

Super Healthcare Ltd

# Superhealthcare

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Superhealthcare is a domiciliary care agency registered to provide personal care. At the time of the inspection three people were receiving care.

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

We have made recommendations to provide staff training over more than one day and to include end of life training as part of staff training. We also recommended the registered manager looks to join local networks and forums.

Staff were not recruited safely. The registered manager had failed to apply for Disclosure and Barring Service (DBS) checks for new staff. References had not been requested from previous employers and reasons for leaving previous employment had not been investigated.

Medicines were not always managed safely. There were no clear records to indicate the level of support people needed to take their medicines or how they should be given. There were no audits of medicine administration records (MAR). There were no care plans or risk assessments in place to identify people's needs and risks and explain how staff should look after people and manage their risks.

People had not received an assessment of their needs. There were no care plans in place to support staff in delivery person centred care. Staff were completing daily records however, these were not being formally reviewed. We did not see any evidence of people's care being reviewed, however, people told us they were involved with how their care was provided.

There were no quality assurance measures in place. Spot checks were not being formally completed or recorded. There were no audits in place to monitor the service. People and staff had not been asked to complete surveys, however both staff and people using the service told us they provided the registered manager with feedback. There were no formal staff meetings or supervisions taking place and records had not been kept. There were no links with the local community. The registered manager did not attend forums or conferences and were not part of any local forums to assist them in improving the service they offered to people.

Staff knew how to recognise signs of abuse and knew who to contact. People told us they felt safe with their carers. Staff understood the importance of infection control.

Staff had received an induction and training that was suitable for their role. People told us their carers were well trained and were happy with the care they received.

People told us carers were kind and provided their care in a caring and compassionate way. Staff treated people with dignity and respect and promoted people's independence.

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 were supported to eat and drink. People were supported with healthcare where necessary. Staff communicated with other agencies on behalf of people where necessary.

Staff knew about people's communication needs, and people were supported to receive communication in a way they wanted. There had been no complaints since the service started operating, people and relatives told us they knew how to complain.

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: This service was registered with us on 22/03/2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on our inspection programme.

#### Enforcement

We have identified breaches in relation staff recruitment, safe care and how the registered manager monitors how the service is run.

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

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request 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 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

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our effective findings below

**Good** ●

### Is the service caring?

The service was caring

Details are in our caring findings below

**Requires Improvement** ●

### Is the service responsive?

The service was not responsive

Details are in our responsive findings below

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led

Details are in our well-led findings below

**Requires Improvement** ●

# Superhealthcare

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before inspection

We reviewed information we had received about the service since they registered with us. We sought feedback from the local authority. We did not ask the provider to complete a 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 all of this information to plan our inspection.

#### During the inspection-

We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with two members of staff including the provider/registered manager as well as the independent training facilitator.

We reviewed the records available. This included one person's treatment plan and MAR record and daily

notes. We looked at two staff files in relation to recruitment and some policies and procedures relating to the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



# 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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Staff were not recruited safely.
- The registered manager did not have suitable pre-employment checks in place such as current Disclosure and Barring certificates [DBS] and references for all staff. This meant we could not be assured staff working for the registered manager were suitable to be working with vulnerable adults.
- Staff files did not contain comprehensive application forms or interview records and reasons for leaving previous employment had not always been explored. We could not be assured staff were of good character or were suitably skilled and qualified.
- One member of staff had stated on their application form they had been dismissed from their previous job. The registered manager had not investigated this or applied for references or an up to date DBS.

There was a failure 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.

- There were enough staff to provide care to people, one member of staff said, "There are enough staff, I don't feel rushed, I have enough time to provide care."
- People said that carers arrived when they expected them to and stayed for the right amount of time. A relative told us, "If carers come at 8am and [relative] doesn't want to get up, carers come back at 9am to see if [relative] is ready to get up."

### Assessing risk, safety monitoring and management; Using medicines safely

- People's risks had not been robustly assessed. Three people using the service had reduced mobility and required support using equipment such as a hoist. There were no risk assessments in place to identify or mitigate people's risks. There was no manual handling guidance in place to support staff to keep people safe when assisting them to transfer using specialist equipment, however staff had received training from the registered manager. We could not be assured people's risks were safely monitored or managed by the service.
- Staff told us they discussed people's risks with the registered manager, but there was no guidance for staff about how to minimise or mitigate potential risks as nothing was documented. The registered manager said they were aware of risks to people but had not carried out any risk assessments.
- Policies were in place for the management and administration of medicines. However, specific guidelines to help ensure consistent care for medicines were not in place. There were no records in place to identify if people should be prompted, assisted or administered their medicines. This meant there was a risk medicines may not be offered consistently to people or in the correct way.

- There were no records, other than the medicines administration record [MAR] to identify what medicines people were prescribed. One person had previously been prescribed a medicine that was administered as a transdermal patch. The registered manager told us they had not put records in place to record the application of the patch. Transdermal patches are rotated to prevent skin irritation. There were no body charts in place to monitor this or demonstrate staff were complying with this. This meant we could not be assured people were receiving their medicines safely or as prescribed.

There was a failure to adequately assess, manage and mitigate potential risks to people's safety. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- MAR records were completed to show if medicines were taken, not required or refused. Medicines were stored safely.
- Staff told us, and records confirmed they had been trained in medicines administration.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff told us how they would keep people safe from abuse and harm and knew what they should do if they had concerns. One staff member said, "I would always report any concerns to the registered manager. I could also contact the police and the Care Quality Commission."
- People told us they felt safe with their carers. One person said, "Oh yes, I feel safe. I don't have to worry about anything."
- At the time of the inspection no incidents had been recorded. The registered manager was able to tell us how they would respond if any incidents did happen and how lessons learned would be shared with staff and used to drive improvement.

Preventing and controlling infection

- Staff were trained in infection control. People told us staff wore gloves and aprons when they were preparing food and providing personal care.

# 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.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed they had received an induction and training that was suitable for their role before providing care to people. The induction and training took place over one day. One staff member said, "Training was one full day, it was enjoyable but tiring."
- People told us staff were well trained. A relative said, "Staff are really well trained, they know how to move [relative] and keep [relative] really clean."

We recommend the registered manager considers delivering mandatory training over more than one day.

- Staff received regular supervision from the registered manager. One staff member told us, "I have regular supervisions, this happens every day, [name of registered manager] asks me how things have gone. I always ask for feedback." However, there was no formal process or documentation in place to monitor staff competency. We could not be assured the registered manager was supporting staff in the right way to carry out their role.

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

- The registered manager had not carried out a holistic assessment of people's needs. This meant the registered manager was not following national guidance. We could not be assured people's needs, preference's and protected characteristics, such as their religious beliefs, had been accurately assessed or recorded.
- However, a list of tasks had been created for each person using an assessment from the Local Authority. The tasks were personalised and described how people wished to be cared for. For example, one person had specific coloured towels, the plan explained how these should be used.
- A relative told us the service involved them in care planning. They said, "We have talked about the care package with the registered manager, we come to a decision together. I am included in everything."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were supported to have a balanced diet of food and drink of their choice. One person liked to have cereal with warm milk in the morning.
- The registered manager told us they helped people with their oral health care. One person wore dentures, the registered manager said, "[Person's name] was assessed for their dentures, they were told not to rinse their mouth but wanted to carry on doing this. I contacted the dentist for advice about this."

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us they worked with people's GPs, local pharmacies and district nurses. However, the registered manager did not keep records of these interactions.

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 for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met

- People's capacity had been assessed and documented by the local authority before care started. The registered manager told us everyone had capacity to make decisions and no one had restrictive practices in place.
- People told us staff understood the importance of offering them choice in their care. One person said, "They [carers] give [name of person] choice. They [carers] always give options."

# 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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Whilst we observed staff were caring and treated people well, the systems in place did not support good practice. There were no care plans or risk assessments in place to support staff with people's needs. Staff had not undergone the appropriate pre-employment checks to ensure they were suitable to work with vulnerable people and medicines systems were not robust enough to ensure people received their medicines as they should.
- Staff told us they knew people well and knew how to support their needs. One staff member said, "I find out about people by talking to them and looking at the daily care log."
- People told us carers were kind and caring and knew them well. A relative said, "They [carers] take [name of person] into account and treat them like an individual."

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

- People told us they were actively involved in making decisions about their care. However, there were no records for us to review at the time of inspection. We could not be assured staff would have access to up to date information about people's care needs.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. One relative told us, "They [carers] don't mishandle [name of person], carers encourage them to move around."
- One person had been given exercises to help with their mobility. Staff told us they were supporting this person with the exercises to help them become more mobile and independent.
- The registered manager told us staff had been spoken to about equality and diversity, dignity and respect. A relative said, "They [carers] always treat [relative] with dignity and respect, they always ask for [relative's] permission."

# 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 requires improvement. This meant people's needs were not always met.

### End of life care and support

- No one was receiving end of life care during our inspection.
- Staff had not received end of life training. We discussed this with the registered manager who told us they would look to include this as part of staff training.
- One person had spoken with the registered manager about their wishes. They wanted to be cared for at home, however, there were no end of life care plans in place.

We recommend the registered manager provides end of life training for all staff.

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

The registered manager had no care plans or risk assessments in place to support staff with how to provide individual, safe, person centred care. There was no information available to staff about people's histories, likes and dislikes or how to meet people's individual needs and preferences, such as cultural diversity. One staff member told us, "Each person has a basic treatment plan with tasks we need to complete." We could not be assured staff had access to information they needed to provide personalised care or if the information was up to date as no reviews were documented.

- Daily notes were recorded for each care visit; however, these were not formally reviewed and actions or follow ups needed were not documented.
- However, people told us they received care that was personalised to their needs. A relative said, "One thing I really like is their [carers] dedication and flexibility. Its tailor made to our situation. Carers always liaise with me, so they come when I need them to be there."

We addressed this with the registered manager during the inspection and sought assurance they would put all the necessary paperwork in place

### 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 registered manager was fully aware of this standard. Communication needs had been recorded on the one treatment plan we saw.
- Staff had provided a large print copy of an exercise plan for one person so they could see it clearly when they were doing their exercises.

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

- The registered manager told us one person followed religious practices, but this was not recorded anywhere. They had arranged for a religious leader to visit the person to pray with them.
- Staff told us they spent time engaging with people during care calls. One person enjoyed watching football with their carers.

Improving care quality in response to complaints or concerns

- At the time of the inspection there had not been any complaints or concerns raised. People told us they had been provided with a complaints policy. One person said, "I know how to make a complaint, first option is to call the registered manager. I can also go to the local authority."

# 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager was primarily focussed on giving care to people, they had failed to assess and document in care plans and risk assessments the needs of people under their care, from when the service opened.
- We found there were no quality assurance processes in place to monitor the service. The registered manager was not carrying out any audits. None of the failings we found at this inspection had been identified, for example, medicines management, recruitment, the assessment and management of people's needs and risks.
- The registered manager told us they maintained oversight of the service by being the primary carer to the people using the service and through speaking with staff on a daily basis.
- Staff and people using the service had not been given a formal feedback survey to complete. However, staff and people using the service told us they provided the registered manager with feedback. One staff member said, "I give feedback as [registered manager] wants to improve. We need more paperwork such as care plans. I need to be able to access things easily."

There was a failure to ensure robust governance systems were used effectively. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care; Working in partnership with others

- The registered manager had made links with another care agency. The registered manager was exploring how they ran their services so they could transfer good practice to Superhealthcare.
- The registered manager had not made any links with the local community. They had not attended forums or conferences to help improve the service and they had not joined networks or organisations.

We recommend the registered manager seeks to join local networks for support and learning.

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

- People told us care was personalised to their individual needs and wishes. However, this information was not documented or easily accessible to staff. There were no detailed care plans or risk assessments for staff

to refer to.

- There was a positive culture in the organisation. People were happy with the care they received and spoke highly of the registered manager. One person said, "[Name of registered manager] is a born carer. They know how to put people at ease and provide care in the right way"
- Staff told us morale was good in the service. One staff member said, "Staff morale is good, they are a good team, we bounce off each other and support each other."

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 responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

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 12 HSCA RA Regulations 2014 Safe care and treatment  There was a failure to adequately assess, manage and mitigate potential risks to people's safety.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There was a failure to ensure robust governance systems were used effectively.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  There was a failure to ensure staff were recruited safely