

Supreme Care Services Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 14 and 16 March 2016 and was announced. At our last inspection on 14 May 2014, we found the provider was meeting the regulations in relation to outcomes we inspected.

Supreme Care Services Limited is a domiciliary care agency which delivers care and support to older people and children in their own homes. The agency is based in Woolwich, South East London. At the time of this inspection 80 older people and 12 children were using the service.

The service did not have a registered manager in post. 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. The previous registered manager left the service in June 2015. The current manager had been working at the service since September 2015. They had begun the process of applying to the CQC to become the registered manager.

At this inspection we found breaches of the Care Quality Commission (Registration) Regulations 2009. These related to information the provider is required by law to notify the CQC about. The provider had failed to notify the CQC when the previous registered manager stopped running the service. The provider had also failed to notify the Care Quality Commission about three allegations of abuse in relation to people using the service.

We also found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that action had not always been taken to manage risks safely. We saw information was recorded in people's care plans on how they should be supported with their care needs however there were not always risk management plans or guidance in place advising staff how to support people where risks to their health and safety had been identified. You can see the action we have told the provider to take at the back of this report.

We found the service had safeguarding adults and children's procedures in place and that staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Appropriate recruitment checks took place before staff started work. People had access to health care professionals when they needed them and were supported, where required, to take their medicines as prescribed by health care professionals.

The manager had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. Staff had completed an induction when they started work and they were up to date with their training. People had been consulted about their care and support needs. Care plans provided information for staff on how to support people to meet their needs. People's care files included assessments relating to their dietary support needs. People were aware of the complaints procedure and said they were confident their complaints would be listened to, investigated and action taken if necessary.

The provider was introducing a call monitoring system at the service. We were not able to assess the impact of the system on people's care as the system was not fully in place at the time of inspection. We will assess this at our next inspection of the service.

The provider recognised the importance of monitoring the quality of the service provided to people. They took into account the views of people using the service through telephone monitoring calls and satisfaction surveys. The provider carried out unannounced spot checks to make sure people were supported in line with their care plans. Staff said they enjoyed working at the service and they received good support from the manager. They said there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Action had not always been taken to manage risks safely. There were not always risk management plans or guidance in place advising staff how to support people where risks to their health and safety had been identified.

There were safeguarding adults and children's procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Appropriate recruitment checks took place before staff started work.

People using the service and staff told us there was always enough staff available to them and they turned up on time. People could access support in an emergency.

Where appropriate people were supported to take their medicines as prescribed by health care professionals.

Is the service effective?

Good 

The service was effective.

Staff had completed an induction when they started work and training relevant to the needs of people using the service.

There was an out of hours on call system in operation that ensured management support and advice was always available to staff when they needed it.

The manager demonstrated a clear understanding of the Mental Capacity Act 2005 and acted according to this legislation.

Where people required support with cooking meals this was recorded in their care plans.

People had access to health care professionals when they needed them.

Is the service caring?

Good ●

The service was caring.

People said staff were caring and helpful.

People said they had been consulted about their care and support needs.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

Assessments were undertaken to identify people's support needs when they started using the service. Care plans were developed which included information and guidance for staff outlining how people's needs were to be met.

There was a matching process in place that ensured people were supported by staff that had the experience, skills and training to meet their needs.

People knew about the provider's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Requires Improvement ●

An aspect of the service was not well-led.

The service did not have a registered manager in post. The provider had failed to notify the CQC when the previous registered manager stopped working at the service. The provider also failed to notify CQC of three allegations of abuse in relation to a people using the service.

There were systems in place to monitor the quality of the service and make improvements where needed.

The provider took into account the views of people using the service through telephone monitoring calls and satisfaction surveys.

The provider carried out unannounced spot checks to make sure people were supported in line with their care plans.

Staff said they enjoyed working at the service and they received

good support from the manager and office staff.

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.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

This inspection took place on 14 and 16 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team comprised of two inspectors. One inspector attended the office on both days of the inspection. The other inspector visited three people using the service in their homes on the first day of the inspection. They also made telephone calls to people using the service and their relatives and asked them for their views about the service.

We looked at the care records of nine people who used the service, staff training and recruitment records and records relating to the management of the service. We spoke with nine people using the service, the relatives of seven people using the service, eight members of staff and the manager. We also received feedback about the service from the local authority that commission services from the provider.

Is the service safe?

Our findings

People told us they felt safe. One person told us, "My carer makes sure I am okay before they leave. They always check that I am safe and that the doors are locked and the taps are off." Another person said, "I am safe with my carers. The care is very good." A relative said, "Our relative is safe with the carers. We get the same carers during the day. They have got to know us." Despite these comments we found that risks to people's safety were not always properly managed.

Action had not always been taken to manage risks safely. Peoples care files included risk assessment documents that identified their care and support needs prior to them using the service. These documents recorded where people were at risk. For example one person's risk assessment indicated that their mobility was poor, they were at risk of falling and they needed help getting in and out of the bath. We visited this person at their home. They told us, "I have had lots of falls. I use as stick and a walking frame. I have a bath hoist seat to help get me in and out of the bath." We looked at this persons care file and found there was no falls risk assessment or guidance in place advising staff how to assist this person with mobilising or bathing or what to do if the person had a fall. Another person's risk assessment indicated that they were at risk of choking. We saw the persons care plan recorded they were on a soft diet and there was guidance for staff about how they should be supported to eat and drink. However there was no choking risk assessment or guidance in place advising staff what to do if the person started to choke. Although we saw some information was recorded in these peoples care plans on how they should be supported with their care needs there were no risk management plans or guidance in place advising staff how to support them where risks to their health and safety had been identified.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had policies for safeguarding adults and children from abuse. We saw a safeguarding adult's and children's flow chart in the office that included the contact details of the local authority safeguarding teams and the police. The manager told us this flow chart provided guidance for staff in reporting safeguarding concerns. The manager was the safeguarding lead for the service. Staff demonstrated a clear understanding of the types of abuse that could occur and the signs they would look for and what they would do if they thought someone was at risk of abuse. They said they would report any concerns they had to the manager. The manager told us they and all staff had received training on safeguarding adults and children from abuse and training records confirmed this. Staff said they were aware of the organisation's whistle-blowing procedure and would use it if they needed to.

At the time of this inspection there was one safeguarding concern being investigated by the local authority and the agency. We cannot report on the outcome of this investigation. We will continue to monitor the outcome of the investigation and the actions taken by the provider to keep people safe.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files of ten members of staff. We saw completed application forms that included references to staff's previous health

and social care work experience, their qualifications, full employment history and explanations for any breaks in employment. Each file included two employment references, health declarations, proof of identification and evidence that criminal record checks had been carried out.

People using the service, staff and the manager told us there was always enough staff on duty. One person said, "The care is good, the staff usually come on time." Another person said, "The staff let us know if they are running late." People told us they had regular staff during the week which helped them feel confident. One person told us that the provider had had problems covering their care on a Sunday. They said, "Sundays had been a problem but it is better now. I have different carers on a Sunday." A member of staff said, "The agency has enough staff to meet people's needs and as far as I can see people always get their care on time." The manager said staffing levels were arranged according to the needs of people using the service. If extra support was needed to support people to attend social activities or health care appointments, additional staff cover was arranged. People told us they could access support in an emergency. They were aware of the agencies out of hour's telephone number. We saw that the provider's contact details were clearly displayed on the front of care folders kept in people's homes.

People were supported, where required, to take their medicines as prescribed by health care professionals. The manager told us that most people using the service looked after their own medicines, however some people needed to be reminded or prompted and some people required support from staff to take their medicines. Where people required prompting or support to take their medicines we saw that this was recorded in their care plans. We saw records of medicines people had been prescribed by health care professionals and records completed by staff confirming that people had taken their medicines. One member of staff told us, "I have had training so I know how to help people to take their medicines. Whenever I prompt or help the person to take their medicines I record this in a chart in their care file." All of the staff we spoke with told us they had received training on administering medicines and training records confirmed this. Where staff administered medicines to people we saw records confirming that the manager or the field supervisor had assessed their competence in administering medicines. This ensured the member of staff had the necessary skills to safely administer medicines.

Is the service effective?

Our findings

People told us staff knew them well and knew what they needed help with. One person said, "My carer knows me well. She helps me with meals and knows I like to decide what I am going to wear." Another person said, "The care I get is good. I know my carers and they know me and what I need."

Staff had the knowledge and skills required to meet the needs of people who used the service. Staff told us they had completed an induction when they started work and they were up to date with their training. They said initial shadowing visits with experienced members of staff had helped them to understand people's needs. They received regular supervision and an annual appraisal of their work performance. They were well supported by the manager and there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. Records showed that all staff had completed an induction programme when they started work and training that the provider considered mandatory. This training included safeguarding adults and children, basic life support, medicines, moving and handling, health and safety and infection control. Staff also received training on equality and diversity, communication, fluid and nutrition, awareness training on mental health and dementia which included the Mental Capacity Act 2005.

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the agency was working within the principles of the MCA. The manager told us that most of the people using the service had capacity to make decisions about their own care and treatment. However if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. The manager was aware of the supreme court judgement in respect of the MCA and Deprivation of Liberty Safeguards. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

Where people required support with shopping for food and cooking meals this was recorded in their care plans. One person using the service said, "Staff give me my breakfast and make me a sandwich for lunch before they leave." Another person said, "The staff help me with meals. I decide what I want to eat each day." A relative told us, "My mother is on a soft diet and she has her food delivered to her at home. The staff just have to warm it up for her." A member of staff told us, "I help some people to cook at meal times, sometimes I make sandwiches but most people have help from their family and some people have pre prepared meals delivered to them."

Staff monitored people's health and wellbeing, when there were concerns people were referred to appropriate healthcare professionals. A relative told us that staff had recently been involved in a review of their relatives care and support needs with an occupational therapist. A member of staff told us, "If I thought someone was unwell I would call the doctor if they needed one. I would also let the office know what I had done." Another member of staff told us, "I had to call an ambulance once because the person I was supporting was really ill. I let the office know what I was doing. In the end it was identified that this person needed more structured support and they moved into a care home."

Is the service caring?

Our findings

People told us they were happy with the staff that supported them. They told us there was good communication with staff at the office. One person said, "The staff always treat me with respect." Another person said, "I get pretty good care, the staff help me and check that I am okay." A third person said, "I receive very good care." A relative told us, "We are happy with the care provided by the agency. We always get the same member of staff." Another relative said, "We work together with the staff. They feel like part of the family." A third relative told us, "I have never had to complain about the care provided as it is always very good."

People said they had been consulted about their care and support needs. A relative told us, "Our family have been fully involved with the agency in planning for my father's care and support needs. The care coordinator came and carried out a full assessment. They talked with us about all of his needs and put a care plan in place. We are all very happy with the service." Another relative said, "I was actively involved in planning my mums care. The field supervisor came and I explained to them what kind of support my mum needed. Overall I am pretty happy with the way they do things."

People were treated with dignity and respect. One person told us, "I am treated with respect. The staff talk to me and engage me in what they are doing." A relative told us, "The staff are always friendly and respectful to my mum. When they help her to have a wash they make sure they do that in private." Another relative said, "Without a doubt the staff are very respectful to my father. They are also very respectful to us as a family."

Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. They addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. They told us they offered people choices, for example, with the clothes they wanted to wear or the food they wanted to eat. One member of staff said, "I make sure that doors and curtains are drawn when I am giving someone personal care. I put a towel over them and I always explain what I am doing for them." Another said, "If someone is at the person's home, for example a family member, I will always make sure they leave the room before I start providing personal care to the person using the service. I always include the person in making decisions about the care I give them and what clothes they would like to wear."

People were provided with appropriate information about the agency in the form of a 'Service user guide'. The manager told us this was given to people when they started using the service. This included the complaints procedure and the services provided by the agency and ensured people were aware of the standard of care they should expect.

Is the service responsive?

Our findings

People told us their needs had been assessed and they had care plans in place. One person told us, "The staff are very flexible and they always ask me what I need." Relatives told us the service met their relatives care and support needs. One relative said, "The agency has been great. They have provided my father with regular staff that can speak his language and understand his cultural background and needs. The staff spend time with him watching Bollywood movies and going out into the community. This is very important to him. We are very happy with the service he receives."

The manager told us there was a matching process in place that ensured people were supported by staff with the experience, skills and training to meet their needs. They told us, for example, that a person using the service with autism had been matched with a member of staff who had previous experience of working with people with that condition. Staff told us they would not be expected to support people with specific care needs or medical conditions unless they had received the appropriate training. For example, one member of staff said, "If I needed to support a person with moving and handling or needed to use a hoist to support them, I would receive training on the use of the hoist before I would be allowed to support that person." Another member of staff told us, "If I was to support a person I hadn't worked with before I would shadow an experienced member of staff until I was able to support them properly. The manager would never let me work with anyone until I knew what I needed to do for them." A third member of staff said, "The training I have received has helped me understand people's needs. I feel confident that I can support them. I know what I need to do."

Assessments were undertaken to identify people's support needs before they started using the service. People's care files included referral information from the placing local authorities that detailed their care and support needs. The files showed that people using the service and their relatives, where appropriate, had been consulted about their needs. The provider had also carried out assessments using a risk assessment document. This document covered areas such as, for example, the environment, medicines, mobility, moving and handling, specialist equipment, finances, personal health and associated risks, support required with preparing food or cooking meals, personal life and choices and the level of assistance people required from staff. However as recorded in the safe section of this report we found that guidance were not always in place advising staff how to support people where risks to their health and safety had been identified.

Care plans were developed which included information and guidance for staff outlining how people's needs were to be met. A member of staff told us care plans included good information about people and told them what they needed to do to support people. They were simple, straight forward and easy to understand. We saw care plans were reviewed regularly and kept up to date to make sure they met people's changing needs. All of the care plans we looked at had been reviewed on a six monthly basis or more frequently where required. We also saw daily notes that recorded the care and support delivered to people.

People said they knew about the complaints procedure and they would tell the staff or the manager if they were not happy or if they needed to make a complaint. A relative told us, "When my mum started using the

service there were a few issues, for example the member of staff didn't always turn up at the right times and they hadn't worn their uniform. However after we brought these concerns to the manager everything was sorted out. Things are much better now." Another relative told us, "We know about the complaints procedure. It was explained to us. It's in the information pack the agency gave us. I am sure if we had to make a complaint the manager would do all they could to resolve it." The agency had a complaints procedure in place. The manager showed us a complaints file. The file included a copy of the complaints procedure and forms for recording and responding to complaints. They showed us records from complaints made to the service. We saw that these complaints had been fully investigated and responded to appropriately.

Is the service well-led?

Our findings

The service did not have a registered manager in post. The previous registered manager left their post in June 2015. Another manager was appointed to run the service in June but left in December 2015. The current manager told us they had been working at the service since September 2015 and they had begun the process of applying to the CQC to become the registered manager. The provider notified CQC in January 2016 that there had been a change in the registered manager and the new manager was undergoing the process of registering with CQC. Registered providers are required to notify the CQC as soon as reasonably practicable to do so when a registered person ceases to manage the regulated activity.

This was a breach of Regulation 15 of the Care Quality Commission (Registration) Regulations 2009.

The provider failed to notify the Care Quality Commission of allegations of abuse in relation to people using the service. The manager showed us a file that recorded complaints and safeguarding concerns. We saw a record of a safeguarding issue in January 2016 that had been investigated by a local authority however the CQC had not been notified about this issue. Another safeguarding concern had been raised by the same local authority social worker with the provider on 1 March 2016. The CQC had not been notified about this safeguarding concern. Another local authority told us about a safeguarding concern that had been investigated by them in September 2015. The CQC had not been notified about this safeguarding concern. The manager confirmed that these safeguarding concerns had not been reported to CQC as required by law.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. During the inspection the manager formally notified the CQC about these safeguarding concerns.

The provider recognised the importance of regularly monitoring the quality of the service provided to people. The manager told us the provider visited the office on a monthly basis to supervise and offer them support. The provider carried out quarterly monitoring visits to assess how the service was operating. They sent us a report from the December 2015 visit. Areas covered during the visit included spot checks, safeguarding, care file reviews, complaints, staff recruitment, supervision and training. Where areas for improvement had been identified we saw the provider and manager had taken action to address these. For example new staff had been recruited and spot checks were being audited by the manager. The quarterly monitoring visits had not identified that the safeguarding alerts had not been reported to the CQC or that risk management plans were not always in place in people's care files. During the course of the inspection the manager showed us a new safeguarding log template to be used at the service. This included an action point for recording when the CQC had been notified about any safeguarding enquiry. The manager also showed us a new template for assessing and managing risks to people using the service. We were not able to assess the impact of these new records on people's care at the time of inspection. We will assess these at our next inspection of the service.

There was no call monitoring system in place that made sure staff turned up to support people or stayed for the allotted time to provide care. The manager told us they contacted people using the service on a weekly

basis to make sure that staff were turning up on time and carrying out their duties. We observed the manager and a care coordinator contacting people using the service and staff throughout the course of our inspection, making sure people received care when they were supposed to. The manager told us the provider employed a call monitoring system at their other branches and they were currently introducing the system at the service. We were not able to assess the impact of the call monitoring system on people's care as the system was not in place at the time of inspection. We will assess this at our next inspection of the service.

We saw records of unannounced spot checks on care staff to make sure they turned up on time, wore their uniforms and identification cards and supported people in line with their care plans. A relative told us, "The field supervisor carries out spot checks. They ask us if there are any changes to my father's care needs. We also get regular calls from the manager asking us if everything is okay." A member of staff told us, "The spot checks can happen at any time, we don't know when. The last time I had one the supervisor observed how I followed the care plan and how I supported the person to take their medicines. They gave me feedback at the end which was good." Another member of staff said, "When a spot check was carried out with the person I was supporting. The supervisor checked that I was wearing my uniform and carrying my identification badge. They also checked with the person that I was doing things right."

The provider took into account the views of people using the service through annual satisfaction surveys. The manager told us they used feedback from the surveys to constantly evaluate and make improvements at the service. We saw a number of completed questionnaires from the 2015 survey. The feedback recorded in these surveys had been very positive. The manager showed us a report and an action plan from the survey. One person did say however that they didn't find the out of hour's service helpful. An action point in the report recorded that more out of hour's staff were employed.

Staff said they enjoyed working at the service and they received good support from the manager and office staff. One member of staff said, "The manager has been wonderful, her door is always open and I can discuss anything with her. She calls me to make sure that I am good and that the people using the service are good too." Another member of staff told us, "We work together as a team. The manager is very supportive and listens to what people using the service and staff have to say."

The manager told us that accidents and incidents were discussed at team meetings and measures were put in place to reduce the likelihood of these happening again. We saw that staff meetings were held every three months. These were well attended by staff. Items discussed at the January 2016 meeting included safeguarding people from abuse, reporting accidents and incidents, supervision, training, communication, double up visits and recording medicines administration. One member of staff told us, "The team meetings are good. We can express our views about the service and share our learning and experience. I find the team meetings are very helpful."

An officer from a local authority that commissions services from the provider told us there had been some performance concerns with the service from April 2015 onwards. The main issue had been poor organisation and missed visits. However there were major changes at the branch in September 2015, including new supervisors, care workers, branch manager and additional director scrutiny. Following a visit by another officer from the local authority in December 2015 it was noted that significant improvements had been made.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 15 Registration Regulations 2009 Notifications – notices of change</p> <p>The provider had failed to notify the CQC as soon as reasonably practicable to do so that a registered person ceased to manage the regulated activity.</p> <p>Regulation 15 (1) (a) and (b).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider failed to notify the Care Quality Commission of allegations of abuse in relation to people using the service.</p> <p>Regulation 18 (1) (2) (e).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There were no risk management plans or guidance in place advising staff how to support people where risks to their health and safety had been identified.</p> <p>Regulation 12 (1) (a) and (b).</p>