

Supreme Care Services Limited

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Inspection report

34 The Mall
London
W5 3TJ

Tel: 02088406366
Website: www.supremecare.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Supreme Care Services is a domiciliary care agency providing personal care and support to people in their own homes. At the time of the inspection the agency was supporting 92 people. Not everyone who used the service received personal care. The Care Quality Commission 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

Most people spoke positively about the service, the staff and told us they felt safe. However, the provider had not always kept up to date and accurate records regarding people's care and the management of the service.

We received mixed feedback from people about whether staff arrived on time. The provider monitored care visits to reduce the risk of people experiencing late or missed care visits.

There were arrangements in place to support people to take their medicines safely. There were systems and processes in place to protect people from the risk of harm. There were staff recruitment processes in place.

There were procedures in place for preventing and controlling the spread of infection.

There were various quality monitoring systems in place. The service worked with statutory agencies to provide joined-up care to people.

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

Rating at last inspection

The last rating for this service was good (published 1 May 2019).

Why we inspected

We received concerns in relation to staff recruitment and deployment, protecting people from avoidable harm and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the well-led section of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Supreme Care Services Limited on our website at www.cqc.org.uk.

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 a breach in relation to the governance of the service. 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 authorities to monitor progress to improvement.

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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Supreme Care Services Limited

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 conducted by one inspector 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 care service.

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. 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

This inspection was unannounced. Inspection activity started on 22 September 2021 and ended on 5 November 2021. We visited the office location on 23 and 29 September 2021.

What we did before the inspection

The provider was 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. However, this focused inspection took place before the given timescale by which the provider was required to return the information to us. We took this into account when we inspected the service and made the judgements in this report. We reviewed information

we had received about the service since the last inspection. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with a number of staff, including a payroll officer, the area manager, call monitoring manager, the provider's care and quality consultant, and the registered manager. We looked at a range of records, including four staff recruitment files, and a variety of records relating to medicines support and the management of the service.

After the inspection

We spoke with two care staff, nine people who used the service and three family members of other people who used the service. We spoke with a professional from a local authority who had worked with the service recently. We continued to seek clarification from the provider to validate evidence found.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were sufficient numbers of staff deployed to meet people's needs but we received mixed feedback from people about whether staff arrived on time. People's comments included, "Yes, they arrive on time," "Their timekeeping can be a bit random" and "Weekends can be more of a problem for carers being on time, but the week is fine."
- The provider used a digital system to monitor staff attendance. At the time of our inspection a local authority found that for over half of commissioned care calls staff were not logging their visits in real time on this system. This meant the system did not always provide the registered manager with robust monitoring of staff to reduce the risk of people experiencing late or missed care visits. However, other records indicated the provider had checked to make sure staff attended care visits when they had not used the digital system. They were aware of the logging in issue and addressing this with staff. The area manager said they would also improve their monitoring by including missed visits in their weekly oversight reports. This provided assurance the provider was monitoring staff to address and reduce late or missed care visits concerns.
- Staff said they had enough time to support people and to travel between their care visits. They informed the provider if they felt people needed more time for their care so this could be arranged with statutory services.
- The provider used recruitment processes to help make sure they only employed suitable staff. These included checking an applicant's work history, evidence of identity and previous employment references and obtaining criminal records checks from the Disclosure and Barring Service. We saw the provider had taken action in response to concerns regarding staff provision of recruitment evidence.

Assessing risk, safety monitoring and management

- Risk management plans assessed risks to people's well-being and safety and set out actions to mitigate those risks. However, some elements had not always been completed fully.
- The provider assessed the risks COVID-19 presented to people but for four individuals who lived with higher risk factors, such as their age and underlying health conditions, the assessments had not always been fully completed to identify if any additional measures were required. There was no evidence people were at risk of harm and people told us staff wore personal protective equipment (PPE) to keep them safe. We discussed this with the provider so staff could update people's risk assessments appropriately.
- The provider assessed people's home environments to consider if they presented risk to people and were suitable for staff to provide care safely.
- Staff completed training on supporting people safely. This included training on health and safety, fire safety, food hygiene and handling, and emergency first aid and online learning to understand how to use moving handling equipment appropriately.

Systems and processes to safeguard people from the risk of abuse

- At the time of the inspection we received information suggesting some people were not always safe and protected from avoidable harm or abuse. We passed this information to the local authority and these concerns were being investigated at the time this report was being written.
- People told us they felt safe with care staff. Staff had completed safeguarding adults awareness training. Staff we spoke with knew how to report safeguarding concerns, including whistleblowing and reporting issues to statutory agencies. We saw the provider had also discussed adult abuse in team meetings to promote awareness.
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Using medicines safely

- The provider had systems in place to manage people's medicines support. One relative told us, "I have no concerns regarding medication."
- Staff completed medicines administrations records (MARs) to indicate they had supported people to take their medicines as prescribed. The MARs set out information about people's medicines to help staff do this safely.
- Staff completed training on medicines support and the provider checked their competency to provide this support.

Preventing and controlling infection

- There were arrangements in place for preventing and controlling infection
- Staff were provided with personal protective equipment (PPE) so they could support people safely. This included face shields and masks, hand sanitiser, gloves and aprons. The provider had ample supplies and staff told us they always had access to PPE supplies when they needed. One care worker told us, "We've never had a problem with PPE."
- The provider gave staff information and training on how to use the PPE appropriately.
- Staff completed regular COVID-19 tests each week and accessed COVID-19 and 'flu vaccinations. We saw the provider promoted vaccinations to encourage staff to use these. One care worker told us, "They were encouraging and educating us."
- The provider was maintaining a COVID-19 safe office environment at the time of our inspection.

Learning lessons when things go wrong

- The provider had a system for documenting incidents and accidents. This recorded what had happened and the actions taken in response to this. Learning from incidents was passed back to staff through team meetings and emails. For example, we saw staff had been reminded about when to initiate the provider's 'no response' protocol or contact on-call 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Some systems did not always ensure to people received 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

- The provider had not always kept up to date and accurate records regarding people's care and the management of the service.
- We looked at the care records for one person who did not use words to communicate and required staff support when their behaviour communicated distress or need. Whilst notes added to the rotas of the relevant care staff gave them some direction on how to meet these needs, this support was not always clearly set out in the person's care plan. This meant there was not always an accurate and complete record of the decisions taken regarding the person's care and treatment.
- Some people's care plans did not always clearly record who had the legal authority to consent to their care arrangements if the person lack the capacity to make this decision. Some people's COVID-19 risk assessments had not been fully completed to help mitigate risks to their safety. We found another person's risk management plan had been updated during the inspection process but recorded as being completed by staff who had left the service in the previous month.

We found no evidence that people had been harmed however, these issues indicated the registered manager had not ensured accurate records regarding people's care and the management of the service had been maintained at all times. This placed people at risk of harm. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed these issues with the registered manager so they could take action to address them.
- The provider used a range of systems to check on and maintain the quality of the service. These checks included telephone monitoring calls to people and their relatives, quarterly service audits and checks on care staff in people's homes.
- There was no branch manager in post at the time of our inspection. The registered manager had interim cover arrangements in place while they recruited to this post. Some staff commented that there had been frequent changes of office and management staff at the branch, but they could speak to someone when they needed to.
- The provider displayed the previous inspection ratings on their website and at the service's office as required by regulations.

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; Working in partnership with others

- The service worked with other agencies such as healthcare professionals and social workers involved in providing support to people. However, an adult social care professional told us the provider was recently asked to share information in a more timely and transparent manner to help ensure people received joined-up care.
- Service records showed the provider took action to investigate concerns regarding staff performance. For example, when there had been complaints about care workers' performance or not following a person's care plan.

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

- Most people spoke positively about their care and told us they felt supported by staff who knew their care needs. Their comments included, "The service is good, I am happy with it" and "My carer is like my brother."
- We saw the provider had recently conducted a survey that enabled people to be involved in the service by providing feedback about their care and was in the process of compiling the results of this.
- Care staff said they felt supported by the office staff. Their comments included, "I know they are there if I did have a problem" and "Any time I call they answer me, they're always supporting."

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person was not always maintaining up to date and accurate records regarding people's care and the management of the service</p>