homes (contained within their care plan file). The policy included clear guidelines, on how and by when issues should be resolved. It also contained the

contact details of relevant external agencies, such as the Care Quality Commission, so people would know who they could contact if they were not satisfied with how the service had dealt with their concern.

The registered manager and provider considered complaints to be an opportunity to make improvements to the service. The registered manager said, "We look at complaints and the lessons learned to try to stop it happening again. The provider has a monthly review of complaints and looks for trends e.g. The latest trend is around lateness. We feed the themes to the trainers to include in staff training. The provider and staff explained that complaints were welcomed and would be used as a tool to improve the service for everyone. Complaints had been actioned to address the issues that had been raised. Several compliments about the care provided had been received.

People would be supported at the end of their life, however the registered manager explained that this would be under a specialist contract with the commissioners of the service, such as Surrey County Council. End of life plans were in place. These recorded specific information such as what staff should do if they find someone unresponsive, and took into consideration peoples preferences and faiths. No one was being supported at the end of their life at the time of the inspection.

Is the service well-led?

Our findings

Records management was good and showed the service provided and staff practice was regularly checked to ensure it was of a good standard. We did note that there were many documents waiting to be archived at the office. We recommend that the provider does this as soon as is practicable to place them in secure storage.

There was positive feedback about the leadership and management of Supreme Care Services Caterham. One person said, "I know the lady in charge. There are lovely ladies in the office as well, all very polite and helpful." One relative said, "The whole setup is wonderful. The continuity and reliability is the best thing."

The management and staff strove to continually improve the standard of care and support given to people. The registered manager carried out visits to people which included talking with them and relatives, an inspection of the person's home to make sure people were safe and reviewing care records. One person said, "Sometimes the manager comes out to deliver care on a Saturday, we can have a chat about how it's all going."

Regular checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the service. These covered areas such as reviewing complaints, and medicines management. Information from the audits was analysed to see if there were patterns that may indicate a failure emerging within the service. For example, complaints were broken down into type and checked to see if there was anything that linked them. In addition, the registered manager carried out unannounced spot checks to see that people received a good standard of care.

People and relatives were supported by an organisation with a clear management vision and structure. The nominated individual from the provider explained, "Our vision is to provide the best care possible so people can live in their homes for as long as possible and feel part of the community they live in." Staff understood and followed the values of the service. One staff member said, "I encouraged the person I support to go out to meet friends. This gives them the opportunity to interact with other people. I also have to let them do what they can for themselves and only help if they are struggling."

Staff felt supported by the provider, and enjoyed their job. Staff told us the manager had an open-door policy and they could approach the manager/provider at any time. Staff felt able to raise any concerns with the registered manager, and that these concerns would be taken seriously and put right.

People and relatives were included in how the service was managed. One relative said, "We do have regular meetings and questionnaire every now and again." Questions that were asked covered topics such as whether staff were polite and respectful, whether people felt involved in their care planning, and if they knew how to make a complaint if they were unhappy. Results from these questionnaires had been reviewed by the registered manager and provider. A summary report had been generated to make it clear what the overall response had been to each question. The last survey had been completed and returned by just over

50% of the people that used the service. The information gathered also reviewed age, gender, and ethnicity which would enable the management to review if any concerns raised were related to these areas so they could take appropriate action. Where an area for improvement had been identified the registered manager had a clear plan in place for taking action to address the issue. For example, time keeping of staff had been raised by some people who used the service. This had then been discussed with staff at a staff meeting and the process for them to follow if they were going to be late was discussed.

Staff were involved in how the service was run and improving it. Team meetings took place, and staff were able to talk to each other and the registered manager whenever they needed to via use of the company mobile telephones. Information was regularly shared with the staff team via the messaging system on staff's mobile telephones. The last message sent this way gave staff information about record keeping & examples of good Practise. Staff were also able to present ideas if they felt the service could improve.

The registered manager and the provider were 'hands on', and stepped in to help support people and staff if required. This made them accessible to people and staff, and enabled them to observe care and practice to ensure it met the service's high standards.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns.