

Supreme Care Services Limited

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## Inspection report

Units G01/G02 Kings Wharf  
297-301 Kingsland Road  
London  
E8 4DL

Tel: 02038616262  
Website: [www.supremecare.co.uk](http://www.supremecare.co.uk)

Date of inspection visit:  
13 August 2019  
14 August 2019  
15 August 2019

Date of publication:  
24 September 2019

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Supreme care services is a domiciliary care agency providing support to 264 people. Not everyone who used the service received personal care. At the time of the inspection 215 people were receiving personal care support. The Care Quality Commission only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

Some people and their relatives provided negative feedback about their experience with contacting the branch office and the quality of communication with staff at the branch.

We have made a recommendation for the service to improve office communication with people and relatives who use the service.

People and their relatives told us they felt safe with the care workers and punctuality had improved greatly. The provider had put arrangements to help protect people from coming to harm as they had put in place clear risk assessments, guidance and support for care workers to follow when providing people with support.

People told us they received their medicines on time however where medicines needed to be given on an "as needed basis" there was not always a clear protocol to follow. This meant staff were not able to support people to have medicine support in this area.

We have made a recommendation for the service to address this issue in line with national guidance.

People received an in-depth initial assessment of their needs which looked at all areas of their life and existing health conditions. This meant people received a care package to meet their needs.

People told us staff had the skills and knowledge to perform their job well and staff received training and support to understand people's needs and the different types of health conditions they faced.

People told us they received support to have food and drink of their choice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People said staff were kind and compassionate and respected their privacy and dignity.

People were encouraged to maintain their independence and care plans focused on ensuring people were supported to do tasks for themselves where possible.

People were involved in planning their care and care plans met each person's needs. We found the service

reviewed people's care regularly to ensure changes were identified and care plans updated.

The service requested feedback from people using the service to improve care. Quality monitoring took place and the service worked with the local authority and other health professionals to share and learn best practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 15 August 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led

Details are in our well-led findings below.

Requires Improvement ●

# 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 checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by three inspectors and an assistant inspector. Two Expert by Experience made telephone calls during the course of the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

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. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with

key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 19 people who used the service and 12 relatives about their experience of the care provided. We spoke with 14 members of staff including the provider, registered manager, company secretary, administrator, call monitoring officer, field care officer and care staff.

We reviewed a range of records. This included 19 care records and multiple medicines administration records. We looked at 10 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted two professionals who work 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to ensure staff were attending people's care in a timely manner. The above issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff told us they were placed to work in areas close to where they lived to reduce travel times.
- The registered manager and provider explained the work they had completed to ensure calls were completed at the agreed times as chosen by people who used the service.
- We viewed a sample of call monitoring data which checked care workers were arriving at the correct times and there were no identified issues.
- After the inspection a small number of people felt timing could be improved. The service had a dedicated call monitoring officer who called to check care workers were arriving on time. The branch also performed a call preference exercise to check people received care at their chosen time.
- A member of staff said, "Sometimes the office will call as part of the monitoring process. So, if I'm running late they ask why. They take that serious. We have 15 minutes leeway to be able to attend to the service user [people who used the service], so if I don't get there on time the repercussions would be huge, that would affect their medication or the time they would usually have their wash or have food."
- Staff were recruited to the service following safe practices. Records confirmed the service checked new staff to ensure they were suitable to work with vulnerable people by verifying references, criminal records checks and right to work.

### Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding adults from abuse and child protection.
- Staff knew their responsibilities where they suspected someone was at risk of harm and told us about the different types of abuse such as emotional, financial and physical.
- Staff told us they followed their internal safeguarding policy and would report matters to the local authority, police, GP or the CQC.
- Staff we spoke to told us they would not hesitate to blow the whistle if they observed poor practice or the registered manager was not investigating allegations of abuse or taking their concerns seriously.
- A member of staff said, "No I cannot keep this type of information [abuse] to myself, I have to report it."

Another member of staff said, "It has never gotten to the stage where my manager hasn't done anything."

#### Assessing risk, safety monitoring and management

- The majority of people we spoke to told us they felt safe with their care workers. One person said, "I do feel safe with them." Another person said, "Yes we definitely feel safe with them."
- People had clear risk assessments providing information and guidance on how to reduce the risk of people coming to harm.
- People had risk assessments for falls, medicines, personal care, mental health conditions and self-neglect. Staff told us the information in the risk assessment helped them to keep people safe.
- Environmental risk assessments were performed to check people's home was safe for them and for staff to carry out their duties.
- At the front of people's care files the service had introduced a colour coded system to indicate who was at high, medium or low risk. This ensured people who had complex health needs and time sensitive medicines were seen on time. The service explained the system to people using the service so they understood it.

#### Using medicines safely

- People received their medicines in a safe way from staff who had been trained in medicines administration and had their competency assessed.
- Records showed staff completed medicine administration records (MAR) correctly and there were no gaps in the recording.
- Guidance for medicines which needed to be given "as needed" to people was not clear for staff or documented in medicine risk assessments so staff had clear information when to administer these medicines to people.

We recommend the provider seek and implement national guidance on supporting people with their medicines when these are prescribed to be given as required.

#### Preventing and controlling infection

- People were protected from the risk of infection as staff followed safe hygiene practices during personal care, administration of medicines and meal preparation.
- Staff were provided with personal protective equipment to protect them from the risk of infection, this included, gloves, aprons, shoe covers, arm covers and hand sanitiser.
- People told us staff wore protective clothing and maintained clean areas while working in their home.

#### Learning lessons when things go wrong

- Systems were in place to support lessons learnt after accidents and incidents.
- Staff gave examples of meetings they had attended after an incident or information sent via their work mobile to advise them on best practice and how to avoid a similar situation in future.
- Staff provided examples of the strict procedures they were to follow in the event there was no answer at someone's home to ensure people were safe. This included checking the property, contacting the office and health professionals before leaving the property.



# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant 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

- People received a comprehensive initial assessment before they started to use the service.
- The service used what they called a "strength based approach" to assess people's needs. Records confirmed this involved asking people what they could do with the skills and resources they had.
- As part of the initial assessment people were asked about health conditions, life history, important relationships and any specialist equipment they used so the provider had all the necessary information to decide if they could meet the person's needs and prepare care plans for them.

Staff support: induction, training, skills and experience

- People and relatives told us staff showed they had good skills to provide care and support.
- New care staff to the role were provided with a detailed induction where they were provided with policies and procedures, completed training considered mandatory by the provider and additional training and shadowed an experienced member of staff.
- A member of care staff said, "They asked me to follow [care staff] for three or five days, I had him for three days, he showed me what to do physically."
- Records showed staff completed a number of different training courses to support them in their role. These included; effective communication, handling information and conflict resolution, equality and diversity, dignity and privacy, fluid and nutrition, food hygiene, mental health, dementia, learning disability, autism, mental capacity act, emergency first aid, health and safety, fire safety, information governance and basic life support.
- A member of staff said, "Every month we have online training. You have to do it. Its compulsory. The manager will take you off the job if you don't do training."
- Staff received regular supervision and an appraisal which they said was useful. Staff told us they could seek support whenever they needed it.

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

- People told us staff supported them to heat and prepare light meals. People received sufficient amounts of fluids to drink and were left with a drink of choice by staff before they left.
- Staff encouraged people to stay healthy and provided positive advice as instructed in the care plan on healthy diet options.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Health professionals details were provided in people's care files. Records confirmed the service worked closely with people's GP, district nurse and social worker to provide people with prompt support.
- People were supported by other healthcare organisations to provide knowledge and support to the service and staff. A member staff told us some people were supported by the Alzheimer's society and this provided another area of support to deliver effective care to people.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- No one at the service was currently being deprived of their liberty.
- People told us their permission was asked before care was given and care plans directed staff to seek consent before providing care.
- People told us they were encouraged to make decisions for themselves and staff were there to support them with this where necessary.
- Where relatives made decisions on behalf of their family members because they lacked the mental capacity to do so, the service contacted the relatives to check they were legally able to provide consent on behalf of their family member.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were supported by kind and caring staff.
- A person using the service said, "They [staff] are very caring. They don't rush me. I do feel listened to. They rang me last week to see if everything was ok and they rang me when it was very hot recently."
- Relatives spoke well of the care staff who supported their family members. A relative said "They [staff] go above & beyond." Another relative said, "They are very polite, amazing in fact. [Staff] has a very good relationship with my mum."
- Care staff displayed compassion when speaking about the people they supported and showed respect to people's individuality. Staff did not discriminate against the people they supported regardless of their age, sexuality, race or gender.
- Care staff told us they enjoyed helping and being caring to people. A member of care staff said, "Because it's my nature I get liked by people. Office call me to go to people where there are issues. I get the person to talk more and relate more."
- A member of care staff said, "We have a zero tolerance on discrimination. We don't judge people." Another member of care staff said of respecting people who identify as lesbian, gay bi-sexual or transgender, "I am a professional carer. It is whatever their needs are. I do what is stated in the care plan."

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

- People were encouraged to tell staff what support they needed.
- Care plans stated people were to be "In charge of their own care". This supported the approach that people were to make decisions about their care as much as possible.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and staff explained the importance of respecting people's homes when they entered to provide support.
- One person said, "They respect my home and my wishes and they don't pry into my affairs." Another person said, "They don't ask too many questions, or wander around the house. I tell them things, but it's at my discretion what I tell them."
- A relative said, "They are very polite & very mindful of [person] privacy and dignity." Another relative said, "They always close the doors before doing his personal care."
- Care staff respected people's confidentiality and told us they did not discuss people's information outside of the service.

- People's care plans encouraged them to be independent and contained information on what staff needed to do to support them to maintain and develop additional skills.
- A relative said, "The carer encourages her to do things for herself. She won't do it for me, but she does it for the carer."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised and contained people's preferences of timing and male or female care worker, likes and dislikes, interests and goals they wanted to achieve through an outcome star. This is a tool to help measure achievements for people.
- People were involved in planning their care as were their relatives if needed.
- One person said, "I was told what to expect from the agency." Another person said, "The care meets all my needs, the carers make sure of that."
- Records showed care was reviewed by the service to ensure the package met people's current needs and field care staff visited people to discuss what was working well and what could be improved.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their care worker.

- People's communication needs were documented in their care plan. For example, guidance was given to care workers for them to speak slowly and clearly to people with hearing impairments or where English was not their first language.
- Care workers built relationships with people, so they could understand people's individual communication needs. Some people used gestures or body language to communicate their needs. Records we viewed confirmed this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to have engagement with the service and other people who used the service at coffee mornings. These had become more established and records showed people and staff enjoyed the time to interact with others.
- The service had introduced a befriending service where care workers volunteered their free time to spend a few extra hours with people who used the service to provide companionship. Records confirmed this took place and success stories had been documented.

Improving care quality in response to complaints or concerns

- People we spoke to told us they had never had to make a complaint but knew they could call the office if

they needed to do so.

- Care workers told us if someone was not happy with the service they would document the details and tell the branch manager.
- Records showed the service had a clear complaints folder which accurately recorded the nature of the complaint, the investigation, outcome, lessons learnt and action plan to prevent similar complaints from arising.

End of life care and support

- The service currently did not support anyone with their end of life care.
- Care plans contained a section where people's end of life wishes could be documented.
- This question was discussed at the initial assessment and those who wished to discuss it with the service were able to.
- Care plans recorded where people had a "Do not attempt resuscitation" order in place so staff and care workers were aware of this and could care for people accordingly.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to ensure the quality and safety of services received by people using the service was maintained. The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service had continued their work to ensure people were consulted and received care at times that suited them by updating the preferred visit times information.
- Where care workers were found to be constantly arriving late or not at people's agreed times they were brought to the office for supervision and possible disciplinary action.
- People had seen an improvement to timings and told us they were informed if care workers were going to be late.
- Care workers we spoke to told us the service was very strict on ensuring they arrived at their correct times. A care worker said, "The office tells us all the time to arrive at the agreed time. I have told staff who try to go early that is not good and I will not do that."
- People we spoke to thought the service listened to them, was well run and were happy with the care they received. However, feedback on people's experiences when contacting the branch for support and advice was mixed. One person said, "Sometimes I don't need a carer in the evening, and I tell them not to send anyone, but they still turn up; they seem to have a real communication problem with their workers. Even though I give them notice not to send a carer, they still turn up and I am still being charged."
- Another person said, "I think there is a serious communication problem with the office staff; the carers aren't too bad. The office staff never get back to me and they don't seem to deal with any issues we raise."
- Positive feedback from people included, "I wouldn't change anything about the service," "The staff in the office are very helpful," and "The office try and help us when they can and I get can easily get through."
- The registered manager advised all staff in the office were able to answer and support people who called for advice and the out of hours service was regularly manned and messages returned.

We recommend the provider review the quality of communication people and relatives have with office staff, in line with current guidance to help improve this.

- Staff knew who the registered manager was and the current management structure. A member of care staff said of the registered manager, "She is superb, she knows what she is doing."
- Some people were not sure who the registered manager was as they had not met them. However, records confirmed they had all been sent information on who she was.
- Office staff and care workers felt the service had improved and they were recognised more for their work. A care worker told us the service gave a "carer of the month award". Records in the office confirmed this.
- Staff stated the work environment had greatly improved. A care worker said, "A long time ago things were a bit bad but things have got better." The same member of staff said, "If I send an email, they respond, they are more supportive. There's been a marked improvement in the support received."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood their duty to report to the relevant authorities and the CQC when things went wrong.
- The registered manager was prompt, open and transparent when responding to complaints and safeguarding matters.
- Records confirmed the CQC had been sent appropriate notifications as required by the law.

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

- The service had a registered manager who knew what was expected of them and was committed to providing quality care to people using the service.
- Staff and care workers were clear on what was expected from them and this was discussed during their supervisions and team meetings.
- Records confirmed all staff attended regular team meetings. A care worker said, "It starts like training where they talk about policies, things we are supposed to do, challenges they are having. They will ask us what challenges and problems we have. They do listen."
- Care workers we spoke to advised they were reminded to be aware of their policies and procedures which supported the delivery of quality care. A care worker said, "We talk about safeguarding, privacy laws and medicines."
- The registered manager had a good oversight of the management of risks identified within the service. They updated their risk tool weekly to ensure people at high risk were receiving care on time and were prioritised.
- The service completed quarterly audits to check the quality of the service including the management of medicines, care plans, risk assessments and recruitment files to ensure carer workers were meeting people's needs.
- People confirmed they received random spot check calls to ask for feedback and to check staff were at the service were providing care as per the agreed package.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had established good links within the local community to help staff and people engage with the service. This included the local church, food banks, local hospital



- People, care workers, office staff and health professionals were asked to complete an annual survey to provide comments on the quality of care. The service used the information to make changes to improve people's experience of the service.

#### Continuous learning and improving care

- The service encouraged constant learning to help improve the quality of care.
- The registered manager advised they attended all provider forums where best practice was shared and the service used this as opportunity to learn and share information with all staff.
- A care worker told us learning took place all the time in their role. A care worker said, "Well they [management] have to make us aware of the way forward, keeping us addressed with development. If anyone has any issues they do welcome our opinions, they want to see if we have got anything."
- The registered manager explained they received an internal mock inspection every quarter similar to a CQC inspection. This was performed by other managers from the provider. Their latest inspection did not identify any issues.

#### Working in partnership with others

- The registered manager and provider worked closely with the local authority to drive improvement and ensure the service developed well.
- The registered manager said, "We want to be leaders in care and work in partnership."
- The local authority provided positive feedback on the service and the work they had done to improve. The local authority confirmed they had asked the service to attend meetings to share their training and best practices.
- The registered manager told us they had been asked to share best practice, training sessions and their care plan documentation with other local boroughs as examples of good practice.