Supreme Company and Sons Limited

Supreme Homecare

Inspection report

11 Burford Road
London
E15 2ST

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24 October 2016

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Supreme Homecare on 24 October 2016. This was an announced inspection. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. Supreme Homecare provides care and support to people in their own homes. At the time of our inspection, the service was providing care for approximately 65 people, with 30 of these people receiving personal care.

There was a registered manager at the service at the time of our inspection. 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.

During our inspection we found that care staff were consistently late to visits and people using the service and their relatives had complained.

Systems were in place to ensure that people using the service were safe. Care staff had undertaken training about safeguarding adults and had a good understanding about safeguarding principles and how to raise an alert.

Risk assessments were carried out and were detailed. Risk assessments were updated in line with people's changing needs.

Medicines were managed safely for people. Effective systems for the management, administration and storage of medicines were in place.

Care staff were aware of their responsibilities under the Mental Capacity Act 2005 and how to ensure people using the service were given support to make decisions.

Care staff received relevant training to their role as well as an induction programme and we saw records of robust recruitment. Relevant checks had been carried out before staff commenced employment.

Staff received appraisals, training, and supervision to support them in their role. The registered manager supported staff so that they were effective in their role to care for people and deliver quality care.

People had access to health care services to meet their needs. Referrals were made to health professionals when needed and visits to and from health professionals were recorded.

Care plans were detailed and person centred and people were involved in their care planning and decision making. Staff knew people well and understood their likes and dislikes. Staff were aware of people's

communication needs and adapted their communication methods accordingly.

Care staff provided care and support to people in a way which respected their dignity and privacy and people using the service told us about ways in which this was upheld.

The registered manager for the service had a good relationship with staff and the people using the service and their relatives. There was open communications between all parties.

The service had quality assurance methods in place.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of this report.

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 told us they felt safe with their care workers.

Risk assessments were in place and were updated according to people's needs.

The service carried out safe recruitment practices.

People were supported with medicines safely.

Is the service effective?

Good

The service was effective. People received care that was based on best practice from staff who had the relevant training.

Consent to care and treatment was sought in line with the Mental Capacity Act (2005)

People using the service were supported to have sufficient to eat and drink and maintain a balanced diet.

People using the service were supported to maintain good health and heave access to healthcare services and receive on-going support.

Is the service caring?

Good

The service was caring. People using the service told us about caring relationships that had developed between them and care staff.

People were supported to express their views and be involved in their care.

People's privacy and dignity was supported.

People were encouraged to maintain their independence.

Is the service responsive?

Requires Improvement

The service was not always responsive. People using the service and their relatives consistently reported that care workers were late for visits.

People preferences for their care was respected and reflected in care plans.

Care plans were personalised in accordance with people's needs.

Concerns and complaints were responded to.

Is the service well-led?

Good

The service was well led. The registered manager promoted a positive working culture.

Care staff spoke positively about the registered manager.

The registered manager engaged in local managerial networks to enhance their role.

There were quality assurance practices in place.

Supreme Homecare

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 checked the information we held about the service. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning teams that had placements at the service.

The inspection carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

During our inspection we looked at six care plans, staff recruitment records as well as policies and procedures. We spoke with 13 people consisting of eight people using the service and five relatives. We also spoke with the registered manager, compliance manager and four members of care staff.

Good

Is the service safe?

Our findings

People using the service told us they felt safe. One person using the service said, "Yes, I do feel safe with the carers." Another person said, "Yes I do feel safe, having had a stroke it leaves me with a fear of falling. I feel they are very competent people and I have confidence in them." A relative of a person using the service told us, "Yes, they handle [relative] safely."

The service had a safeguarding policy that clearly stated how to raise a safeguarding alert and who to contact. The registered manager told us, "I am confident in my staff. They'll always contact the office and tell me if they suspect anything." A member of care staff told us, "If I had a safeguarding concern I'd try and get advice, for example from the manager. If I suspected something about the manager I would contact social services."

The service had a whistleblowing procedure in place. This meant every member of staff was able to confidentially raise concerns about safety or practice without fear of reprisal. Staff we spoke with were aware of this procedure. One care worker said, "I have every confidence in the managers and so I can't imagine I'd ever need the formal whistleblowing policy but I'd have no hesitation in using it if I needed to."

Staff working at the service told us they knew what to do in an emergency situation and it was a condition of employment that all staff undertook basic life support training in line with the Resuscitation Council's best practice guidance. At the time of our inspection, all staff were up to date with this training. An on-call manager was available 24-hours, seven days a week to respond to emergencies or urgent situations. A care worker we spoke with told us they always received fast support when they had needed to use this and felt it ensured a high level of protection for them when working alone. One person using the service told us, "They have called an ambulance for me, they very very supportive." This meant the service had appropriate measures in place to ensure people were protected from avoidable harm and abuse.

Accidents and incidents were recorded and staff told us they would record any incidents and inform the manager. We saw records to confirm this as well as records for incidents that were investigated. Records showed these were done promptly and in partnership with other organisations such as the local authority.

Records showed the service had put in place risk assessments for people, appropriate for their needs. For example one person was assessed as being at risk of falls. Their risk assessment stated, "Care staff to always monitor [person] when coming down the stairs. Staff to walk behind [person] as the stairs are too narrow to walk side by side." Another person's risk assessment was in relation to their mental health and wellbeing and stated, "There is a slight risk in regards to the mental health of the service user who has a history of [mental health condition] and known to be aggressive. Carers must speak to service user calmly and always communicate their actions to avoid confusion." The registered manager told us about the risk assessment process and explained, "When we get a new service user we'll go in and do an assessment. We look at potential risk and document it in the care plan."

The service had an infection control policy in place and records showed that safe infection control practices

were in place. For example, one person was assessed as being at risk of infection. Their risk assessment stated, "There is a risk of infection if carers do not change catheter bag once a week as required." A catheter bag helps drain urine from the bladder. A relative of a person using the service told us, "The carers always carry their own gloves. They always clean up after themselves and take out waste and put it into the bins." Another relative of a person using the service told us, "They [care worker] wear gloves and aprons. They are very clean; I give them 10 out of 10 for cleanliness."

The registered manager told us about cover arrangements for any staff absences stating, "When this happens we have other staff that can step in. We'll always call the service user and let them know. We tend to look for cover in the area of the service user and we will always find somebody." They proceeded to explain that if they couldn't arrange cover, they would "Step in", themselves. They told us, "I have my uniform in my car. I am hands on."

The service had robust staff recruitment procedures in place. Records confirmed that various checks were carried out on people before they commenced working at the service including a Disclosure and Barring Service (DBS) check. This is a check carried out to see if prospective staff have any criminal convictions or if they are on any lists that prevent them from working in a care setting. Records showed the service carried out various checks on staff including employment references and proof of identification and records of previous employment history. This meant the service had taken steps to help ensure staff recruited were suitable for the role.

All care staff undertook training in medicines management and administration. Staff demonstrated knowledge of the principles of safe medicines management and were aware of the procedures to follow in the event of an error or where a person refused a dose of a prescribed medicine. The registered manager told us they carried out medicine audits to ensure the safe administration and recording of medicines and records confirmed this was the case. The registered manager told us the process for medicine errors stating, "Staff need to inform me of the error. We would then speak to the GP who will give us advice. If this happened, the carer would be given refresher training [on medicines]." A member of care staff also said, "If I had any issues with medicines, I'd always call the office for advice." This meant that care staff and management had protocols in place to manage medicines.

Good

Is the service effective?

Our findings

The service supported all care staff to achieve at least a level two National Vocational Qualification (NVQ) in care as well as the national Skills for Care Certificate. The Care Certificate is a staff induction training programme specifically designed for staff that are new to the care sector. This assessed staff in their competency of 15 core standards and included a self-reflection exercise in which each individual identified their strengths and areas for development with a manager. This process led to additional specialist training such as physiology of the spine, anatomy and team leading knowledge. As part of their work towards completing the Care Certificate, staff were observed during tasks with people they cared for and assessed for their demonstration of safe practice and courteous and kind behaviour. Supervisors were supported to work towards a level three NVQ and records showed one member of staff had been supported to begin level four study.

New staff were provided with a one-month 'corporate induction module' with a mandatory pass mark of 100%. This included completion of the provider's mandatory basic training programme that included topics such as moving and handling, infection control, the dignity code of practice and safeguarding. One member of care staff told us, "The induction was good, there were good trainers and I learnt everything quickly."

Staff were encouraged to identify their own training needs during appraisals through an annual manager-led 'training needs analysis' and during three-monthly supervisions. One member of care staff told us, "I have one to one sessions and they are very good." Supervisions were used to identify development needs and highlight areas of good practice for each member of staff. Records confirmed that supervision was taking place every three months and we saw that comments on these records were supportive and constructive. In addition records showed that practice was improved through monitoring visits and supervisions. For example, some staff had been supported to undertake English language lessons to help improve their speaking skills and another member of staff had been supported to improve their written English to ensure service user records were completed to a high standard. This meant that the service was responsive to staff training and development needs.
Staff supervision processes were robust and ensured people received safe, high quality care from staff who were managed appropriately. Care staff received spot-check monitoring visit every three months. This was conducted by a senior care worker or the registered manager and assessed them on seven key aspects of the care visit, including accuracy of documentation and timekeeping.

Staff meetings took place every three months and were repeated over a number of days to give more staff the opportunity to attend without interrupting their care schedule. We asked a care worker about this. They said staff meetings were "Useful" and were often how they found out about training opportunities and learning from incidents. Each meeting had a theme, such as 'policy and reporting' or 'privacy and dignity'. This ensured staff received regular updates on topics that affected their work. A number of standing agenda items were common to every staff meeting, including timekeeping and the use of mobile phones whilst at work. Records showed that these meetings resulted in improved practice, for example, a meeting in October 2015 encouraged staff to promote the independence of the people they looked after by working with them to ensure the daily tasks they wanted to complete themselves were safe and appropriate. Records of spot-

check monitoring visits after this date indicated staff had followed this guidance and enabled people to maintain their independence in some daily tasks.

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.

We found the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service. Care plans captured consent for treatment. The registered manager demonstrated their understanding of the MCA and told us, "We don't just assume someone doesn't have capacity. We have to carry out an assessment. We must go through the process and we will do a joint assessment with the local authority if needed."

Care staff were assessed on their ability to support people to have enough to eat and drink as part of a balanced diet during three-monthly care monitoring visits. Each member of staff also had up to date nutrition and hydration training, which included the accurate completion of food and fluid charts. People using the service were supported with meal preparation. One person told us, "I have porridge every day, microwave meals, I am quite satisfied. My [relatives] do the shopping and carers will get anything else I need." Another person using the service told us, "[Carer] always makes sure I have something to eat." Daily records showed that people were offered a variety of foods in accordance with their preferences. A member of care staff told us, "I always ask what they want to eat."

Care staff worked with social workers when a person's condition improved or deteriorated to make sure their care plan remained appropriate. This demonstrated a collaborative approach to care planning that involved the care staff who knew people well. Staff were also able to support people in making appointments with health professionals such as a GP or dentist. One person using the service told us, "They assist me to go to the GP or hospital appointment."

Good

Is the service caring?

Our findings

People using the service told us their care workers were caring and supportive. One person using the service said, "[Care worker] is very kind, caring and patient." Another person using the service told us, "The staff are nice, they are sociable and we have a laugh." A third person told us, "[Care worker] gets me ready for church and helps me to feel good."

Care plans contained details about people's families, for example their children or grandchildren as well as religious and cultural needs. For example one person's care plan stated, "Staff to ensure they have their shoe covers on when accessing the property as per religious beliefs."

People using the service told us they felt listened to by their care worker and that positive and caring relationships had been formed, for example a person using the service told us that because of their medical condition it was difficult for them to communicate, but explained that, "[Care worker] takes time to listen to what I am saying." In addition, a relative said that this was the case and explained that their relative was given the opportunity every day to choose what they were going to wear and were supported accordingly.

One care worker described how they cared for a person who would often refuse to come out of their bathroom to eat or drink if they were anxious or upset. They had developed individualised, effective techniques to encourage the person to go about their daily routine and reduce anxiety including by using a specific tone of voice and demonstrating kindness and compassion.

People using the service told us they felt that their care workers were respectful and showed interest in their lives. One person told us, "I more or less have the same carer every day. I am satisfied and they also help me with my dog." Another person told us, "The carer has picked up some [of own language] from me and we have a laugh." A third person said, "They treat me very respectfully."

People using the service were supported to maintain their independence. One person told us, "The carers are very good. I do as much myself and they give me freedom as much as possible." A member of care staff told us how they promote people's independence stating, "Of course I promote independence. For example I've got a lady I go to every morning and she will tell me what she wants me to help with and she will do the rest herself."

Another person using the service told us, "I do really think they [care workers] are good. They always make sure things are according to plan and they don't skip over things."

A third person using the service told us, "Yes [care workers] are very professional."

A relative of a person using the service told us, "I can't fault the carers." Another relative of a person using the service told us, "[The care workers] talk and have a laugh with [relative]. They make a nice atmosphere."

On treating people with dignity and respect the registered manager told us, "The service user needs to be

respected and feel dignified. We are going in to their homes. For example, when we go into their homes, we make them aware that we are entering. When giving someone a wash, we make sure the door is closed and that their clothes are ready."

Requires Improvement

Is the service responsive?

Our findings

The service received consistent feedback from people using the service and their relatives about care workers being late for visits which resulted in people not always receiving person centred care. One person using the service told us, "Yes, they ought to have more staff, as sometimes I have to wait." Another person using the service explained how because of the consistent lateness of their care worker, their relatives are having to step in stating, "The family give the medication if the carers don't turn up." A third person using the service told us, "They don't let me know if they are going to be late. They don't miss a call though, I know they will come." A fourth person using the service explained, "The carers are due at 7pm and are late every time, they arrive at 7:30pm." A relative of a person using the service told us, "[Care worker] usually on time, sometimes late but we are not informed but they always come." Another relative of a person using the service told us, "Last week [care worker] didn't come in time to get [relative] ready to go out. They didn't ring and say we haven't got a carer. If I am informed I could get [relative] ready but they don't. [Relative] gets stressed as we have to rush. They are very apologetic but I'd rather be informed when they can't come or are going to be late. This has happened four times over a year and a half." Another person using the service told us "Sometimes they are late and don't always let you know. One day a week a carer comes in late as she has to rely on public transport."

Records also showed that people were making formal complaints about the lateness of care workers. We saw records of complaint logs that showed the service was responding in the specified response time. A complaint log from April 2016 stated, "The carer is always arriving 20-30 minutes late". The record stated "The carer involved was spoken to in the office and given a verbal warning. Following this, the carer was monitored and once the issue was not solved carer was taken off job and replaced".

We also saw that care worker lateness was reported in the service's routine quarterly telephone surveys and we saw records of this. For example we saw a record of a telephone survey carried out in June 2016 where a relative of a person using the service stated that, "On weekends [carer workers] are very late, especially on Sunday." We saw records for another person's telephone survey from June 2016 where the person using the service stated, "Evening they're late. Sometimes people are very late. Good service but lateness can be improved."

The registered manager told us they had addressed short-staffing at weekends by restructuring the pay package for all care staff to make weekend shifts more attractive. The registered manager told us this had stabilised weekend staffing levels. The registered manager also said, "Since the reshuffle the complaints have reduced about lateness. We're very proactive in responding promptly to complaints and we like to deal with them at a low level and resolve them as quickly as we can." They also explained to us in relation to the consistent feedback of lateness, "We try and work out what is best for the client and try to reorganise the rota to accommodate for travel time. We are trying to put staff near the service user's area."

The registered manager and administrators at the service told us they used a live 'visit log' system to identify when care workers may be late for visits. The registered manager told us that staff called the office if they were going to be more than 15 minutes late for a visit and the electronic system allowed the office-based

team to pre-empt problems later in the day. This enabled the registered manager to call people who used the service to let them know if a visit would be delayed, however there were still consistent reports of care workers being late and not being informed in time. Despite this system, we still received feedback and saw records about care worker lateness. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care workers told us how they got to know people using the service. One member of care staff explained, "If it's a new client they will have a care plan, there is always documentation. I speak to people and they tell us what they like and don't like". Care plans contained personal information such as next of kin, GP and social worker. They also contained detail about people's needs. People's daily routines were described and the support they would receive from their care worker, for example support with personal care. In addition, we saw records of people's daily records of care and these were reflective of what was described in people's care plans.

A member of care staff told us how they ensured the care they provided was individualised, including for people with dementia. They said, "Our training is very good and we get to develop a good understanding of how dementia affects people as well. It's really important we have unlimited patience and kindness with people. By using that I've built very good relationships with the people I look after." We asked a member of care staff about caring for people who presented with aggressive behaviour due to dementia or diminished mental capacity. They said, "This sometimes happen when people are anxious because we're just getting to know them but is very rare with people we know well. If something unusual happens it's usually because a member of staff the person is unfamiliar with visits them but we try and avoid this by fully briefing everyone." This meant that care staff knew the people they cared for well and knew how to handle people's differing needs.

When the provider agreed to provide care for a person for the first time, there was a process in place to ensure the care staff assigned to them had the appropriate skills and could build a positive relationship. As part of this process a manager would introduce the person and their family to carers and give them time to find out if both parties were happy with the arrangement. This included matching the person with male or female carers according to their preference.

One person using the service told us they consistently had the same carer stating, "I have a regular carer every week day." Another person using the service told us, "They come twice a day. The most regular lady comes during the week and another carer every weekend." A relative of a person using the service also stated, "We always have a set three girls." A third person using the service explained, "As I can't see, I get a regular carer and the office knows my situation."

Records showed that care plans were reviewed and any significant changes were recorded. People using the service told us about their involvement in reviews. The registered manager explained the review process to us stating, "Reviews are every year but if there are changes before one year, we will record it. Sometimes there are no changes. For the reviews we invite family and advocates if there is a need for one." One relative of a person using the service told us, "Yes, we have a care plan and it has been reviewed with us and my [relative]."

Good

Is the service well-led?

Our findings

The registered manager told us about their management style and stated, "I started as a care worker in 2001 and progressed. I know what it's like to be a carer. We don't have to wait until supervision to talk, staff can speak to me at any time." They also said, "I am very proactive and deal with things as they come. I have an open door policy and having an open plan office helps. We all communicate freely and have good relationships with care staff as they are the foundation." They continued to explain to us, "I tell staff they can come in whenever they want to talk. If they're ever unhappy with me they can always speak to the director, that way we can work as a team." Care workers told us they felt supported by the registered manager with one telling us, "I can explain and communicate if I have any issues, there is an open door policy and I can go to the office as it's not far from where I live." Another care worker told us, "She is a good manager."

The registered manager told us about the support they received as a manager and advised, "I attend training as well and I receive one to one supervision from the director. He's easily accessible even whilst he is abroad. He is very supportive." They also told us about the director's role in her absence, "When I am not here the director will take over and also the compliance officer, so there is always cover."

The registered manager told us they were "Proud" of the work they had done with the local authority stating, "We've done really well with the contracts and our relationship with the local authority; we pride ourselves as one of the best". They also told us their involvement within networking groups and said, "We go to provider forums for the local authorities and I go to a professional networking group."

The registered manager told us that all care staff employed at the service had a zero hour contract. This meant the provider was under no obligation to guarantee working hours and staff were free to seek employment elsewhere. We asked a care worker about the practicalities of this and how they managed it alongside the importance of continuity of care. They said, "This actually works really well. We have flexibility and managers are very fair in how they allocate work. It means I don't take on more than I can handle and the [people] I look after get to know me well and they get continuity of care."

The registered manager told us they recognised the need to reward staff for good service as a strategy to sustain the workforce and reduce staff attrition. To achieve this they provided an end-of-year staff awards ceremony and a social outing for the whole team. They also told us that staff received a pay rise each year so that the longer they had worked there, their hourly rate would be higher.

The compliance manager held responsibility for quality monitoring and ensuring the service provided consistent, high quality care. Quality assurance processes included quarterly telephone surveys with people using the service and their relatives. The registered manager told us, "I know we are providing consistently good care through the feedback we get, we have open communications with service users and their families." People using the service told us they knew who the manager of the service was and said that they did not have a reason to contact the manager, although they would feel comfortable to do so if necessary. A relative of a person using the service told us, "They seem to know us at the office and are familiar with us."

In addition, the service had recently sent out staff surveys. A member of care staff told us, "I have just received a staff survey to fill in, I haven't done it yet."

There were policies and procedures in place to ensure staff had the appropriate guidance. The policies and procedures were reviewed and up to date to ensure the information was current. We looked at a variety that included safeguarding, accidents and incidents, infection control, restraint and challenging behaviour. The registered manager communicated changes to policies, practices and guidelines by e-mail, text messages and staff meetings.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The consistent levels of care staff being late to visits meant that care and treatment of service users were not always meeting their needs and preferences. 9 (1) (b) & (c)