

Super Healthcare Ltd

Superhealthcare

Inspection report

134 Westborough Road
Westcliff-on-sea
SS0 9JF

Tel: 03339874042

Website: www.superhealthcare.co.uk

Date of inspection visit:

14 July 2022

15 July 2022

18 July 2022

Date of publication:

02 September 2022

Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Superhealthcare is a domiciliary care service providing personal care for people living in their own homes. At the time of our inspection there were six people using the service.

Not everyone who used the service received personal care. CQC 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

Recruitment practices continue to not be safe and operated in line with regulatory requirements. Quality assurance arrangements remain unreliable and ineffective to identify shortfalls and make the required improvements. Improvements were required to ensure the proper and safe use of medicines. We could not be assured all staff employed at the service had received appropriate training or induction. The provider's supervision and 'spot visit' arrangements required improvement.

Information relating to people's individual risks were now recorded for the safety of people using the service. People and those acting on their behalf told us they or their family member were safe. People told us they had not experienced any occasions whereby they had not received support from the domiciliary care service. Staff enjoyed working at the domiciliary care service.

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. However, where restrictions were in place for individual people, the reason for the restriction was not recorded to evidence these had been agreed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate [published January 2022].

The provider completed a monthly report after the last inspection to show what they were doing to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains Inadequate.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Superhealthcare on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified continued breaches in relation to the provider's governance and recruitment procedures at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to receive a monthly report from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and Local Authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Superhealthcare

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by two inspectors.

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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. The registered manager is also the provider.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 July 2022 and ended on 18 July 2022. We visited the location's office on 14 July 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us 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 two people who used the service and one person's relative about their experience of the care provided. We spoke with four members of staff and the provider. We reviewed a range of records including three people's care and support plans, risk assessments and daily care notes. We reviewed two people's medication administration records. We reviewed three staff personnel files and the provider's staff training plans. We looked at the provider's arrangements for managing the service, for example, satisfaction surveys.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Inadequate. The rating for this key question has remained Inadequate.

This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

- Medication Administration Records [MAR] did not provide assurance people using the service received their medication as they should.
- We found unexplained gaps on the MAR forms for two people, giving no indication of whether they had received their medicines or not, and if not, the reason why was not recorded.
- The MAR form for one person recorded they had refused their pain relief medication on 17 occasions. It was not clear if this medicine was prescribed to be taken routinely or PRN [as required]. No information was recorded to demonstrate the action taken, for example, to discuss this with the person's GP.
- Not all staff who administered people's medication had received training or had their competency assessed through direct observation to ensure their practice was safe. For example, the MAR forms for two people recorded one member of staff had administered two people's medicines on 12 occasions but they were not appropriately trained.
- Medication audits were not completed to make sure MAR forms were completed to a good standard or to identify errors and lessons learned.

The provider was not ensuring the administration of people's medication was safe or that staff responsible for the administration of medication were suitably trained and competent. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

At our last inspection to the service in November 2021, the provider's recruitment practices were not safe. This was a continued breach of Regulation 19 [Fit and proper persons] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We imposed urgent conditions on the provider's registration. Enough improvement had not been made at this inspection and the provider remained in breach of Regulation 19 for a fourth consecutive time.

Staffing and recruitment; Learning lessons when things go wrong

- The provider's recruitment practices remained unsafe and lessons had not been learned to make the required improvements. No recruitment files were available for three members of staff.
- No Disclosure and Barring Service [DBS] checks were completed for these staff. Disclosure and Barring Service [DBS] checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. A risk assessment was not completed or considered to assess and manage the risks relating to them commencing employment prior to receiving the outcome of their DBS status.

- No information was recorded or available to demonstrate the 'Adult First' or 'Update Service' had been checked for these staff. The 'Adult First' check is a service that allows an individual to be checked against the adults' barring list. The 'Update Service' check allows organisations to see if any relevant information has been identified about an individual since their DBS certificate was last issued.
- Where recruitment files were in place for staff employed since our last inspection, not all recruitment checks had been completed in line with regulatory requirements. For example, only one reference for two out of three members of staff, no recent photograph and the DBS for one member of staff was received after they commenced in post.
- A written record was not completed or retained for all but one member of staff, to demonstrate the discussion taken place as part of the interview process and the rationale for staff's appointment. This showed robust measures had not been undertaken to make an initial assessment as to the applicant's relevant skills, competence, experience for the role and to narrow down if they were suitable.
- Profiles for two out of three agency staff members had not been sought to provide assurance they were suitable to work with vulnerable people and that all required checks had been completed by the external agency.
- No workplace adjustment had been made for staff who had a disability or specific medical condition, so they could effectively communicate with the people they supported and the staff they worked with.

The registered provider was not familiar with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff or following their own recruitment policy and procedures. This was a continued breach of Regulation 19 [Fit and proper persons employed] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- The service did not use an automated checking system that enabled the provider to monitor people's call times. The provider told us this was planned to enable them to monitor 'missed' and 'late' calls. Currently, the provider was reliant on information being relayed to them by people using the service, those acting on their behalf or by staff. Following discussion with the Care Quality Commission during the inspection, the provider purchased a call monitoring system via an external company.
- People confirmed they had not experienced any occasions whereby they had not received support from the domiciliary care service [missed calls]. One person told us, "Staff have been today, they always come at the right time. They stay the amount of time they need to."

At our last inspection to the service in November 2021, the provider had failed to record or report all safeguarding concerns. This was a breach of Regulation 13 [Safeguarding service users from abuse and improper treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We imposed urgent conditions on the provider's registration. Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and had no concerns about their safety or wellbeing when staff visited them. One person told us, "I am happy and safe. I know how to get my point across. I'm quite happy with Superhealthcare, the whole team are brilliant." Relatives told us, "The care is really good, [relative] is safe and everything is being done properly" and, "[Name of relative] is safe, they are in heaven."
- Staff understood what to do to make sure people were protected from harm or abuse. Staff confirmed they would escalate concerns to the registered manager and external agencies, such as the Local Authority, police or Care Quality Commission.
- The registered manager was aware of their responsibilities for reporting safeguarding concerns to the Local Authority and to the Care Quality Commission.

Assessing risk, safety monitoring and management

- Risks to people were assessed, recorded and managed to enable people to live in their own homes safely.
- Risks presented by the pandemic had not been identified for staff at Superhealthcare. This meant staff who may be at increased risk of contracting COVID-19, for example, those with underlying health conditions and including staff from black, Asian and ethnic minority groups were not identified.

Preventing and controlling infection

- We were not assured all members of staff employed at the service had received appropriate training relating to infection, prevention and control, COVID-19 or 'donning' and 'doffing' training. The latter refers to the putting on and taking off Personal Protective Equipment [PPE].
- Staff had access to PPE, including face masks, aprons, gloves and hand sanitiser, and confirmed adequate supplies were available.
- The provider confirmed staff were undertaking COVID-19 testing in line with government 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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found improvements were required to ensure the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Where restrictions were in place, the reason for the restriction was not recorded to evidence these had been agreed as part of 'best interest' procedures. A 'best interest' assessment determines the person's wishes and whether any restrictions in place are in the person's best interest. This was where people had bedrails in place to keep them safe and where one person's cigarettes and lighter were held by staff for safekeeping.

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 our last inspection we rated this key question Inadequate. The rating for this key question has remained Inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our last inspection to the service in November 2021, the provider had failed to ensure robust governance arrangements were in place. This was a continued breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We imposed urgent conditions on the provider's registration. Enough improvement had not been made at this inspection and the provider remained in breach of Regulation 17 for a fourth consecutive time.

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

- The quality assurance and governance arrangements in place were not effective in identifying shortfalls in the service or making the required improvements.
- Since December 2021 a monthly written report had been forwarded to the Care Quality Commission detailing how the provider oversees the service in key areas, for example, recruitment practices and procedures.
- The provider's reports February 2022 to April 2022, provided no information relating to recruitment practices. In May 2022, the provider's action plan confirmed recruitment procedures were being followed. However, this did not concur with our findings as detailed within the safe section of this report. This demonstrated the provider failed to monitor progress against their monthly reports and action plans to improve the quality and safety of the service.
- Evidence of the provider's audits and governance arrangements showed the only audits completed related to falls and pressure area care. The provider confirmed no other audits were completed. This was not in line with the provider's quality assurance policy and procedure.
- As detailed within the safe section of this report, MAR forms did not provide assurance people using the service received their medication as they should. The provider confirmed they had not carried out an audit of the MAR forms and were therefore unaware staff were not completing these correctly and required further support.
- There was no analysis, follow up, or investigation to identify the potential causes of injuries sustained by people using the service. For example, unexplained bruises identified on body maps.

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

regulatory requirements

- The provider did not ensure records relating and relevant to people employed at Superhealthcare were completed and available. This referred to no records of induction available for eight members of staff. There was no evidence of training for four members of staff. Staff training information for other members of staff recorded many training courses as "pending." The provider's governance arrangements had not picked this up.
- Not all newly appointed staff had received supervision or 'spot visit' checks. The latter is where a representative of the organisation can observe the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations. This had not been picked up by the provider's governance arrangements. One member of staff told us they had not received any supervisions or spot visit checks since commencing in post in December 2021.

Effective arrangements were not in place to assess and monitor the quality of care provided, to ensure compliance with regulations. This was a continued breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- Staff were aware of their roles and responsibilities and enjoyed working at the domiciliary care service. Staff told us they were supported and received good support from the provider. Comments included, "I get lots of support", "

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

- Arrangements were in place for gathering people's view of the service they received and those acting on their behalf. Information available showed customer satisfaction surveys were completed in July 2022. All areas were marked as either "good" or "outstanding". One person wrote, "[Name of staff member] is always on the ball, no stopping them. If I drop things, they pick them up. I can relax when having a bath knowing I won't fall. They [Superhealthcare] have upped their standards 100%. They [staff] really know their job, honest, trustworthy and reliable."
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service.

Working in partnership with others

- Information demonstrated the service worked closely with others, for example, the Local Authority and healthcare professionals.