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Supreme Healthcare services

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

This inspection took place on 25 and 26 January 2016 and was unannounced. Supreme Healthcare Services is a domiciliary care service and at the time of the inspection was providing personal care to eighteen people living in their own homes.

At the time of the inspection there was no registered manager in post. However, there was a manager in charge of the day to day running of the service who was in the process of applying to the Care Quality Commission to become registered. 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 and their relatives were happy with the service they received from Supreme Healthcare Services. They told us they felt safe using the service. People said they were treated with kindness and they were shown respect. People's dignity was preserved when they received personal care and they were supported to remain as independent as they wished. People received their medicines when they required them and medicines were managed safely.

Risks to people and staff were assessed and managed effectively. Staff had good knowledge and showed awareness of how to keep people safe. They understood the policies and procedures used to safeguard people. They were confident that any concerns that might be reported would be addressed by the management. Recruitment procedures were effective and helped to ensure suitable staff were employed to care for people.

The provider had policies and procedures designed to deal with emergency situations. Staff showed knowledge and understanding of how to deal with emergencies.

People's right to make decisions was protected. Staff sought people's consent before providing support and care. People were treated as individuals and the support planned was focussed on them. People and where appropriate their relatives had been involved in making decisions about their care. They felt involved in discussions and told us their views were listened to.

Staff received on-going training. They were supported through one to one supervision meetings and team meetings. This helped to ensure they had the skills to care for people safely and effectively. They were offered opportunities to develop their skills further and gain qualifications. Staff were comfortable to approach the manager for advice. Regular communication from the manager to the staff team in the form of memos provided additional support and guidance.

Where there were concerns regarding a person's well-being, staff contacted healthcare professionals promptly to seek advice. People were supported to have enough to eat and drink when this was part of their

identified care needs. Up to date information concerning people or changes to their care was communicated promptly to staff.

Feedback was sought from people using the service and other stakeholders. This helped the manager to monitor the quality of the service. The service was effectively monitored by the quality director and the manager. A complaints policy was available. When complaints had been raised they had been investigated and resolved appropriately.

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 when being supported by the staff. Staff understood their responsibilities and how to keep people safe.

Risks were identified and managed to protect people and staff.

Recruitment procedures were robust which helped to ensure suitable staff were employed by the service.

Is the service effective?

Good

The service was effective.

Staff received effective training and support.

Staff reported concerns about people's wellbeing and appropriate professional support was sought promptly.

People's rights were protected by staff who understood the need to gain consent before providing care.

Is the service caring?

Good

The service was caring.

People felt they were treated with kindness and care.

People were encouraged and supported to be as independent as they wished to be.

People's choices and preferences were respected.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and reviewed. They were involved in planning their care and said they were listened to.

People were asked to give feedback on the service and knew

how to make a complaint or raise a concern if necessary.

People said the service was flexible and responded to their needs.

Is the service well-led?

Good

The service was well-led.

People, their relatives and staff felt the agency was well led.

The manager was approachable and acted promptly when necessary.

The quality of the service was monitored and action taken when issues were identified.

Supreme Healthcare services

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 place on 25 and 26 January 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission to inform us of events relating to the service.

We also considered the information we had received via surveys sent to people who use the service and other stakeholders. Eight people, six staff, two relatives and one community professional had completed surveys. A provider information return had not been requested from the service. 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.

During the inspection we spoke with the manager, care co-ordinator, a member of the care team, the quality director and the provider. After the inspection we received feedback from four members of the care team and spoke with three people who use the service and three relatives. We also received feedback from the local authority quality and contracts team. We looked at records relating to the management of the service including six people's care plans, daily notes and medicines administration records. We also looked at six staff recruitment files, training and support records, policies, complaints log and accident/incident records.

Good

Is the service safe?

Our findings

People and their relatives told us they or their family members felt safe using the service. When asked about feeling safe their replies included, "Definitely," "Oh yes" and "Absolutely." The service carried out risk assessments to identify individual risks to people. For example, risks associated with moving and handling, medicines and poor diet were assessed when appropriate and care plans reflected the action staff took to reduce the risks. A relative told us the service had sought professional advice in order to maintain the safety of their family member following a hospital stay.

In addition to individual risks, the home environment was also assessed and where risks had been found, they were recorded in people's care files. Information on measures to be taken to reduce or manage those risks was documented. Staff were clear about reporting any changes in people or their environment promptly so new risks could be assessed when they arose. They told us whenever they had reported a change, action had been taken promptly to reassess the risk and amend the care plan. Staff also told us information about risks was communicated to the care team verbally and in writing so they were all aware of the actions to take.

The manager ensured sufficient time was available for each visit to allow care and support to be provided safely. When necessary additional time was requested from the commissioners of the service. The manager told us, "It is essential we have enough time to support people safely." They showed us evidence of how they had worked hard to make sure they had adequate time for one person's care when a reduction in time had been suggested.

The service employed sufficient staff to provide safe care for people. Duty rotas were prepared by the care co-ordinator at least a week in advance. The care co-ordinator explained any unplanned changes to the rota were dealt with on a daily basis. They explained that such things as staff sickness or a person being admitted to hospital would require a change. Managing this daily helped to ensure visits not were missed. Duty rotas were emailed to care staff and posted to each person who uses the service. This meant people knew the times of their visits and which staff member would provide care for them. Time to travel between visits was allocated and people told us the care staff usually arrived punctually. One person commented, "They phone and let me know if they're going to be late." People felt there was always a good reason if staff were not on time and told us staff always completed everything they needed during a visit.

Staff had a good knowledge of how to keep people safe. They gave examples of steps they took to ensure safety of the people they care for. For example one told us, "I make sure the home is safe and lifelines are always on." A lifeline is an alarm pendant worn by a person that can be pressed to alert and summon help if a person is unwell or has an accident. Another member of staff described how they would challenge discriminatory or unsafe practice in order to keep people safe.

Staff had received training in safeguarding vulnerable adults. Information was available to remind staff of their responsibilities with regard to keeping people safe and the reporting procedures to follow if they had any concerns. Staff demonstrated good knowledge with regard to safeguarding people and were able to

describe the signs that may indicate a person had been abused. For example, noting changes in mood or observing for physical signs such as bruising. Staff were confident action would be taken by their manager about any concerns raised. They were also aware they could report to other authorities outside their own organisation if necessary. Telephone numbers of organisations staff could call to report concerns were boldly displayed on a board in the office. Staff had awareness of the provider's whistleblowing policy and told us they would be happy to use it if necessary.

Medicines were managed safely and medicines administration records (MAR) had been completed fully. The support people required with medicines had been individually assessed and recorded in the care plan. When people were supported with their medicines they told us they received them at appropriate times. One person told us they were reminded by care staff to take their medicines and said, "They always make sure I've taken them." A relative whose family member receives support with medicines said, "There's never been a problem with them." Staff had received training in the safe management of medicines and had their skills and knowledge assessed during spot checks carried out by senior staff. A spot check is an unannounced observation of a staff member's skills in the workplace.

An effective recruitment process helped to ensure people were supported by staff of good character. They completed Disclosure and Barring Service (DBS) checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References were requested to establish behaviour in previous employment and gaps in employment history were recorded and explained.

The provider had a system to monitor accidents and incidents and staff were aware of the reporting processes they needed to follow if either occurred. The system allowed for trends to be identified and monitored.

Staff were familiar with the provider's policies in relation to emergencies that may arise in people's homes. They were able to describe the action to take in the event of an emergency. The provider had a contingency plan to enable staff to manage foreseeable emergencies such as bad weather, staff shortage and loss of computerised systems.

Good

Is the service effective?

Our findings

Staff received training to provide them with the necessary skills to provide safe and effective care. They confirmed they had completed induction training when they first joined the service and this was followed by a period of shadowing more experienced staff and training in practical skills. The manager and provider confirmed induction training was now in line with the care certificate standards and the dedicated training manager had undertaken specific training to deliver and assess the care certificate. Refresher training in mandatory topics was planned annually and at the time of the inspection training was up to date. Staff had also undertaken training related to specific conditions such as dementia and were given the opportunity to gain a recognised qualification in health and social care. The manager was currently undertaking a leadership and management qualification.

People and their relatives told us staff who visited them were competent and knowledgeable about the work they do. However, one person and a relative commented on how they had found difficulty in communicating with some staff who did not use English as their first language. They went on to say the service had tried to address this by introducing training in language skills. Whilst the person who uses the service said they had found an improvement with time, the relative told us they had found little improvement. The manager told us the service supported staff for whom English was a second language in a variety of ways to help them with communication and language. This ranged from face to face training to using DVDs and on-line language courses. They also told us that if issues with communication were identified or reported to them additional supervision and support of the care worker was undertaken. For example, they were rostered to work with other staff who could support their communication.

Staff told us they felt supported by their manager. One staff member said, "Yes, my manager always listens and actions and feeds back to me." Staff had one to one meetings with their line manager, they confirmed they had opportunities to discuss any concerns about their work or the people they supported. Training and development was discussed with each individual member of staff as well as issues raised from their practice. For example, an infection control issue had been identified during a spot check, this was discussed and further training planned to ensure good practice was established. This was later followed up by another spot check to ensure learning had taken place. Spot checks were usually carried out four to six weekly but we saw this could be more frequently if it was felt staff needed extra support. Annual appraisals were being planned but had not been conducted as the service had not employed any staff for more than a year.

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 when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Most staff had received training in relation to the MCA and for those who were more recently employed training had been planned. Staff were aware of their responsibilities regarding people's rights to make their own decisions. Staff told us they sought people's permission before helping them with their personal care. People confirmed staff asked and explained what they were going to do and waited for their agreement. Staff were clear about respecting people's choice and decisions. They told us if they were concerned about a decision a person made, for example, refusing an important part of their care, they would report this to their manager.

People were supported with their nutrition when this was part of their assessed care needs. People who were supported with their meals told us staff offered them a choice and a relative commented, "They don't just pick a meal and give it to her, they show her three choices and ask what she'd like." Staff demonstrated a good knowledge of the importance of monitoring nutrition and hydration and told us they left drinks available for people.

Staff sought medical advice from health professionals when necessary. For example, they contacted people's GP if they had concerns about a person's well-being or called the emergency services if it was a medical emergency. A relative told us, "Yes, they are very good, they will get medical advice when it's needed."

Good

Is the service caring?

Our findings

The service was caring. People and their relatives told us staff were caring. One person said, "I can't fault them [care staff] in any way, they are wonderful." They went on to tell us they looked forward to the visits they received and how the care staff were, "Kindness itself." A relative commented, "They're lovely, so sweet with [name]." They told us their family member had described to them how kind the care staff had been during a visit that day and had made them feel special.

People told us they were generally visited by a consistent team of care staff who got to know them well. People said they were shown respect by the staff and their privacy and dignity were protected. Staff gave examples of how they treated people with respect. Such as, "Treating others the way I want to be treated" and "I don't intrude on their time or privacy, and [by] maintaining their dignity." Staff also recognised the importance of cultural diversity. One commented on how they must respect people's, "Habits and values" while another referred to respecting personal rights of choice in "Lifestyle/as an individual." People's cultural and spiritual needs were detailed in the care plans. The manager confirmed that if necessary additional training and information was available to help staff support people with their cultural and spiritual needs.

The manager told us the service had signed up to the 'Dignity in Care' charter with the local authority. This demonstrates a commitment to providing care that meets the principles of the Dignity Charter and a willingness to be monitored against these standards. All staff had received training in providing privacy and dignity.

Staff described how they got to know people and how they found out people's preferences in the way they were cared for. One said, "By communicating, asking them how they want to be cared for. Listen to them" another explained, "It's written in the care plan. The office let us know of any changes via email or text message. You ask the person or their family members or other people [staff] who know the client and visit them often."

People told us they had been involved in making decisions about their care and said they felt listened to. Staff told us they supported people to maintain their independence. They gave us examples such as, encouraging people to participate in their daily activities and in making their own decisions. One said, "I always encourage them to do things they are able to do, if they need help I'm always there to assist."

The service had received forty-three compliments since the branch registered in June 2015. Many were directed at individual care staff. For example, "[Name] is very friendly, I actually look forward to their visits." These were recorded on individual staff member's files. The manager told us they felt it was important staff were recognised for their good work and therefore this would be discussed in their supervision meetings. Other compliments were more generally aimed at the service, for example, "First class, I am very happy with the service and the carers are very caring."

Good

Is the service responsive?

Our findings

People were involved in planning and reviewing their care. An assessment of people's needs was carried out before a service was offered. Reviews were planned to take place eight weeks after care had started and scheduled to be carried out at least annually following that. However, where changes in a person's needs or condition had been identified, a review was undertaken promptly and care plans had been updated to reflect any changes to their care.

People's personal and where appropriate medical history had been recorded during the initial assessment. The manager told us this was built on as they got to know people well and developed their relationship with them. This included details of people's interests and hobbies as well as information with regard to such things as communication needs and mobility. From the initial assessment a personalised care plan was developed. Care plans had been explained to people and where appropriate their relatives. Whenever possible people had signed to indicate their agreement to the plan.

Staff said that care plans helped them to understand people's needs and how they liked things to be done. The care plans were focussed on the individual person and outcome based, giving detailed and clear instruction to staff on how to meet the needs of the people they cared for. For example, one stated a particular piece of crockery was to be used at a certain meal time. Another described specific instructions and reasons why certain positioning of limbs was necessary during a moving and handling procedure. People told us the service was flexible and responded to their individual needs. For example, visit times were changed to accommodate personal plans, one person said, "They will change the times if I need them to."

Feedback on the service was sought in a number of ways. People were asked their opinions of the service at review meetings, during spot checks on staff and through a quality monitoring questionnaire. The quality questionnaire was sent quarterly and several people told us they had recently completed one when we spoke with them. Responses to the previous questionnaire gave positive feedback. Sixty-two percent of people said they were highly satisfied and thirty-eight percent said they were satisfied. No-one said they were dissatisfied in any way. However, some people made comments and/or suggestions. Letters were sent to people to acknowledge these comments and they were followed up with a telephone discussion or a meeting with the manager.

There was a complaints policy and a system for recording and dealing with complaints. Five complaints had been received by the service in the last year. All had been recorded, investigated thoroughly and action taken appropriately. Learning had taken place as a result of this, for example, one investigation had led to an analysis of the care team visiting a person and identified some training needs. Further training was undertaken and this was followed up with spot checks to observe practice had improved. Records indicated that the outcomes of complaints raised were discussed with people to ensure their satisfaction with the outcome.

Good

Is the service well-led?

Our findings

At the time of the inspection there was no registered manager in post. However, a manager had been appointed and was in the process of making an application to the Care Quality Commission to become the registered manager.

The manager and the quality director monitored the quality of the service. Audits of the service were carried out and included checks made on medicines administration records (MAR), care plans, reviews, daily care records and spot checks on service delivery.

Team meetings were held every six weeks and attracted a good attendance by staff. For example, fifteen out of twenty staff attended the December 2015 meeting. They provided the team members with an opportunity to come together to share ideas. Important matters about all aspects of the service were discussed at these meetings. Focus areas to discuss were identified through the quality audits, for example record keeping and documentation had been emphasised at the last meeting. In addition to team meetings, branch meetings were held between the senior staff. Through discussion in these meetings action plans were agreed to take the service forward and make improvements.

Staff spoke positively about the manager. They told us she was always available to provide support and they said they were listened to if they raised any issues or concerns. They told us they felt the team worked well together. One commented, "There's a good atmosphere working here." During the inspection we saw the office team working together to solve problems and plan for the smooth running of the service. We found the atmosphere to be relaxed and calm. The manager told us she had worked hard to provide an open culture and she encouraged staff to come and discuss any concerns they may have with her so she could work with them to resolve any issues.

The manager was keen to ensure communication was good between the office and the care team. Regular memos were sent to inform care staff of such things as fake unmarked police cars operating in the area, tips for driving safely in the winter and general reminders regarding professionalism. Thank you memos were also sent and the manager stressed how important she considered recognising the contribution staff made. In addition to this a large board in the office displayed positive comments the service had received. The manager said this helped to show the care staff they were valued. Both the provider and manger were looking for other ways in which they could demonstrate how staff were valued. They told us an increase in wage along with payment for time spent travelling were being introduced. Other recognition schemes such as carer of the month were also being considered.

People and their relatives were also complimentary toward the manager. They felt the service was well managed and when they raised any worries or concerns they were taken seriously and dealt with. For example, a relative had worries about their family member's mobility and had spoken to the manager. They said a review was organised immediately which led to a referral being made to the necessary professional to organise appropriate equipment.

An on-call system was operated to ensure support was available out of office hours. People, their relatives and staff told us they were able to contact the person on call whenever necessary. A relative said they had used the system recently and had been responded to promptly and their query had been answered.

The service had a clear set of values. Staff were aware of these values and described them as, "Respect each other, be kind to each other and have integrity," "Personalised and professional, friendly caring service" and "We must listen to each other. Learn from each other. [Be] equipped with the knowledge we need. Be passionate and caring."