

Supreme Care Services Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

- Supreme Care Services Limited is a domiciliary care agency. It provides personal care to mostly older people living in their own homes in the London Borough of Ealing and the London Borough of Brent. At the time of our inspection the service was providing care and support to 157 people. For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

People's experience of using this service:

- There were enough staff deployed to support people and staff arrived on time at people's homes. Some people told us this had not always been the case over the last year, but they thought this situation had improved now.
- Staff were caring, treated people with respect and promoted people's dignity and privacy.
- The service had set up a local coffee morning for people who used the service and were living in Ealing so they may feel less socially isolated.
- People told us that they felt safe. There were processes to ensure people received safe support with their medicines and they were protected from the risks of infection.
- Care and risk management plans were individual and met the needs of people using the service. Staff were aware of the people's individual needs and how they wanted to be supported.
- Staff received induction, training and supervision. There was a clear management structure and staff felt supported in their roles.
- The provider sought feedback from people, relatives and staff and used this to develop the service.
- There were systems in place to monitor the quality of the service and identify when improvements were required.

Rating at last inspection:

- We rated the service "good" at our last comprehensive inspection. We published our last report on 14 June 2016.

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. We may inspect sooner if we receive any concerning information regarding the safety and quality of the care being provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Supreme Care Services Limited

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Two inspectors conducted the inspection over two days. One inspector visited the service's office location and another inspector contacted people who used the service by telephone.

Service and service type:

This service provides domiciliary care to people living in their own homes in the community. It provides personal care to mostly older people, some of whom might be living with dementia, and adults who have physical or learning disabilities. The provider had moved the office from which it managed this service to a new address since the last inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit. We needed to be sure that managers would be available to facilitate this inspection.

What we did:

We used information the provider sent us in the Provider Information Return (PIR) to support our inspection. This is information we require providers to send us to give some key information about the service, what the

service does well and improvements they plan to make.

We looked at information we held about the service including notifications they had made to us about important events. A notification is information about certain changes, events and incidents affecting the service or the people who use it that providers are required to tell us about. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We visited the office where the service was managed. We spoke with the registered manager, the branch manager, care coordinators, the company secretary, the provider's care quality advisor and three care staff who visited the office. We looked at records related to the running of the service. These included the care needs assessments and care and risk management plans of eight people using the service, the staff files for six care workers and records the managers kept for monitoring the quality of the service. We also spoke to 19 people and relatives who use the service about their experience of the care provided.

After the inspection we spoke with another three care workers and two adult social care professionals involved with the service.

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.

Systems and processes to safeguard people from the risk of abuse

- The provider had suitable safeguarding systems in place. Safeguarding concerns were reported, recorded, shared with the local authority and investigated where appropriate. The branch manager audited the service's safeguarding practices regularly to ensure they remained effective.

- People told us they felt safe with the care they received and having consistent care workers helped them to feel safer. One person's relative told us, "We never worry when [the person] is with the carer, we know [the person] is safe." Staff we spoke with had a good understanding of how to recognise and report concerns about harm or abuse, including using whistleblowing procedures. One adult social care professional told us they thought the staff working in the office "knew everything that they needed to do" when responding to safeguarding concerns. Staff had completed mandatory safeguarding training.

- The provider used different methods to make sure the staff were aware of different aspects of the safeguarding procedures. These included featuring the safeguarding adults policy as 'policy of the month', articles in the staff newsletter and the branch manager held short refresher sessions with care staff.

Assessing risk, safety monitoring and management

- Risk management plans were in place to reduce risks to people's safety and well-being. The plans we checked were informed by assessments of people's care needs, were individualised to each person and contained guidance for staff to follow.

- The branch manager kept an up to date record of people who used the service who may be living with identified risks to their well-being. For example, people who were living alone and unable to get out of bed, or living with a particular health condition. They used this to monitor risks to people's safety and to prioritise how the service provided support to people in an emergency. This was in keeping with emergency and business continuity plans also in place to maintain a safe service if there was a serious or disruptive event, such as adverse weather conditions.

- The branch manager monitored a record of people who were living with pressure sores and how they were being supported to manage these. This was updated daily.

Using medicines safely

- The service supported people to receive their medicines in a safe way. The medicines administration records (MARs) we checked showed people were receiving their medicines as prescribed. The branch manager audited a selection of these records each month to ensure that staff completed them appropriately and took action to address issues these audits identified.

- With people's consent, the branch manager had written to their pharmacists to request they supply appropriate MARs and to people's GPs to request they inform the service of changes to people's prescribed medicines. This helped to promote the safe management of people's medicines support.

- Staff attended training on medicines support and repeated this each year. One care worker told us they had recently completed this refresher training and had found it useful. The branch manager also held small teaching sessions on safe medicines support, such as how to complete people's MARs correctly. Senior staff conducted annual assessments of staff to ensure they were competent to give the medicines support being asked of them.

Staffing and recruitment

- There were sufficient numbers of staff deployed to meet people's needs. Care coordinators arranged for care staff to visit people who lived near each other and to have enough time to travel between one visit to the next. Care staff we spoke with confirmed this.

- Some people told us care staff "are usually on time and they call if they are going to be late." Some people told us their care workers had not always been on time over the last year, but they thought this had improved now.

- The provider used an electronic monitoring system to check that staff provided care to people at the right time. The staff did not have access to this system at some people's homes, so a member of the office team called them each day to check that they received their care as planned. The provider was arranging to introduce a new system that would provide electronic monitoring of everyone's care visits.

- Staff recruitment records showed the provider completed all the necessary pre-employment checks so it only offered roles to fit and proper applicants.

Preventing and controlling infection

- There were appropriate arrangements for preventing and controlling infection. Staff received training on this during their induction. Staff used personal protective equipment when required and told us they could always access supplies of this. Staff had training on food hygiene and safety so they could prepare meals safely for or with a person.

Learning lessons when things go wrong

- Staff we spoke with understood how to raise concerns and felt confident that they would be listened to. One care worker told us, "I'm very confident that the office [team] would help." One adult social care professional told us, "the [care] coordinator will respond immediately to concerns, within the deadline". Another professional told us, "they are very proactive, they respond to the questions we may give them and they investigate matters".

- Staff recorded incidents and the provider reviewed these records and took corrective action where this was required, such as reviewing on call support arrangements for staff. The branch manager recorded the actions taken in response to incidents and the lessons learnt from them to lessen the risk of the incidents happening again.

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.

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

- The branch manager reviewed information regarding potential new customers referred to the service. Staff assessed people's care and support needs before beginning to provide a service. The provider used a variety of tools for this, such as assessments for moving and handling, falls, medicines support and skin integrity.
- People's assessments and their care and risk management plans recorded their preferences about how they would like staff to provide their care. People's plans were reviewed regularly to make sure that the service met their care needs.
- The provider had recently introduced a new element to people's care plans that identified with people the outcomes they would like the service to help them to achieve. For example, doing things more independently, improving their physical health or increasing their sense of self-esteem. The provider was planning to monitor this to see how the service helped people achieve things that were important to them and not just provide care to meet people's personal care needs.

Staff support: induction, training, skills and experience

- Staff we spoke with were competent, knowledgeable and felt supported by the managers to develop. New staff received an induction to the service which included training and then shadowing more experienced staff. Staff said they found this helpful. Training provided was in accordance with the 'Care Certificate'. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work.
- Records indicated staff were up to date with completing a range of mandatory training so they were competent to support people. Training included basic life support, person-centred care, health and safety, duty of care, handling people's information, dementia awareness, and equality and diversity.
- The provider's trainers delivered staff training sessions. Staff told us their training was "very helpful" and "it makes a difference, there's always room to learn more". One member of staff told us trainers asked them questions at the end of sessions "to make sure we have the full understanding."
- Staff received performance appraisals and regular supervisions. Supervisions included discussions about staff performance and development, with feedback from the people to whom they were providing care.

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

- Staff supported people with their meals, where needed. Care plans noted people's favourite foods and drinks and included prompts for staff to offer drinks and snacks to people. We sampled records of the care provided to people and these indicated people were being provided with varied meals.
- One care worker had used their own time to prepare a supply of meals for a person to have when the care worker went on holiday. They had done this to continue to encourage the person to eat well, knowing the person may be reluctant to eat food prepared by staff they were less familiar with.
- The managers told us that sometimes people had been discharged from hospital and they did not have any food in their homes. When this had happened the provider had informed local statutory agencies and care staff had collected food vouchers for people so could buy some food.
- Staff had received training on fluids and nutrition support so that they could support people safely to have enough to eat and drink.

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were identified in their care assessments. We saw records that showed healthcare professionals had been contacted to support people when their health care needs had changed. For example, when staff had noticed and reported concerns about a person's health or called for an ambulance. One care worker explained how they had helped a person and their family prepare for GP appointments, so the person's healthcare needs were supported.
- We saw evidence that the branch manager had also written to people's GPs to prompt them to consider annual health checks for people who used the service.

- The branch manager kept an up to date record of people who were living with pressure sores. They used this to monitor how the service was supporting people to heal. The managers told us staff had received pressure sore awareness training, delivered by a pressure sore lead who worked for one of the provider's other branches.

Staff working with other agencies to provide consistent, effective, timely care

- People told us that their care met their needs. One person said, "I'm quite satisfied with the help." Another person said, "It's alright. I have the same carer and she knows what she's doing." However, some people told us that in the past their care had sometimes been inconsistent and the care staff visiting them kept changing. They told us this had now improved. One person commented, "They are OK. I had a couple of carers who weren't so good and they changed them."
- Staff worked with social workers and healthcare professionals to provide care and support to people. One adult social care professional told us "they work very well with other agencies."

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Staff had received training regarding the MCA. Staff recognised that people had the right to make their own decisions and could describe how they supported people's day to day choices about their care.
- People's care plans included assessments of people's mental capacity to consent to their care arrangements, where this was relevant to the person.
- The provider worked with people's families and adult social care professionals when making a decision in the best interests of a person who lack mental capacity.

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

- We received positive feedback from people about the care staff who visited them. People's comments described staff as "very kind", "very caring, a hard worker", and "really, really nice, we get on so well." Staff described respectful, empathetic approaches to providing care. One care worker told us, "We have to be patient, put ourselves in their shoes." Another member of staff said, "I treat everyone as my own grandmother and that's what it's all about."
- People's cultural needs had been assessed. This included information in relation to their cultural background, religion and gender. The provider had reviewed the format of care plans so these were personalised. These helped new staff get to know people and how they should be supported.
- The provider was working to promote LGBT+ inclusive practices. 'LGBT' describes the lesbian, gay, bisexual, and transgender community. The '+' stands for other marginalised and minority sexuality or gender identities. We saw the provider was introducing an 'important relationships' information area to people's care plans and was training staff on discussing this with people who use the service. This was to promote a more inclusive service for LGBT people. Two workers from another area of the provider's business acted as staff LGBT 'leads'. They had delivered an awareness workshop to this service's staff. The provider's LGBT and Equality policy was Policy of the Month at the time of the inspection.
- Staff had received training in promoting equality and diversity in their work.

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

- We saw that people and their family, where appropriate, were involved in planning and reviewing their care. This gave people an opportunity to make decisions about their care.
- We sampled records of spot-checks of care workers' performance and quality checks conducted with people who used the service. These showed that during these checks the service regularly encouraged people to express views about their care. We saw that the branch manager had passed on compliments to care staff or acted on people's feedback, such as changing a care worker.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and promoted their dignity. One person told us, "I'm comfortable with my carer." Staff explained how they promoted people's privacy and dignity when providing personal care. This included always talking to the person and asking them how they wanted to be supported, giving people "time and space", politely asking family members to leave the room and helping the person to suitably cover

themselves.

- Staff received training on respecting privacy and dignity. We saw that staff had also signed up to 'dignity champion' pledges to promote dignity and respect for people in their work.
- Staff showed a commitment to promoting people's independence. One member of staff explained how they had worked with a person who had stayed in bed for several years. Over time they had encouraged this person to get out of bed, be more mobile at home and recently helped them to attend a coffee morning organised by the provider.
- We saw that office staff stored records securely and maintained the confidentiality of people's information. This helped to ensure the provider maintained its responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

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; accessible information

- The assessments of people's care needs informed their care and risk management plans. The plans set out what care people needed and guidance for staff to help them understand how people liked their care to be provided. The branch manager provided care staff with information about people's particular health conditions so staff were aware how these may affect the person.
- People's personal profiles contained person-centred information about them, such as a short life history, their likes, dislikes and preferences. Plans were reviewed regularly with people and their family to make sure they were up to date and reflected the care people wanted and needed. One care worker said care plans were "actual and factual" and helped them know about people's care needs. An adult social care professional told us that the quality of care plans had improved over the last year as they were more personalised and identified what people wanted from their care.
- People's communication needs were identified and recorded in their plans and supported by the service. We saw an example of where the provider had used extra-large letters when writing to a person as this helped them to more easily read their correspondence.
- The provider had identified that some people using the service were experiencing or were at risk of social isolation and was working to help alleviate this. The provider had started to arrange free coffee mornings in Ealing for people so they had an opportunity of more social contact. One adult social care professional told us some staff had "gone the extra mile" to help some people to prepare for and travel to one of these mornings. The managers were looking to develop this initiative to make it more widely available to more people.
- Additionally, at the time of the inspection the provider was developing a befriending service where staff could volunteer to spend more time with people who may be lonely.

End of life care and support

- The service was not providing end of life care to anyone at the time of the inspection. The managers explained that staff asked about people's end of life care wishes when assessing or reviewing their care needs with them and recorded this where appropriate. People's care plans included information about whether a person had any advanced statements or advanced care planning arrangements in place.

Improving care quality in response to complaints or concerns

- There was an effective complaints handling system in place. One adult social care professional told us that the service had improved on how they handled complaints.
- People had been given information about the complaints process and knew how to raise concerns. People told us when they had raised issues or complaints these had been responded to appropriately.

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.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Most people told us they were happy with their care and support. Some people told us this had not always been the case over the last year although they thought this had improved when they had reported their concerns. There was a collection of compliments from people about the service on display at the office.
- There was an open and positive culture within the service. Staff we spoke with said they liked working for the provider and were positive about and proud of the service provided. An adult social care professional told us, "I was very impressed with [the service], they strive to be excellent."
- We spot-checked daily care logs and these showed people received their planned care, usually with the same staff. In some of these logs staff had recorded some personalised information about the person's well-being at that time, how staff interacted with them and how staff involved them in their care. We saw that the provider was working to develop this practice with more care staff.
- The provider produced a periodic newsletter for staff. This promoted staff awareness of different aspects of providing good care such as, safeguarding adults, pressure sore prevention, helping people to keep warm during the winter, and medicines awareness.

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

- There was a clear management structure in place. This consisted of the registered manager, the branch manager, care coordinators and field supervisors. The company secretary and a care quality advisor also supported the service. One adult social care professional told us, "All round I think they have a really good team."
- Staff told us they felt supported by their managers and they could get advice when they needed. Staff comments included, "I feel really supported," "I give kudos to the management, they keep me going" and "Whatever we ask them, they help." One care worker told us they appreciated it when a person they supported passed away and the provider made arrangements so the worker could attend the person's funeral.
- The managers attended regular care provider and Skills for Care registered manager forums to keep informed about adult social care practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improvement

- There were various quality assurance arrangements in place to maintain the quality of the service. This included unannounced spot-checks of care workers' performance and quality monitoring telephone calls and visits to people using the service. The branch manager audited complaints, medicines support records and care logs each month and acted when they identified improvements were required.

- The registered manager used weekly branch reports and monthly manager meetings to monitor the quality and safety of the service.

- There was a commitment to learning and improving the service. Adult social care professionals told us, "I just find them to be very open and open to change" and "They're very open and take on board changes to improve the service." One professional commented, "[The branch manager] takes on feedback and is proactive at implementing change to make sure things are running smoothly."

- The provider conducted an annual staff survey to understand if staff thought the service may be safe, effective, caring, responsive and well-led. This was last completed in January 2019 and in response to staff feedback the provider had developed more ways for staff to make suggestions on improving the quality of the service.

Working in partnership with others

- The service worked in partnership with other agencies, such as social workers, district nurses, GPs and hospital staff, to help to provide coordinated care to people.