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CareSupreme

Inspection report

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16 August 2019
20 August 2019

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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Care Supreme is a domiciliary care service that provides support and personal care to people in their own homes in Weymouth, Dorset. 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 our inspection 4 people were receiving support with personal care.

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

People told us they felt the care they received made them feel safe and they were confident they were well looked after. Staff understood their roles and responsibilities in keeping people safe from harm.

Risks to people had been assessed and were managed safely by competent staff. There were systems in place to ensure people's medicines were managed safely in ways that suited their lives. People received the support they needed to maintain good food and drink intake.

Staff had been recruited and trained specifically to meet people's individual needs and to carry out their role safely and effectively. People told us they received the right care and support from staff who were well trained and knew them well. People also told us staff always arrived on time.

People received care as described in their care plans. People told us they received the help they needed in the way they wanted. They also told us that staff were kind and compassionate and always treated them with respect.

Care plans were designed to support people's independence and to ensure they lived their life the way they chose. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and family members knew how to make a complaint and were confident their complaint would be listened to and acted upon.

People and family members spoke positively about the management of the service and described the manager/provider and staff as approachable. Staff felt supported in their role and were committed to delivering the person-centred care, an approach they described as encouraged and modelled by the provider. Quality assurance systems were being developed as the service grew.

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

Rating at last inspection

This service was registered with us on 16 August 2018 and this was the first inspection.

Why we inspected

This was a planned inspection scheduled in line with our published scheduling guidance.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

CareSupreme

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

This 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 homes.

The service provider was also the day to day manager and was registered with the Care Quality Commission. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

The inspection activity started on 15 August and ended on the 20 August 2019. We visited the office on 16 August 2019.

What we did before the inspection

We reviewed information we had received about the service including the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with three people who used the service and received feedback from two relatives about their experience of the care provided. We spoke with two members of staff and the provider/manager. We also received feedback from a community healthcare professional who had worked with the service.

We reviewed a range of records. This included two people's care and medication records. We also reviewed records relating to the management of the service, including two staff files, a satisfaction survey and oversight of incidents and accidents.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them. Comments included: "They are brilliant, I absolutely trust them."
- Family members told us they were confident their loved ones were safe. Comments included "I am not worried about safety at all."
- Staff received training and had access to relevant information and guidance about protecting people from harm. Staff were able to describe indicators of abuse and were confident that they would be able to report any safeguarding concerns.

Staffing and recruitment

- There was a recruitment system in place designed to minimise the risks of abuse to people. This included checking new staff were suitable to work at the home by seeking references and carrying out a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff personal files contained all required information to support safe recruitment practices. The manager had started to involve people in recruiting the staff who would support them.
- Sufficient numbers of suitably qualified and trained staff were employed and deployed to meet people's needs. People told us staff always visited at the times agreed within their care plans.
- People were supported by regular staff and commented on how important this was to them.

Assessing risk, safety monitoring and management

- Individual risks to people and the environment were assessed and people felt involved in this process. One relative told us: "There was a thorough assessment in terms of safety." Some equipment used had not been identified or risk assessed. The manager addressed this immediately.
- There was guidance available to staff to regarding how to reduce the risks people faced. Staff were confident in describing risks and how people liked to be supported to stay safe.

Using medicines safely

- People, and relatives were happy with the support they received around medicines and described how this was managed in ways that met their individual and changing needs. Medicines were administered by suitably trained staff.
- The method one person used to maintain independence with their medicine involved inherent risks that were not clearly recorded. The manager responded to this immediately and embedded the checks that were in place.

Preventing and controlling infection

- Staff had received training around preventing and controlling infection and had access to relevant guidance and information. They used personal protective equipment (PPE) and good hand washing techniques to minimise the spread of infection.

Learning lessons when things go wrong

- The service kept a record of any event, including accidents, that occurred within people's homes. These were reviewed by the manager to look at patterns and trends. Action was taken to prevent incidents occurring in the future. This included referral to appropriate professionals.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were completed prior to people receiving support to ensure the service was able to meet their needs. Discussions at the assessment stage also involved the staff who would support any potential client of the service. The manager explained they felt this was essential to ensure a team commitment to providing appropriate care and support.
- People and family members told us they were involved in the assessment process. Comments included "Right from the assessment they were so warm and friendly" and "Safety assessments were done."
- Assessments were completed in enough detail to plan care in a way that reflected people's preferences and wishes.

Staff support: induction, training, skills and experience

- People and family members told us they felt staff had the skills and knowledge to provide the right support. The manager explained that they employed staff to work with specific people and this meant they were able to find staff with the right values and attributes. A relative commented on this observing that a member of staff was: "... well matched, absolutely brilliantly matched." Another person commented on the person centred approach to training saying: "They have made sure they have the knowledge they need."
- Staff were assessed as competent to carry out their roles. Discussions and feedback indicated they were knowledgeable and skilled and carried out their role effectively. Newly recruited staff had completed a comprehensive induction and shadowing period. This included competency checks related to all aspects of the care they were providing with individuals. People's feedback was gathered during induction to check they were comfortable with the staff.
- Staff felt supported in their role. They all told us the on-going support enabled them to discuss their work concerns or learning and development when needed. Staff recognised that the manager's capacity to provide support would increase as the organisation grew and they reduced the care they provided themselves.

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

- People's needs associated with safe eating and drinking were assessed and care plans reflected the support they needed. People told us that staff had the skills to prepare food and that their preferences were catered for.
- People were protected from risks associated with poor nutrition; where required, staff followed individually tailored plans and completed records to monitor people's food and drink intake.

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

healthier lives, access healthcare services and support

- Where people received additional support from health and social care professionals this was described in their care records.
- Whilst no one needed staff to liaise with professionals for them at the time of our inspection, staff understood the need to do this and professional feedback indicated this had previously been effective.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection (CoP) for them to authorise people to be deprived of their liberty. At the time of our inspection no one using the service was subject to any authorisations under CoP.

- People told us they were offered choice and control over the care they received. Staff also reflected this, making comments such as: "I always check. I never do anything without explaining the possible outcomes and their choices."
- At the time we visited, everyone using the service had the capacity to consent to their care. The staff understood how decisions would need to be made within the framework of the MCA if people did not have this capacity to consent.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and family members spoke positively about the caring nature of the staff and the support they provided. One person reflected on staff being: "Open and understanding" and another person used the description "Warm and caring". Staff also spoke about people with genuine care and warmth.
- People, and relatives, told us they had regular staff and that this meant staff knew them well. This led to supportive and caring professional relationships
- Equality and diversity support needs were considered as part of the assessment process; the registered manager had a good understanding of their role and responsibility to ensure people received appropriate and respectful care.

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

- People and family members told us they were given the opportunity to share their views about the care they received.
- Staff emphasised how important it was to listen to people and this emphasis on following people's wishes was reinforced by the manager.
- Regular review meetings were held with people and family members to discuss care and obtain people's views.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect and provided care and support in a way that made them feel at ease. One person described how their visit always brightened their day and left them smiling. Another person explained the staff only did what was needed based on how they felt on each day. They told us this meant they were supported to be as independent as possible.
- People's care plans identified, and supported, people's wishes to stay living safely in their home. Staff described how they encouraged people to do tasks that they could.
- Staff understood the importance of maintaining people's confidentiality.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care needs had been identified and personalised care plans had been developed. These plans were reviewed, as people's needs changed, with the involvement of the person and their loved ones where appropriate. One person commented: "They are absolutely responsive. They assimilate straight away."
- Daily records were completed regarding the care and support provided. This meant staff had access to the most relevant and up-to-date information about people's care and support needs and provided the information necessary to review changing needs.

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

- People using the service were not socially isolated however staff understood the impact of social isolation and were aware of the need to share any concerns about people's welfare. Staff were respectful of people's relationships.

Meeting people's communication needs

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

- The service recorded and shared information relating to people's communication needs. Care records provided guidance for staff to effectively communicate with people who were identified as having communication needs or difficulties.
- The manager had ensured that information was made available to people in a way they would understand.

Improving care quality in response to complaints or concerns

- People and family members told us they knew who to contact if they had any concerns and were confident any issues would be dealt with. People and relatives shared examples of requests that had been made and responded to.
- People had information provided to them about who to contact should they wish to make a complaint.
- There was a system in place to respond to, and learn from, any complaints.

End of life care and support

- The service was not currently supporting anyone with end of life care. The staff and manager were committed to developing knowledge and skills to provide high quality support as people's needs changed.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager promoted a culture of person-centred care which was evidenced by the positive comments received by people using the service and the comments made by staff.
- People, and their loved ones, were encouraged to share their views about the service and told us they felt listened to.
- People and family members told us they were happy with the service they received. Comments reflected this identifying the compassion, efficiency and reliability of the service they received. One person told us: "They are just brilliant. I would recommend them – they are so open, so friendly." Another person said: "They are efficient and diligent."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 manager and staff understood their roles and responsibilities; staff spoke positively about their communication with the manager; highlighting how approachable the manager was.
- The manager was developing policies and procedures that reflected the needs of the growing service.
- The manager understood the need to notify the Care Quality Commission of events related to the running of the service, as required by regulation.
- The manager was aware of their legal responsibilities including those related to the investigation of incidents/events that occurred and the need to comply with duty of candour responsibilities.

Continuous learning and improving care

- The manager was developing and imbedding effective quality assurance systems to monitor key aspects of the service; checks were completed regularly to ensure the quality of care people received remained high.
- The manager had identified their own need for support as an owner manager and was receiving this from another professional working in a similar role.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service involved people and their families through regular reviews and conversations to encourage them to put forward their views about the service they received.
- Compliments were shared with staff to ensure they were told when someone reflected positively on their

work.

- A community healthcare professional commented on how reliable and responsive the service was. They explained the staff knew people well and were able to share and use information appropriately.