

Mr Innocent Mukarati

Supreme Healthcare Services - Surrey

Inspection report

Unit 16A
Boundary Business Centre, Boundary Way
Woking
Surrey
GU21 5DH

Tel: 01483750748

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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook an announced inspection of Supreme Healthcare Limited on 15 March 2016. We told the provider two days before our visit that we were coming to make sure that someone would be available to support the inspection and give us access to the agency's records. Supreme Healthcare Limited is registered to provide personal care to adults and children in their own homes and was providing care to 56 people at the time of the inspection. The service operates from a location based in Woking Surrey.

There was no registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks to people were not always adequately assessed and reviewed regularly to ensure people's individual needs were being met safely. People told us they were confident with the support they received to take their medicines. However, we found gaps in recording which meant people may not always receive their medicines in line with their prescriptions. We have made a recommendation about this.

The provider followed safe recruitment processes and there were sufficient numbers of staff to meet people's needs.

Relatives told us they felt their family members were safe and were confident in the staff that supported them. A contingency plan was in place to ensure that people's care could be provided safely in the event of an emergency.

Relatives told us that staff were competent and skilled in carrying out their role. The provider had effective arrangements in place to train, supervise and provide induction to staff. Staff told us they felt supported by the provider and could call for assistance at any time.

People were supported by staff who respected their dignity and maintained their privacy. People were supported to make choices and decisions about their care. A policy was in place to guide staff in the principles of the Mental Capacity Act 2005.

Assessments were completed prior to people receiving a service to ensure their needs could be met. Personalised care plans were in place although records of people's care were not always updated. People were supported to access support from healthcare professionals where required.

People told us they were confident to raise any issues about their care. There was a complaints policy in place and there was evidence that complaints had been recorded, investigated and responded to

The service had systems in place to monitor and improve the quality of the service provided. People told us

they had seen improvements in their care and responsiveness of the office staff.

During the inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe

Risks to people safety were not always assessed and monitored.

Adequate checks were not in place to ensure people received their medicines safely.

There were sufficient staff in place to cover care calls.

There was a contingency plan in place to ensure the service could continue to operate in the event of an emergency.

Is the service effective?

Good 

The service was effective

Staff did received appropriate induction training for their role.

People received care from regular staff who new them well.

People had access to health care professionals.

People had been asked for their consent before care was provided.

Is the service caring?

Good 

The service was caring

Staff knew the people they supported well.

People were encouraged to give feedback on the support they received.

Staff were respectful of people and treated them courteously.

Is the service responsive?

Good 

The service was responsive.

People's needs were assessed prior to them receiving care.

Care plans were written in a person centred manner which reflected individual preferences.

There was a complaints policy in place and complaints were investigated and responded to.

Is the service well-led?

The service was not always well-led.

Care records were not updated to enable staff to have the most up to date information.

There was no registered manager in place.

Statutory notifications were submitted to the care quality commission in a timely manner.

The provider had quality assurance systems in place and regularly asked for feedback from people and relatives.

Requires Improvement ●

Supreme Healthcare Services - Surrey

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was announced. Forty eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available.

The inspection team consisted of two inspectors. Following the inspection we spoke to two people and two relatives to gain their views of the service. We spoke to the manager, one senior staff member, two office staff and four care staff members.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We had not asked the provider to complete a Provider Information Return (PIR) on this occasion. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we were conducting the inspection in response to enforcement action being taken.

During the inspection we looked at a range of records about people's care and how the service was managed. For example, we looked at six care files, risk assessments, three staff files, training records, complaints logs and quality assurance monitoring records.

We last inspected Supreme Healthcare Service – Surrey on 30 April and 1 May 2015 where we identified

breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service safe?

Our findings

People and relatives told us they felt safe with carers. One person told us, "I've no complaints at all, it's nice to know that someone is going to come, I'm not worried about them at all." A relative said, "I've never worried that (family member) isn't safe."

Despite these comments we found that people were not always safe. Risks were not always assessed and control measures were not always implemented to minimise the risks to people's safety and well-being. Risk assessments were in place within all the care files we viewed. However, not all risk assessments were fully completed meaning guidance for staff in how to minimise risks was not available. For example, one person's care file stated they had epilepsy and received nutrition and medication through a tube in their stomach. There were no risk assessments in place to guide staff in providing safe care to the person although records showed that staff had received training in how to support the person's individual needs. We viewed two people's care files which identified they had been assessed as being at high risk of falls. Risk assessments for these people had been started but not completed.

People were at risk of not receiving their medicines safely. During our last inspection in May 2015 we identified concerns regarding records being difficult to read and a lack of information regarding the dosage of medicines that people were prescribed. We saw the required improvements had been made in this area although other concerns were identified. People said they felt staff supported them safely with the medicines. However, Medicines Administration Records (MAR charts) showed gaps in the recording of when medicines had been taken. We viewed MAR charts for six people and found gaps in recording in three charts. Information within people's daily notes was different to information recorded on MAR charts. For example one person's MAR charts were marked 'R' on two occasions, indicating they had refused their medicines. Daily notes for the person stated that they had been supported with their medicines.

Staff told us they received training prior to supporting people with their medicines and records confirmed this. They said that they were always informed of any changes to people's medicines and information held in the office confirmed this. For example, one person was prescribed medicines which required the dosage to be changed depending on blood test results. Records showed that staff had been informed of these changes and that this was correctly identified in MAR charts.

Not ensuring that risks to people safety were adequately assessed and that safe medicines processes were followed was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were safeguarded from the risk of abuse. At our last inspection in May 2015 we found that the service had not always informed the local authority of safeguarding incidents. During this inspection we found that the service had made the necessary improvements in this area. Incidents had been clearly recorded and the local authority had been informed of concerns. Where the service had been asked to complete an investigation into the concerns, these were completed in a detailed manner and relevant action taken.

Staff received training in safeguarding people from abuse prior to starting work in people's homes. The staff we spoke to were able to explain how they would recognise and report abuse and would inform their manager immediately if they had any concerns. The agency had an up to date safeguarding policy in place to guide staff. The service also supported a number of children but did not train staff specifically in safeguarding children. However, we saw that where concerns had been identified regarding a child's safety, this had been reported to the appropriate local authority and action had been taken to ensure they were safe.

There were sufficient staff employed to meet all scheduled care calls. People and relatives told us that staff arrived on time and if they were running late they would receive a call from the office to let them know. One relative told us, "They have certainly improved, they seem to have more staff and we can rely on them." The service used an electronic monitoring system which monitored if staff had logged in to say they had arrived at their call. The office staff monitored this and called the staff member if they had not logged in on time which enabled them to inform people if staff were running late and reduced the risk of calls being missed. We observed that calls were made to people on two occasions during the inspection to inform them staff would be running late. The manager told us, "The system (electronic monitoring) was being used effectively for monitoring which had caused a problem. Office staff have been trained now and we're using it more effectively."

People we spoke to told us that staff stayed the required length of time to provide their care. However, we reviewed daily records for two people which showed that staff had not stayed for the full duration of the visit. One person's records showed staff had left their visit more than 10 minutes early on eight occasions in a one month period. The second person's records showed that four visits were scheduled each day. We viewed daily records which showed that staff had left visits more than 10 minutes early on ten occasions within a one week period. Staff told us that the person would regularly ask them to leave although this was not recorded within daily records.

We reviewed team meeting minutes which showed that the manager had addressed this issue with staff. The manager told us, "We have implemented the use of the electronic monitoring system in stages. Now we are confident carers are arriving on time the next stage is to begin monitoring that they are staying for the allocated time."

Staff recruitment files contained evidence that the provider obtained appropriate information before staff were employed. At our inspection in May 2015 we found that the service had not obtained satisfactory information to ensure that only staff suitable to work in the service were employed. During this inspection we found that improvements in this area had been made and that the required evidence was in place. This included proof of identity, such as passport or birth certificate, written references and Disclosure and Barring checks. There was evidence that all applicants were required to submit an application form and attend a face-to-face interview before they were appointed. This gave assurances that only suitable staff were employed to meet people's needs.

An up to date continuity plan was in place detailing how the service would react in the event that the building could not be used. Staff had access to an on-call service to support them out of office hours. They told us that this was a useful resource and their calls were always answered promptly.

Is the service effective?

Our findings

People and relatives told us that they were confident that staff had the skills they needed to support them. One person said, "They're all good, they do all they can to help me." A relative told us, "They seem to be well trained; they're all committed and have patience. They want to learn about (family member)."

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 were given choices in the way they wanted to be cared for. People's capacity was considered during assessments and within care plans so staff knew the level of support people required to make decisions for themselves. One person's care plan directed staff to offer the person choices regarding what they wanted to wear by holding up several choices. Staff told us how people made choices about how they would like to be cared for and that they always asked permission before starting a task. One member of staff told us "It's their home; we've got to give people choices about what they want."

People were supported by staff with the right skills and knowledge to meet their individual needs. Staff told us they received training before they started to work in people's homes. They said they had the opportunity to shadow more experienced staff prior to working on their own. Staff training records showed that staff received the appropriate training to carry out their role and where required, staff received refresher training. Staff told us the quality of the training was good and supported them in their job, "I've worked in care before but they still gave me 4 days training before I started and then I shadowed other staff. I thought the training was really good, told me everything I needed."

Staff received regular supervision and support in their role. Staff told us that they received a mixture of face to face and telephone supervisions and felt comfortable in discussing issues which arose in the course of their work. The manager told us that unannounced spot checks were completed to monitor the quality of individual staff member's performance. We saw that records were kept of spot checks visits and that staff were given feedback on the quality of their work to enable them to develop their skills.

People's care records showed relevant health and social care professionals were involved with people's care. Where concerns had been identified regarding people's health relevant professionals were contacted and records completed. For example, it had been noted that one person's skin was changing colour around a pressure area. Records showed that the district nurse had been contacted to visit the person and appropriate treatment given to prevent skin breakdown.

People were supported with their nutritional needs where required. The service did not support anyone who required meals to be cooked although supported some people to heat up prepared meals or with light snacks. One person's care file showed that they were at risk of malnutrition. Food and fluid charts had been

completed to monitor the person's intake and charts had been returned to the office for auditing.

Is the service caring?

Our findings

People and relatives told us that they felt staff were caring and respectful. One person said, "They are absolutely lovely, I wouldn't want to be without them." One relative told us, "The staff are courteous and engage well. I'd recommend them."

People received personalised care from staff who knew them well. One person told us, "They come and get on with things but they recognise me. I don't know what I'd do without them." One staff member told us, "All the carers I work with are good. We do our best to provide individual care. There's good relationships between clients and carers. We're the only people some clients see in a day so we need to get to know them."

People and relatives told us that the service tried to ensure that the same staff supported them to ensure continuity and reassurance that their needs were known. Staff told us that they normally worked with the same people so got to know their needs and how they liked their care to be provided. The manager told us, "Staff work long days so if someone needs more than one visit each day, they have the same staff supporting them rather than a string of people through the door on any one day." Care plans contained a brief history of the person's life and details of important people in their lives.

Staff treated people's homes with respect. One person told us, "They have a box on the door so they let their selves in, but they always knock first and shout hello." Another person said, "They always leave everything tidy and if I have a little job I can't do I can always ask them." One relative told us, "When I've been there they've always alerted us they're coming in, they never just barge in."

People had the opportunity to comment on their care plan and the care they received. People told us they had calls from the office to check they were happy with the care provided. We viewed records for telephone reviews which were complimentary about the care provided by staff. One person had commented that they were happy with the service, staff completed all tasks, they had an updated support plan, times of support were adhered to and they felt valued and respected by staff. Another person had commented they would like to change the time they received their support. Records showed that this had been addressed and the persons call times had been adjusted.

Is the service responsive?

Our findings

People and relatives told us that the service was responsive to their needs. One person said, "I started with just one visit in the morning but they thought I needed a visit in the evening so they arranged that, I'm very grateful." A relative told us, "We had a meeting before they started so they knew what we wanted and they come and do it. There's a care plan there and the carers know what they're doing. I've no complaints."

Comprehensive assessments were completed prior to people receiving support from the service to ensure their needs could be met. People were involved in their own assessments with the support of relatives where appropriate. The service also took advice from relevant professionals and where referrals had been received from the local authority information was used to form part of the assessment.

Care was provided in accordance with people's assessed needs. People and relatives told us that staff supported them well and provided the care that had been requested. One person told us, "If I want something doing they will always do it." Staff told us they always received information regarding people's needs before visiting them for the first time and care plans were always available to them so they could check what the person needed. Staff told us that if a person's needs changed or they were unwell the office would always contact them to ensure they were aware of any additional support the person may require.

Where people received on-going support from a live-in carer their care plan contained details regarding how they liked to spend their time. For example, one person's care plan contained information regarding the things they liked to be close at hand so they could choose how to occupy themselves. The care plan stated the person liked a quiet environment but reminded to staff to ask them regularly if they would like company.

Complaints and concerns were taken seriously and managed properly to people's satisfaction wherever possible. People and relatives told us that they if they had any concerns they would contact the office. One relative said, "I've never needed to but if there was something I wasn't happy about I would ring them." There was a complaints file in place which showed that complaints had been recorded, investigated and responded to in a timely manner. The complaints policy had been updated since our last inspection in May 2015 to ensure people had the correct information regarding who to contact should they be dissatisfied with the response to a complaint.

Is the service well-led?

Our findings

At our inspection in May 2015 we found that records were not accurately maintained. During this inspection we found that although there had been improvements there were still areas which required improvement to ensure people were receiving a safe service. Care plans had not been updated regularly and people's care files contained contradictory information. For example, one person's care plan stated that they required repositioning three times each day. However, daily records did not record this was happening on a regular basis. The manager told us that the person no longer required support with repositioning and staff confirmed this was the case. Another person's care file stated they were at high risk of falls but later in the care file described the person as being at medium risk of falls. One person had been prescribed medication which required careful monitoring and regular adjustments to the dosage. This was recorded in review notes although there was no care plan in place to guide staff. Staff we spoke to were clear about how to support the person and records from health care professionals showed that the service made regular adjustments where required. Documents were not routinely dated to ensure that staff were aware if they were supporting people in accordance with the most up to date information.

The manager told us that they were aware this was an area which required improvement and had completed audits of all care files. An action plan was in place which showed the service aimed to review all care plans within the following month.

MAR charts were not reviewed on a regular basis to ensure that medicines processes had been followed. The manager told us that MAR charts should be returned to the office on a monthly basis to be audited. We found that not all charts had been returned for the previous month and none of the charts available in the office had been reviewed. This meant that the provider had not ensured that people had received their medicines in line with their prescriptions.

We recommend that systems are implemented to ensure that care records are regularly updated and monitored to ensure they remain an accurate record of care delivery.

At our inspection in May 2015 we found that although the provider had completed a comprehensive audit of the service they had not produced an action plan to address areas of concern. This meant that action had not been taken to implement effective systems in a timely manner. Quality assurance systems were now in place and an action plan had been implemented to address areas where improvement was required. During this inspection we found that an up to date action plan was in place and progress was regularly monitored. This had led to improvements in how the service was managed. The manager told us, "We still have things to do but things work more efficiently now and people know their areas of responsibility."

People were given the opportunity to comment on the quality of the service provided. Satisfaction questionnaires were in the process of being collated to monitor people's overall views of the service provided. At the time of the inspection seven forms had been returned and included complimentary comments regarding the support people received from staff. However, comments regarding the service provided by office staff referred to calls not being returned in a timely manner. The manager told us they

were aware that this had been an issue and had implemented call monitoring systems to assess the responsiveness in returning calls.

There was no registered manager in post. Senior staff told us that when they had employed the current manager with the intention of them registering with the CQC. The manager had resigned their post prior to applying to register. The provider told us had reviewed the staffing structure of the service and a manager from another branch within the organisation would be taking this responsibility and applying to register with CQC.

We had previously found that records were not organised effectively which meant that information was difficult to access. During this inspection we found this had improved and systems had been implemented to ensure records such as complaints, safeguarding and incidents, were appropriately filed and staff were able to access information easily. The manager told us this had led to the service working more efficiently and had enabled processes to be monitored.

At our inspection in May 2015 we found that there was a risk to people's health, safety and welfare as the provider had not submitted notifications of incidents to the Care Quality Commission (CQC) as required. By law, the registered provider must inform the CQC of any event or incidents that have an impact on people who use the service and events that would prevent the service from operating. During this inspection we found that improvements had been made and the provider had implemented systems to ensure that statutory notifications were submitted. This meant that the CQC could take the appropriate action as required to ensure that the risks to people were minimised.

Up to date policies and procedures were in place to support staff. We found that policies had been updated since our last inspection and provided staff with guidance in providing safe and effective care. Staff confirmed that they were made aware of how they could access policies during their induction.

Staff told us that they felt supported by the manager and provider. Staff told us that if they had a problem or concern they were able to contact the office or the on-call service for support. One staff member told us, "I always get a quick answer when I call, they're really good, always there when you need them." Another staff member told us, "The management are good, I like that they spot check our work. It's nice to know we're doing a good job and they tell me if I can improve anything. It's good."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.</p> <p>The registered provider had failed to ensure that risks to people safety were adequately assessed.</p> <p>The registered provider had failed to ensure that safe medicines processes were in place.</p>