

Supreme Care Services Limited

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## Inspection report

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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

We carried out this announced inspection on 25 May 2016. We last inspected this service in October 2014. At that inspection we found the service was meeting all of the regulations we assessed.

Supreme Care Services is a domiciliary care provider which provides support and care to 265 people living in their own homes in the London Boroughs of Kingston and Wandsworth. People who use the service are mainly older adults living within the local community, some of whom have dementia. The service also supports some younger adults.

There was a registered manager employed 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.

The provider had arrangements to help protect people from the risk of abuse. People told us they felt safe because of the way staff cared for them. Plans to manage people's individual risks were in place, and staff took action to care for people in ways which promoted their safety. There were enough staff employed to care of people and speak with them so they did not become isolated. Staff reminded people to take their medicines appropriately.

All staff received induction training and subsequent refresher training. Staff told us access to training was good. They said they found training very helpful in doing their jobs effectively.

Our inspection of staff records indicated that staff received monthly supervisions and annual appraisals to make sure they were appropriately supported in their roles.

We found that people who used the service were supported to have a nutritious and balanced diet. Where necessary the provider ensured people were appropriately supported with their healthcare needs.

People gave us positive feedback about their regular care workers. People said they were treated with caring and kindness by them. They told us that where in the past they had experienced frequent changes in the staff who supported them, this had improved recently. In turn this had helped people develop much better relationships with staff who they said understood them better. People told us staff respected their privacy and dignity and encouraged them to express their views and be actively involved in their care and support.

People received care that was appropriate to meet their assessed needs. Their support plans were updated on a regular basis or when there was a change to their care needs.

The service had a complaints procedure. This enabled people to raise a complaint if the need arose. People were confident their complaints would be responded to appropriately.

We found there was a positive culture in the agency and good leadership. There were effective systems in place to continually monitor the quality of the service. People were asked for their opinions via feedback surveys. Action plans were developed where required to address any areas that needed attention. Records management was found to be good.

## 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 safe. People were supported by staff who knew how to promote people's safety and help to protect them from the risk of abuse.

There were enough staff to meet people's care needs and manage their risks.

People were supported by staff to take their medicines appropriately.

Good 

### Is the service effective?

The service was effective. People were supported by staff who had received appropriate training and supervision. They had the skills to meet people's needs and preferences.

People were able to make their own decisions about their care and support.

Staff encouraged people to have enough to eat and drink.

Staff worked with other professionals when required so people's health needs were met.

Good 

### Is the service caring?

The service was caring. People's received care that met their daily needs, reflected individual preferences and maintained their dignity and respect.

People and relatives told us that recent improvements were made so that people received their care from a more regular staff team. They told us this had in turn led to more positive and caring relationships with the staff who supported them.

Good 

### Is the service responsive?

The service was responsive. People received care that met their assessed needs.

Good 

People were provided with information on how to raise a concern or complaint if needed. They told us they were confident any concerns raised would be dealt with appropriately.

### **Is the service well-led?**

The service was well-led. People and staff were supported by a management team who were approachable and listened to any suggestions they had for continued development of the service provided.

There were systems in place to monitor the quality of the service and to ensure staff kept up to date with good practice and to seek people's views.

**Good** ●

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## **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 took place on 25 May 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. This inspection was carried out by two inspectors.

We looked at notifications that the service is legally required to send us about certain events such as serious injuries and deaths.

On the days of the inspection we met with four staff, the registered manager and the director who is also the owner, the deputy branch manager and a care co-ordinator. After the inspection we spoke with fifteen people on the telephone, five relatives and two local authority commissioners. We looked at five people's care records and five staff records and reviewed records that related to the management of the service.

## Is the service safe?

### Our findings

People told us staff looked after them well and this helped them to feel safe. One person said, "They look after me very well. I mostly have the same carers and this all helps me to feel safe." Another person said, "The regular carers are fantastic, they help me in the way I need help. I feel safe with them." One other person we spoke with told us the most important thing that helped them to feel safe was having a regular team of staff to support them with their care. They told us, "This helps us to know and trust them and vice versa." Another person said that staff used their key safe when they came and left their homes. They said staff always made sure of their security. This they said helped them to feel safe. Relatives we spoke with told us staff cared for their family members in ways which made people feel safe.

There were appropriate arrangements in place to keep people safe and reduce the risk of abuse. There were safeguarding and whistleblowing policies and procedures in place that staff knew about. Staff told us they were trained to recognise the various forms of abuse and encouraged to report any concerns. Staff knew what to do if they had any concerns for people's safety. They told us they could contact a senior member of staff in the office at any time, if guidance was needed to help keep people safe. All the staff we spoke with were confident that a senior member of staff would take action if they raised any concerns for people's safety. One staff member we spoke with explained when they had raised concerns about one person's well-being the care co-ordinator and the deputy branch manager worked to make sure the person's safety needs and their own were taken into account. We saw records which evidenced appropriate action was taken so people's safety needs were met. Another staff member we spoke with told us they had remained with a person when they were taken ill, so they could be sure the person was seen by paramedics, and their home was secured before they left.

The provider reported appropriately any concerns that arose to the local authority safeguarding team and to the Care Quality Commission. Where allegations of abuse were substantiated the provider took appropriate action and acted on the plan recommended by the local authority safeguarding conferences to ensure the safety of people and to prevent similar incidents from reoccurring.

People told us staff had talked to them about risks to their safety before they started to receive care, so they would receive the right care for them. When we inspected people's care files we saw risks had been assessed. This included risks for people's physical well-being as well as with administering their medicines and health conditions. Risk management plans had been agreed with people so risks to their safety and wellbeing would be reduced. Risks for staff working in individual people's homes were also considered. Staff told us they checked people's care plans or spoke with people so they knew the best way to keep them safe. Staff told us how they shared information on people's changing needs with senior staff and other care staff either immediately, or by updating the communication book.

People told us that in the past there were times when they experienced missed or late calls from their staff. They said this had caused them some distress however they said in the last two months these problems had improved and they could now mostly rely on staff to arrive on time. They said the office did let them know if a visit was going to be late. The deputy manager told us that a new electronic monitoring system had been

introduced recently and that this had led to the improvements people reported to us.

Staff told us they thought there was enough time allocated to meet people's care needs, and speak with them so they did not become isolated. The deputy manager told us the number of staff employed was based on the needs of the people using the service. They gave us examples of times when additional staffing had been put in place so people's care and safety needs would be met. This included when people had become ill.

There was a robust recruitment process in place with appropriate checks on the suitability of staff before they started their employment. The checks included obtaining two references and criminal records, identity and health checks so they knew staff had appropriate clearances to work with people.

Some of the people we spoke with told us either they or their relatives managed their medicines. Others told us they were prompted by staff to take their medicines. All of the staff we spoke with confirmed they had received training so they knew how to prompt people to take their medicines appropriately. Staff knew what action to take to keep people safe if there were any errors in prompting people, or if people decided not to take their medicines.

## Is the service effective?

### Our findings

People told us they received care from staff who had the right skills and knowledge to support them. One person told us, "Staff know how to look after me. They do what I need them to do." Another person highlighted how good staff were at supporting them so their personal care needs were met and they remained well. One relative told us they thought staff were well trained as their family member was supported well and their physical health needs were met.

Staff said they had good access to regular training that they found helpful to do their jobs more effectively. One staff member told us about the training they had undertaken and said, "The training we get is helpful. It makes you think more carefully about what you are doing and how to do it properly. I always speak to people first, so they get the care they want." Staff told us they had the opportunity to do training which was relevant to the people they supported. Staff gave us examples of this and told us they had done training to do with safeguarding people from abuse, assisting people to move safely using a hoist, helping people living with dementia and providing good nutrition. We saw records of staff training that evidenced this. We also saw from the records staff had one-to-one supervision meetings with their managers, direct observation from "spot checks" and annual appraisals. There was a wide range of training available for staff to undertake, so people would receive the right care. Staff told us they were required to complete the care certificate and encouraged to do further National Vocational Qualification training to build their skills. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Staff told us they thought the additional training helped them to support people with the right care as their needs changed.

Staff told us they completed an induction programme that covered all the basic training needs such as moving and handling, health and safety, safe administration of medicines, safeguarding adults from abuse and first aid. They told us when they started work they accompanied more experienced staff which gave them the chance to meet people they would be caring for in the future. One member of staff we spoke with told us it was very helpful to do this, as it gave them the opportunity to learn directly from experienced staff and to get used to people who used the service. The staff member told us, "It was good to see how experienced staff did the work. It helped me to understand about getting it right as far as people were concerned, and respecting their wishes." Two people we spoke with told us new staff supporting them had been introduced in this way, and said this had helped them to feel less anxious about having new staff visit them.

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. We checked whether the service was working within the principles of the MCA. All of the people who we spoke with and who received care and support from this agency at the time of the inspection were able to make their own decisions about their care. The director told us that if they had any concerns to do with the person's ability to make decisions they would involve the person's relatives or other health or social

care professionals to make best interests decisions for them.

We saw that where appropriate staff supported people so they would have enough to eat and drink. People told us that where it was defined in their care plans, staff prepared food for them that they had chosen. One person said, "Yes they help prepare meals for me. I couldn't do it for myself, so this help is fantastic for me." A relative told us staff were very effective in encouraging their family member to eat and drink enough. The relative told us staff encouraged their family member to be involved in preparing some of their own food. They said their family member was doing well with this assistance from staff. Staff told us they took time to make sure people were getting enough to eat and drink. Staff explained the action they had taken where people were not eating and drinking sufficiently, such as referral to the district nurse or GP. They said this was to try to ensure the person would receive enough to eat and drink and maintain their health and well-being.

Most people told us that if they needed any support with their healthcare they would usually be assisted with this by their families or relatives. Where this was not possible they said they would be supported by staff to do this. Staff we spoke with were clear about what actions they would take if a person became unwell. This included contacting people's GP if they needed support to do this, or staying with people in emergency situations until health professionals arrived. The deputy manager explained how they routinely worked with other agencies so people's health needs would be met in a safe way. This included assisting people so they could access healthcare relating to their physical and psychological health, so they would remain well.

## Is the service caring?

### Our findings

Most of the people and relatives we spoke with told us staff were caring. One person told us staff were kind and described the staff who supported them as, "Fantastic, they are the best service, they are so good." Another person said, "My carers are friendly and polite. They are fine, very caring." One relative said, "Our regular carers are polite and caring, very good. When we had lots of changes with our carers it wasn't so good. They didn't know my [family member] and they didn't really know what needed to be done. It's got much better recently and we are pleased that we have more regular carers." Three people and two other relatives made similar comments to this. These people praised their regular staff as being very caring and supportive. They told us the frequent changes in staff that they had experienced previously had improved when the changes in staff had been reduced. People and their relatives told us they liked to have regular care workers because this provided them with staff who knew them well and who they trusted.

Staff told us they found out about the things which were important to people they supported through working with them and their relatives over time. Staff said they read about people's life histories and assessments and care plans in their care files. Staff spoke warmly about the people they supported and showed us they knew about the things which were important to people. One staff member told us how important it was for them to make sure people felt cared for. Another member of staff told us, "It really helps when you get to know people well. It makes it so much easier for all of us to help people the way they like it." One other member of staff told us, "People need to feel comfortable with you, so it's about listening to them and they become more relaxed with you." In the care files we inspected we saw there was information about what was important to people. Staff members also recognised the importance of making sure people's relatives were at ease when they were in their homes.

All the people we spoke with told us they were encouraged to be involved in making decisions about their care on a day to day basis. One person told us staff always asked them what support they needed and how they wanted this to be given. Another person explained their needs changed quite often, so staff always checked with them to see what they could do independently. People told us staff offered them choices, listened to their decisions and this made them feel valued by staff. One staff member told us they offered people choices about how they wanted their personal care given and what food and clothing choices people wanted to make. We saw people's care plans prompted staff to make sure people were involved in daily decisions about their care.

People's dignity and privacy was taken into account by staff. People told us staff always checked if they were happy for staff to enter their home, and promoted their dignity in the way they cared for them. One person explained staff recognised their need for privacy when they were given personal care such as with a strip wash. One relative told us staff showed respect to their family member's wish to have the same gender of staff member as themselves. The same relative told us staff respected these wishes. Staff told us how they made sure people were treated in a dignified way during personal care, such as by making sure people were appropriately covered when some types of care were given. We saw records which showed people's need for privacy in relation to their information was discussed with people before they began to receive care.

## Is the service responsive?

### Our findings

People told us the care they received met their needs. They also said they were involved in their care assessment and the development of their support plans and how they wished to be supported. One person said, "One of the office staff visited me and my wife to find out about what I wanted help with."

The deputy manager explained to us and said, "For our local authority funded clients we receive a care plan from the local authority. This sets out the care they want us to provide for people. We still do visit people to find out how they want their support to be provided and what their wishes are. For our privately funded clients we carry out an initial needs and risk assessment and we discuss with them what help they need and we agree the schedule with them. We have follow up discussions with everyone we support to make sure everything is to their satisfaction."

We found assessments were undertaken to identify people's support needs and the plans we saw outlined how those needs were to be met. The support plans were reviewed on a regular basis and if needed, changes were made to them. For example some changes one relative told us about were to do with the times and frequency of visits. We saw evidence that reflected how care plans were reviewed annually to ensure the care people received was still relevant to their identified needs. Staff were kept informed about changes to people's needs. During our inspection we observed staff visited the office to discuss changes to the needs of some people they had visited.

People told us that staff encouraged them to maintain their independence. One person said, "They encourage me to be as independent as possible and would say, do you want to wash your hair today, or shall we do it for you?" The person commented further and said that they appreciated staff giving them the time to maintain their independence. Staff confirmed that where appropriate they prompted people to undertake certain tasks for themselves such as brushing their hair.

People told us they knew how to make a complaint. They told us they had information about this provided by the agency in their care folders maintained in their homes. One relative we spoke with told us they had made a complaint 'about the lack of regular carers'. They told us that the registered manager had taken the complaint seriously and 'responded to my concerns quickly. Since then we have had more regular carers and that has made us really much happier.' The deputy manager told us that the service had a complaints policy and people were issued with a copy of the policy when they started to use the service. They also told us that lessons were learnt from complaints and they were used to improve on the quality of the care provided. We found complaints made had been dealt with in line with the provider's complaints procedure and to people's satisfaction.

## Is the service well-led?

### Our findings

At this inspection we found that the provider had ensured the registered manager and the deputy manager were supported by a well organised team of staff who all said there were clear lines of responsibility. Staff confirmed they had access to senior staff to share concerns and or to seek advice.

People, relatives, staff and commissioners told us the management team was open and approachable. They all said they felt they could talk with a care co-ordinator or a manager at any time. One person said, "We have had visits from managers, so we were able to discuss things then." All the staff spoken with said they could come into the office at any time and the registered manager or deputy manager was prepared to meet with them. Both commissioners we spoke with told us the management team responded positively to any suggestions or concerns they raised with them.

People's experience of communication with office staff was varied. Some people felt they had to wait too long for the telephone to be answered. One person said, "They don't seem to answer the phone very quickly although it has improved recently." The director told us they were aware of this and had recruited an extra member of the office staff to assist in improving communications with people.

Some people commented that office staff did not appear to understand the travel time staff needed to go between calls. Although they did reflect that this had improved quite recently. One person said, "The staff are very well organised, but the company is not so well organised, they don't recognise the distance staff have to travel between calls. Having said that, it has got better recently." We discussed this with the deputy manager who said the recent introduction of the electronic call monitoring system had helped to improve things.

Some of the people we spoke with said they had experienced times when the office had not contacted them to let them know when staff were going to be late. The deputy manager said this had been identified through their satisfaction survey and conversations with people and action was taken to improve contacts with people when staff were delayed. They said the new electronic call monitoring system had led to improvements with this because the office staff were now much better informed as to the progress of staff and therefore more able to let people know if their call was likely to be late.

In addition to this the deputy manager told us there was a senior on-call rota which meant someone was always available to deal with concerns and offer advice to staff. Staff told us they always had someone they could call if they needed advice. One person said they had numbers to call if they needed to talk with someone outside of office hours.

There were effective quality assurance systems in place to monitor care and plan ongoing improvements. There were audits and checks in place to monitor the safety and quality of care. Analysis of complaints, safeguarding concerns, incidents and other events ensured the management team were informed where shortfalls in the service had been identified. We saw that action had been taken to improve practice where necessary.

The registered manager said their philosophy was to ensure they provided the best possible care to meet people's needs safely and to recognise their preferences and choices. They also said they aimed to empower staff by giving them extra responsibilities so they felt valued. The people we spoke with and staff and commissioners all said they felt people were at the centre of the care provided by this agency.

We found that people were encouraged to give their views. For example, the deputy manager told us that people were contacted by telephone or asked to complete feedback questionnaires on the quality of care they were receiving. The deputy manager said, "We send out questionnaires and talk with customers regularly and act on the feedback received. Any changes suggested are acted on in a timely manner." We saw evidence to confirm this.

People's views were also gathered by regular monitoring visits or "spot checks" and telephone survey calls. We saw that an annual survey of people, relatives, staff and service commissioners was carried out so people could be assured that improvements were driven by their comments and experiences. The results of audits were analysed to show areas for improvements and where improvements had been made.

The registered manager looked for ways to continually improve the service and keep up to date with current trends. People were supported by a service in which, the registered manager kept their skills and knowledge up to date by on-going training, research and reading. They shared the knowledge they gained with staff at staff meetings/supervision.

The manager notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

Records we inspected were well organised and easy to access. Information was logically set out in chronological order and appropriate older information had been archived and stored securely. This showed that the agency was being run in an efficient manner.