

Super Healthcare Ltd

Superhealthcare

Inspection report

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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

Super Healthcare Limited is a domiciliary care agency providing personal care to people in their own homes. 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. At the time of the inspection we were given contact details for six people, however this was not correct and we unable to ascertain how many people the service was supporting.

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

People's risks and care needs had not been properly assessed or documented. There was a lack of information about how staff should support people with needs such as mobility, diabetes and medicines.

The registered manager had failed to ensure staff were recruited safely. There were no records to show if staff working for the provider were of a suitable character to work with vulnerable people.

The registered manager was not following current government guidance in relation to infection control. Staff were not taking part in regular testing for COVID-19 which placed people at risk of being exposed to the virus.

There were widespread and significant shortfalls in the way the service was led. Governance and quality assurance systems were not in place to monitor the service and ensure people were receiving safe and appropriate care.

The registered manager had failed to act on the findings of the previous inspection and make improvements to the way the service was run.

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 requires improvement (published 27 April 2020) and there were multiple breaches. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, improvements had not been made and the provider was still in breach of regulations.

Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person using the service sustained a serious injury. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of people's

care in relation to scalding. This inspection examined those risks.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the management of risk, safe staff recruitment and weaknesses in the management of the service 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 requested an action plan 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore 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 six 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?

The service was not safe.

Details are in our safe findings below.

Inadequate ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

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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 one inspector.

Service and service type

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

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 short 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two advocates/relatives about their experience of the care provided. We spoke with four members of staff including the provider/registered manager, staff trainer

and care workers.

We reviewed three people's care records and one medication record.

After the inspection

We requested further information and continued to seek clarification from the provider to validate evidence found. We asked the provider to respond urgently to us to gain assurances about actions they would take to ensure people received safe care.

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

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- The registered manager had failed to put in place systems and processes to identify and manage risk. Where risk assessments had been completed, they were inadequate. This put people at increased risk of harm.
- Two people were identified as having reduced mobility requiring the use of specialist equipment. There were no risk assessments or information about what equipment people required or how staff should support people. People's risks were not being managed or mitigated placing them at risk of harm.
- Where people had been identified as experiencing behaviour that challenged there was no information or risk assessment in place. The care plan did not guide or inform staff about what could trigger behaviour, what to look for, or how to support people and reduce the risk.
- Another person had a medical condition and could become unwell very quickly. There was no risk assessment or care plan in place to inform staff how to recognise if this person was becoming unwell or how to support them. This meant there was a risk staff would not take the appropriate action to keep the person safe.
- The registered manager had failed to carry out risk assessments and put in place care plans for three people using the service to ensure people received the care they needed. Staff told us they had pre-assessments carried out by the local authority to work from. A relative said, "There is no paperwork from the agency."
- The registered manager had recorded incidents and accidents when these had occurred, but there was no evidence to show how lessons learned had been shared with staff or used to drive improvement. We saw where there had been an accident resulting in a serious injury, no actions had been taken to prevent it from happening again.

Using medicines safely

- Systems were not in place to support safe administration of medicines. There was a lack of information about how to support people to take their medicine at the right time and in the right way, or if they had any allergies.
- People did not always receive their medicines safely. One person's Medicine Administration Record [MAR]

had not been signed on three dates. There was no documented information available relating to these omissions, therefore, we could not be assured the person had received their medicines on this occasion.

- Staff told us the registered manager observed them giving people their medicines. One staff member said, "I had full medicines training at my previous job. The registered manager watched me doing medicines."
- The training records and competency assessments were not available for us to inspect, therefore we could not be assured staff were trained and competent to give people their medicines as required.

Preventing and controlling infection

- People and staff were not always protected from the spread of infection. The registered manager had failed to apply for testing kits or ensure staff were undertaking COVID-19 testing as per current government guidance. At the time of the inspection staff had not been tested for three weeks. Staff told us they had been caring for people recently who had tested positive for COVID-19 as the service was working with the local authority to support the hospital discharge people with a positive COVID-19 result. This meant people using the service were being placed at increased risk of being exposed to COVID-19.
- The registered manager had failed to risk assess staff or people using the service to identify those at higher risk from contracting COVID-19, for example older people and those from Black, Asian or minority ethnic groups. This meant people's risk were not known and could therefore not be managed or mitigated.

The provider had not done all that was reasonably possible to mitigate, minimise and manage the risk of avoidable harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection, the provider had failed to ensure staff were recruited safely. This was a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- The registered manager failed to provide evidence recruitment checks had been carried out as part of the recruitment process. This meant we could not be assured staff were recruited safely or where suitably skilled or qualified. For example, we were only provided with three Disclosure and Barring Service [DBS] certificates. Providers are required to carry out a DBS check on all staff to ensure they are suitable to work with vulnerable people
- Staff told us they shadowed the registered manager and had been given training when they commenced their role. However, the registered manager has failed to provide any evidence of staff training and competence.
- The registered manager said the company was experiencing problems with retaining staff. Although they were able to provide the care and support people needed, this was only possible if the registered manager and the staff trainer also provided care to people.

The provider had failed to ensure there was always safe recruitment procedures in place. This was a breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were no staff rota's in place. Staff told us the registered manager told them each day what they

would be doing. One staff member said, "I've not seen a rota [name of registered manager] calls every day and tells me where I need to go."

- There were enough staff to meet people's needs however, this was only possible if the registered manager and staff trainer provided care. A staff member said, "They are short staffed."
- People told us staff arrived when they were expected. One person said, "They come every day and stay as long as they need to."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One relative said, "[Staff member] knows what they are doing, we are safe."
- Staff said they had received training on safeguarding and whistleblowing and knew how to report concerns. One staff member said, "I would go straight to the registered manager or the local authority or police ." However we did not see any safeguarding referrals.

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 now deteriorated to 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 the provider had failed to ensure robust governance systems were in place to manage the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Following the previous inspection of Super Healthcare Limited, the registered manager had submitted an action plan telling CQC what they would do to improve the service. At this inspection we found the proposed actions had not been implemented and improvements had not been made to the management of the service.
- Roles and responsibilities were not clearly defined. The registered manager, who was also the provider, had continued to focus on providing personal care to people. This meant they were not carrying out the role of the registered manager. For example, they were not actively identifying risk or engaging in driving improvement at the service.
- The registered manager did not have oversight of the service to ensure people were receiving safe care. Audits were not carried out and the quality of service people received was not monitored. This meant that aspects of the service were not always safe. For example, there was no call monitoring system or audits in place. The registered manager told us there had been incidents relating to call times identified in the past, but a system had yet to be put in the place to address this. Following the inspection, the registered manager informed us they had put a system in place to monitor calls.
- As part of our inspection we requested the contact details for people using the service. We were told the service was providing personal care to eight people, but we only received details for six people.
- During our calls with staff we were given the names of three other people and were therefore unable to identify how many people were using the service. This demonstrated a further lack of oversight and poor record keeping by the registered manager.
- The registered manager had failed to demonstrate they were meeting regulatory requirements. For example, they failed to provide recruitment records for staff employed at the service as they could not be located.
- Staff had not received regular supervision and the registered manager had failed to undertake spot

checks. The registered manager told us they had carried out some supervisions over the phone but had not made any record of these. Staff said they had received a good induction and some training but there were no records available to demonstrate this.

- Staff meetings had not been carried out.
- Surveys to gather feedback about the service had not been carried out. This meant that the registered manager did not understand which aspects of the service needed to be improved or what people's views were.

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

- The registered manager was aware of their responsibility under duty of candour to be open and transparent when things go wrong. However, they had not been working towards the action plan submitted to CQC after the last inspection and had not completed the actions they told us they would to ensure the service was safe and well-led.
- People and their relatives said they received good care and were complementary about the registered manager and staff. However, not everyone using the service had care plans and risk assessments in place to ensure staff were able to provide the correct support and deliver good outcomes for people. One relative said, "[Name of carer] knows what they are doing. I haven't had any concerns other than the paperwork not being provided." Another person told us, "[Name of registered manager] is very good, I prefer them. No assessments were carried out, I think they worked blind to get things going."

The provider did not operate systems effectively to assess and monitor the quality of care. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they enjoyed working at the service and felt supported by the registered manager. One staff member said, "[Name of registered manager] is lovely, made me feel comfortable. There is a lot of teamwork. [Registered manager] is always there, they don't leave you hanging."

Working in partnership with others

- The registered manager had been working with the local authority.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure staff were recruited safely.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to robustly assess the risks relating to the health safety and welfare of people.

The enforcement action we took:

We have served a notice of proposal to impose positive conditions.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure robust governance systems were in place to manage the service.

The enforcement action we took:

We have served a notice of proposal to impose positive conditions.