

Supreme Care Services Limited

# Supreme Care Services Limited

## 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 an inspection of Supreme Care Services on 31 May 2016. This was an announced inspection where we gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to ensure someone would be available to speak with us.

Supreme Care Services Limited is a domiciliary care agency providing care and support to people in their own homes. The agency supplies care staff both as direct private arrangements, and through a contract with the London Borough of Croydon. At the time of our inspection 150 people use the agency, including older people and adults with physical disabilities.

A registered manager was in place. 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.

At the time of inspection the registered manager was on leave and an acting manager was in place.

At the last inspection on 29 May 2015 we found the provider was not meeting the regulations in relation to ensuring adequate staff training, supervision and appraisal. We also found there were breaches in regulations concerning the provision of person-centred care and having quality assurance systems that enabled the service to evaluate and develop the quality of their service.

We asked the provider to submit an action plan detailing the improvements to be made.

These actions have been completed and on this inspection we found that the relevant requirements were being met.

People who used the service told us they felt safe. Staff had received training about safeguarding and knew how to respond to any allegation of abuse. Staff were aware of the whistle blowing procedure which was in place to report concerns and poor practice.

There were sufficient staff employed to provide consistent and safe care to people, with people receiving care from the same small team of staff.

People received their medicines in a safe way and staff had received training in the types of medicines people received. Staff recorded medicines taken by people in an appropriate medicines record sheet.

Staff had received training and had a good understanding of the Mental Capacity Act 2005 and Best Interest Decision Making, when people were unable to make decisions themselves. They also received other training to meet people's care needs.

Staff helped ensure people who used the service had food and drink to meet their needs. Some people were assisted by staff to cook their own food and other people received meals that had been prepared by staff.

Staff knew people's care and support needs. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. There were regular visits and spot checks carried out by the service to monitor the quality of service and the care practice carried out by staff.

People told us that staff were kind, caring and efficient.

People who received care remained independent and in control of their decision making and choices. People had access to health care professionals to make sure they received appropriate care and treatment. The service maintained accurate and up to date records of people's healthcare and GP contacts in case they needed to contact them.

A complaints procedure was available and people we spoke with said they knew how to complain, and how to contact the main office. The service maintained records of compliments and complaints and recorded how these were resolved.

People had the opportunity to give their views about the service. There was regular consultation with staff, people and/or family members and their views were used to improve the service. Regular audits were completed to monitor service provision and to ensure the safety of people who used the service.

## 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.

Systems were in place to ensure that people who used the service were protected from the risk of abuse. Staff were aware of procedures to follow to safeguard people from abuse and people told us that they felt safe.

The agency employed sufficient staff to meet the identified needs of the people they provided services to. The service carried out appropriate checks to ensure suitable staff were employed.

Medicines were safely administered by staff and accurately recorded. Staff had been trained in administering medicines and audits were carried out regularly.

### Is the service effective?

Good ●

The service was effective.

Staff had access to training and the provider had a system in place to ensure this was up to date. Staff received regular supervision and appraisals.

People's rights were protected. People received assessments and were consulted before care was provided. The provider was aware of their responsibilities under the Mental Capacity Act 2005 (MCA)

Effective communication ensured the necessary information was passed between staff to make sure people received appropriate care.

People received food and drink to meet their needs and support was provided for people with specialist nutritional needs.

### Is the service caring?

Good ●

The service was caring.

Care plans were written in a personalised way based on the needs of the person concerned. People were cared for by kind,

respectful staff.

People were offered support in a way that upheld their dignity and promoted their independence.

People were involved in making decisions about their care.

### **Is the service responsive?**

**Good** ●

The service was responsive.

The complaints procedure was accessible to people and the service maintained records of compliments, feedback and complaints.

Where necessary, the provider worked well with other agencies to make sure people received their care in a coordinated way.

Staff were aware of people's important contacts and GPs, and supported people to make contact with them where required.

The service was flexible in response to people's needs and preferences.

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

**Good** ●

The service was well-led.

There were quality assurance systems in place that enabled the registered manager to monitor the quality of the service, identify and address short falls and improve the service.

The service promoted a culture of openness and transparency through being approachable and listening to people.

Staff were supported by a comprehensive range of policies and procedures This ensured that staff supported people in a consistent way

# Supreme Care Services Limited

## **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 31 May 2016 and was announced. 48 hours' notice of the inspection was given because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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.

We reviewed information we held about the provider, in particular notifications about incidents, accidents and any safeguarding matters. We spoke on the telephone with seven people who used the service. We spoke with three staff and the provider to gather their views about the service provided. We also made contact with the local authority social services to seek their views.

We reviewed a range of documents and records including; six care records for people who used the service, five records of staff employed by the agency and policies and procedures kept by the service.

# Is the service safe?

## Our findings

At the previous inspection of 29 May 2015 we found that the registered provider was not meeting regulations with regard to ensuring people's safety because of instances of staff lateness to appointments and occasions where only one care staff was available when two staff were required.

We had asked the provider to send us an action plan outlining how improvements would be made. The action plan outlined how monitoring would be improved to prevent missed calls or lateness.

During our inspection of 31 May 2016 the registered provider described how the areas covered by care staff had been reviewed to ensure that travel between appointments was kept to a minimum and therefore avoid lateness. We also heard how, in cases where two care staff were required, the care team was arranged so that non-drivers would accompany a driver to ensure the two care staff arrived at a person's home together. This minimised the risk of people having only one care staff available when two were needed.

Everyone we spoke with told us they felt safe when receiving care. One person told us, "They are much better than my last service." Another person said, "I feel very safe with them."

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. They were aware of the provider's whistle blowing procedure and knew how to report any worries they had. Staff records confirmed that training had been provided to staff with regard to safeguarding and the service had appropriate policies and procedures in place.

In the last 12 months there were two safeguarding concerns. These had been notified to the local authority. The registered provider was able to demonstrate how they liaised and worked with the local authority regarding any concerns over the safety and well-being of people.

The registered provider described how a new telephone system was being installed which would do away with the need for people to have to call a separate mobile number during out-of-office hours. The new system would enable people to simply call the main office and calls would be diverted to the on-call staff on duty. This meant that people's safety was enhanced because staff would reach them more quickly.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. For example, assessments included information about risks of falling and details of nutritional needs of people. They formed part of the person's care plan and there was a clear link between care plans and risk assessments.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to staff at the office. Incidents and accidents were logged at the office and action was taken by the manager as required to help protect people. Details of how incidents were acted upon and resolved were

also recorded. Resolutions were in the form of reviewing the situation with staff, amending routines, where appropriate and carrying out spot checks in people's homes to ensure that the care plan was being delivered safely and in accordance with the person's wishes.

We discussed how the service recruited staff and looked at staff records. The acting manager and other office based staff were able to describe the recruitment process in a clear and consistent manner. Staff records demonstrated that a robust recruitment process was in place. The registered provider was able to describe occasions where the recruitment checks had prevented unsuitable applicants from being employed.

We saw relevant references and results from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions that make them unsuitable to work with vulnerable people. These had been obtained before people were offered employment. Application forms included full employment histories.

New staff underwent a thorough induction process which included training related to the Care Certificate, an induction programme which covered 15 standards that health and social care workers needed to complete during their induction period. Newly appointed staff spent a period of shadowing another more experienced member of staff and was assessed as competent before working on their own with people.

Staff were trained in handling medicines and had also received training in understanding what the medicines were that were being administered. All medicines administration records (MAR) were audited and any errors recorded. There were no medicines errors in the last 12 months.



# Is the service effective?

## Our findings

At the previous inspection of 29 May 2015 we found that the registered provider was not meeting regulations with regard to ensuring that staff were regularly trained and supported through supervision.

We had asked the provider to send us an action plan outlining how improvements would be made. The action plan outlined how the frequency of staff supervision would be increased and how training of staff would be better recorded and filed for easier presentation of evidence.

During our inspection of 31 May 2016 we saw evidence that these areas had improved. Staff supervision and appraisal had taken place for all staff. Staff we spoke to confirmed that they received supervision and training. We saw records of staff training, including updated and refresher training which were stored in each care staff's personal record.

People told us they were happy and confident with the skills and competency of the care staff. One person told us: "I am very satisfied with my carer." Another person said, "They do all the things I need them to do. They are very friendly."

Staff were also positive about their training and the support they received to carry out their work. One staff member told us, "Things have improved so much over the past year. We now have two care coordinators, a manager who is actively on site and office support. This means that there is more time to do things like supervision and training in a less pressured way."

Staff records contained details of induction, mandatory training and were enabled to take up further training such as National Vocational Qualification at level 5 (managerial level). Staff completed training that helped them to understand people's needs and this included a range of courses such as dementia care, moving and handling and medicine administration.

Staff confirmed that they received supervision and support from managers and records confirmed this. We saw that in addition to informal day-to-day supervision and contact there were formal supervision sessions with staff every three months and an annual appraisal.

People confirmed that staff always asked them for consent and views before carrying out tasks and we saw signed consent forms in people's care records.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. The manager confirmed that at the time of inspection there was no one who required someone to act for them under the Court of Protection.

Staff were aware of and had received training in the MCA as part of induction and the manager had undergone more in-depth training. Staff were able to give a clear description of what was meant by "lacking capacity" and having to do things for people in their "best interests".

We checked how the staff met people's nutritional needs and found people were assisted to access food and drink appropriately. People told us staff were helpful in ensuring they had plenty to eat and drink. They said they would prepare or heat meals for them.

People who used the service were supported by staff to have their healthcare needs met. Care staff had details of people's GPs and any other health professional such as pharmacist or chiropodist. People's care records showed that staff liaised with GPs where requested.

# Is the service caring?

## Our findings

People were supported by staff who were warm, kind, caring, considerate and respectful.

People told us that their care staff were kind, considerate and showed a level of compassion and understanding which they really appreciated. One person said, "They chat to you, and that's really nice." Another person told us, "My carer is better than 10/10. He goes the extra mile for you."

Staff also displayed a thoughtful, caring approach when speaking about people and the way in which they deliver care. One staff member told us, "The reason we try to make improvements to the way we organise things is because it's all about the clients, to try to make sure they get the care they need."

A recent survey had asked people for their views on how caring the service was, and whether it ensured people's dignity was respected. The results ranged from 86% to 100% based on feedback from relatives and people.

All people we spoke with told us they had received information about the care they were to receive and how the service operated. They also confirmed that, in the main, the same group of care staff cared for them, providing a good sense of continuity of care as well as the reassurance that people were being cared for by people who knew them well.

Interviews with staff and staff roster records we looked at demonstrated that the care was co-ordinated in such a way that ensured the same care staff would be scheduled to work with people, in order that relationships could develop and staff could understand people's needs and wishes better.

The service provided a Service Users Guide which outlined the expectations that a person could have from the agency, placed an emphasis on the importance of ensuring that people would be treated with dignity and respect and that people and the agency should work together as equal partners.

People were involved and consulted about the type of care they wished to receive and how they wished to receive it. Everyone we spoke with confirmed that they had been involved in developing and deciding their care plans and that their views were listened to and respected. Decisions about people's care were made after an assessment of what was needed and agreement was reached as to how best to provide the care, including frequency of visits, tasks to be carried out and time schedules.

Care records confirmed that people had been assessed and involved in decision making and had consented to their care.

# Is the service responsive?

## Our findings

At the previous inspection of 29 May 2015 we found that the registered provider needed to improve the way it monitored complaints in order to ensure it had a clear overview of the types of complaint it received and could demonstrate how they learned from these.

We had asked the provider to send us an action plan outlining how improvements would be made. The action plan outlined how the monitoring of complaints would be improved.

During our inspection of 31 May 2016 we saw evidence that these areas had improved. There was a clear complaints procedure for people which was contained in the service user guide. The registered provider had worked with the local authority on monitoring a "complaints dashboard" whereby complaints were logged and responded to within 14 days.

Two of the main areas of complaint at the previous inspection were that care staff appeared late for their appointments and that the office was difficult to contact. The registered provider was able to describe how refinements to the geographical areas worked in by care staff had reduced the number of complaints about lateness. The change of telephone system whereby people now only needed to call one number whether out of hours or not, was designed to enable people to have a better experience of making contact with the office.

A recent survey which asked people their views on complaints and how they were responded to fed back that 71% of respondents felt the agency responded well to their complaints. People told us they knew who to complain to if they had any issues.

Some people did not always complain directly to the agency, but instead made complaints via the local authority social services team. Some people made their complaints to both organisations. The agency reported that they had received and responded to 24 complaints in the last 12 months. The local authority reported that it had received 50 complaints. These were not necessarily 50 additional complaints. The local authority was working with the agency to resolve these.

Everyone we spoke with was confident that they received personalised care that was responsive to their needs. Interviews with staff demonstrated that there was a commitment to providing an individualised care service to people. People's care records and service policies and procedures focussed on ensuring that care packages were decided on only after an assessment had been carried out and people consulted about their views on how it should be delivered.

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Care plans were in place that reflected the current care and support needs of people. Care plans provided detail for staff to give care and support to people in the way they

preferred.

People confirmed that spot checks took place during which they were asked whether the service was continuing to meet their needs and if they had any issues with the service. People confirmed that they received regular contact from the agency, had their care plans reviewed and were consulted about changes.

# Is the service well-led?

## Our findings

At the previous inspection of 29 May 2015 we found that the registered provider was not meeting regulations with regard to having effective mechanisms in place to act on feedback for the purposes of continually evaluating and improving the service and improving their practice.

We had asked the provider to send us an action plan outlining how improvements would be made. The action plan outlined how quality assurance monitoring would be improved. This included better telephone monitoring where each person who used the service would be contacted every three months, an annual customer feedback questionnaire which focussed on quality and the person's experience of it, and improved spot checks which were conducted by field workers from the agency and where results would be fed back to the agency care coordinators.

These would be summarised in a report for the manager who would then decide on areas of priority to focus on.

During our inspection of 31 May 2016 we saw evidence that these areas had improved. We saw that spot checks and telephone calls had been made to people and the feedback recorded. There had also been a questionnaire developed and sent out to people and their relatives.

We saw that the office staff had been slightly reorganised which had resulted in a full complement of care coordinators, filed staff and administrative staff. This enabled the various teams in different patches to be more regularly monitored and supported.

The service promoted a positive culture that was person-centred, open, inclusive and empowering. Staff policies and procedures, induction and training all emphasised the involvement of the individual in decisions about their care and had systems in place to monitor how well that was working.

Everyone we spoke with confirmed they had been provided with useful information about the agency in the form of leaflets and a folder with their care plan and other guidance about the service. Everyone was able to give examples of the agency contacting them, either by phone or in person to check that they were happy with their care and to check that staff were carrying out the care plans as agreed.

The service demonstrated good management and leadership. There was an acting manager whom the agency was preparing to register with the CQC and who had familiarised themselves with the geography of the area, the various professional contacts in the community and with the staff team.

We saw that systems were in place to support staff, allow communication with people who used the service and to enable the staff team to discuss the quality of the service.

In addition the registered provider maintained good links with social services, provider forums and organisations related to the field of domiciliary care, dementia and professional development, such as Skills

for Care.

The manager and team provided a strong visible presence for staff and people through good communication and regular personal visits. The field workers carried out spot checks in people's homes which included areas such as care staff conduct and presentation, courtesy and respect towards people, maintaining time schedules, ensuring people's dignity was maintained, competence in the tasks undertaken and competence with any equipment used, such as hoists.

The service had systems and processes which were designed to monitor the quality of the care provided and to ensure that people's experiences and views were used to help improve the service.

In addition to annual surveys, the service carried out regular reviews, at least annually, with people regarding their care and took note of any compliments and comments to gauge what people considered the most important aspects of the service for them.

The staff we spoke with were enthusiastic about the improvements made over the last 12 months. However, feedback from the local authority suggests that further improvements could be made in ensuring the agency continues to be well-led. Examples given to us by the local authority of further improvements required included the need to ensure that copies of the up to date risk assessments and care plans which are in the office are also available in people's homes, and that instances of late arrival to appointments could be further reduced. The local authority and the registered provider are currently working together on these improvements

We saw that records were kept securely and confidentially and these included electronic and paper records.