

# The Superior Healthcare Group Ltd

# Superior Healthcare

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Superior Healthcare is a domiciliary care service providing personal care. The service provides support to the whole population, including babies, children and adults with complex health needs including, physical disabilities, sensory impairments, and care at the end of their life. At the time of our inspection, there were 67 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

Feedback about the service was mixed. People told us, in general, the care and nursing staff were, "Excellent", some people described them as, "Angels". Concerns had been raised by a relative regarding short notice cover arrangements. The management team had apologised to the relative.

Care staff were knowledgeable about safeguarding adults' procedures.

Medicines were managed safely, and protocols were in place for people who were prescribed 'as required' medicines.

There were sufficient numbers of staff to ensure people usually received continuous care from staff they knew. Staff were safely recruited.

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.

The provider had systems in place to assess risks to people's health and safety. Care plans were detailed and provided staff with guidance to mitigate risk.

Staff followed infection control procedures, protecting people from the risk of infection. Most people we spoke with said they felt safe with the care and support of staff.

The provider had an effective quality monitoring processes in place.

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

The last rating for this service was good (published 4 February 2020). At this inspection the rating has

remained good.

#### Why we inspected

The inspection was prompted in part due to concerns received about instances of staff being found asleep on duty and management response to complaints. As a result, we undertook a focused inspection to review the key questions of safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Superior Healthcare on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# Superior Healthcare

## 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

This inspection was completed by an 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 27 April 2023 and ended on 9 June 2023. We visited the location's office on 27 April 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are

required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, quality manager, a regional nurse manager, and a human resources manager. We looked at 5 staff recruitment records and a variety of records relating to the management of the service including audits.

#### Following the inspection

We spoke with 11 people who use the service, or their relatives, about their experience of the care provided as well as 1 person who commissioned care packages with the service. We spoke with 6 care staff about their experiences of working for the provider and reviewed a range of records including 6 people's care records.

# 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 Good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- There were enough staff to meet people's needs. The service had received feedback from a health care professional noting, 'Superior have worked with us for the past few years and have assisted us with several cases, we receive consistent staff, and the staffing levels are good, we are informed of changes, and they maintain a great relationship with their stakeholders.'
- The management team monitored missed and cancelled calls to help drive improvements at the service. When possible, preferred care staff were provided. When this was not possible, the service had apologised.
- On occasions, when care calls could not be covered, the registered manager ensured there were alternative arrangements, such as family support, to provide support. The registered manager identified 2 occasions when wake night staff were found to be asleep on duty. Immediate action was taken to investigate and address this, as it posed a potential risk to the people supported.
- Most people and relatives said they received care from a consistent staff team. One relative commented, "Its usually regular faces, if there is anybody new, they have met [person's name] before they come to support him."
- We reviewed 5 staff recruitment files; the provider had made appropriate checks including taking references from previous employers and making Disclosure and Barring Services (DBS) checks. Disclosure and Barring Service checks provide information including details about convictions and cautions on the Police National Computer. The information helps employers make safer recruitment decisions.

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

- People were safeguarded from the risks of abuse.
- Staff felt confident to report any safeguarding concerns they had to the registered manager and were confident that action would be taken in response.
- Staff spoken with were able to describe signs of abuse and reporting procedures they should follow to keep people safe. All confirmed the provider had a whistle-blowing policy in place. A staff member commented, "We have absolutely been encouraged to whistle blow any concerns."
- The provider had a system in place to record all safeguarding concerns and actions taken in response, including notifying relevant agencies such as the local authority. A management audit had identified notifications had not always been submitted to the Care Quality Commission, following discussions with the local authority safeguarding authority. These were submitted retrospectively.

### Using medicines safely

- People's medicines were managed safely.
- Medicines audits completed were effective in identifying any errors or discrepancies in people's medicines

administration records (MARs).

- Some people needed medicines on an 'as needed' basis, such as pain relief. There were protocols in people's care records to provide instruction to staff on how to assess when people needed these medicines and how to administer them safely.

#### Assessing risk, safety monitoring and management

- The provider had systems in place to assess the risks to the health and safety of people and provide staff with detailed guidance to mitigate these risks.
- People told us they felt safe with the support of staff. One person told us how staff supported them to stay safe and commented, "I can't fault the staff at all, they are brilliant. I have 2 carers at a time, and I never feel unsafe with them."
- Staff we spoke with knew people well including the risks to their well-being.
- The provider completed a risk assessment of people's property to ensure both people and staff were safe.

#### Learning lessons when things go wrong

- The provider maintained a record of all accidents and incidents and the actions taken in response and to monitor them for trends and learning.
- The provider shared learning across all services. For example, where concerns had been identified at another office hub, action had been taken to increase monitoring of all branches.
- Staff knew how to report and record any concerns and said the management team were responsive.

#### Preventing and controlling infection

- We were assured that the provider was supporting people to minimise the spread of infection.
- People confirmed PPE (personal protective equipment) was used effectively when required.
- Staff confirmed a good supply of PPE was provided to them along with Infection control training.

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). 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.

- We found the service was working within the principles of the MCA. People told us they had freedom to do whatever they wanted and had consented to their care and support.



# 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 good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes to monitor the quality and safety of the service were effective. When shortfalls were identified, action was taken to address these.
- The quality assurance lead completed a review of monthly audits and compiled a quarterly quality analysis. This was reviewed by the registered manager and provider to look for trends, review performance against regulatory requirements and drive forward improvement. For example, the requirement for a risk register was identified to manage incidents more effectively.
- The provider was commissioning a bespoke electronic care system, capable of producing real time alerts and data. A trial run of an earlier system had generated an unmanageable number of alerts. To address this issue, management of care packages was broken down into hubs, making alerts more manageable for reintroduction with the new care delivery system. This would help address any future missed calls in real time, rather than currently relying on staff to notify the office, or people or their relatives telephoning if staff did not arrive.
- To address unfulfilled calls, the registered manager had put in place a rapid response team, know to and capable of supporting any of the people within a given hub. They were deployed to pick up any calls which were not met either through staff sickness or short notice absences. Most people we spoke with felt this system worked well.
- Where people had made a complaint and were not satisfied with the response or had raised further concerns before their original complaint could be addressed, the registered manager had appointed a senior staff member as a point of contact. This helped to ensure a focused response and managed expectations until the issue was addressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were involved in how the service was run. The provider had sought feedback from people, their relatives and professionals about their views on the quality and suitability of care and support delivered.
- The service received positive feedback from people, and these were recorded on a compliment register. One person noted, 'Thank you for everything you have done since my transition from the care home to my own house. I am sure that it would not of gone as well as it did if it were not for you overseeing the proceeding'.
- A health care professional gave feedback noting, 'I would at this stage like to thank everyone for their

absolute brilliance supporting [person], it was so amazing being able to sign off his goals for going home and I couldn't have achieved it without you all.'

- Staff felt respected, supported and valued by senior staff which promoted a positive and improvement driven culture.
- Most people told us they were happy with how the service was managed. They told us they felt the senior team were approachable.
- Staff meetings were used by the senior team to reflect on practice and raise any issues which needed to be addressed.
- Staff told us the registered manager and senior team were supportive, approachable and responsive to any queries or issues they raised.

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 provider understood their responsibilities under the duty of candour when something went wrong.

Working in partnership with others

- Staff worked in partnership with professionals from health and social care to support people's access to a range of services to meet their health and wellbeing needs. People's care plans contained evidence they had accessed a number of specialist health care services as needed.
- The provider was working in partnership with others. They attended local and national events and forums to make sure the practices they were following were current and best practice.
- They had signed up to well known, reputable websites to find advice and guidance such as Skills for Care and CQC Webinar. Skills for Care supports adult social care employers to deliver what the people they support need and what commissioners and regulators expect.
- The provider supported and worked with contemporary social care providers, they had arranged and completed fund raising activities and provided volunteer staff to support social events.