

Supreme Home Care Ltd

Supreme Homecare Limited

Inspection report

6 Pearson Road
Central Park
Telford
Shropshire
TF2 9TX

Tel: 01952216700

Website: www.supreme-homecare.com

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Supreme Homecare Limited is a domiciliary care agency which provides assistance with personal care to people living in their own homes. At the time of this inspection 120 people were receiving support with personal care needs. Not everyone who used the service received personal care. CQC 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

People received a service which was exceptionally caring. People and their relatives spoke very highly of the staff team and told us staff went above and beyond their role when supporting them. People told us they were treated with the upmost respect by staff who were kind and compassionate. They told us they were empowered to be in control of their lives and that staff respected their wishes and supported them to live their lives as they wanted. Staff took time to get to know the people they supported, and they ensured people's protected characteristics were understood and respected. Staff at all levels spoke about people with genuine fondness and demonstrated their commitment to providing people with the highest standard of care possible.

People felt safe with the staff who supported them. People were supported by adequate numbers of staff who were safe to work with them. The provider's systems protected people from the risk of abuse. People were protected from the risks associated with the control and spread of infection. There were systems in place for the safe management and administration of people's prescribed medicines. People received their medicines when they needed them from staff who were trained and competent.

People were supported by staff who were trained and competent in their role. People were assessed before they used the service to ensure their needs and preferences could be met. Staff understood the importance of ensuring people's rights were respected and protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's health care and nutritional needs were monitored and understood by staff. People received personalised care which met their needs and preferences. People were involved in planning and reviewing the care and support they received. People's communication needs were assessed and understood by staff. People knew how to raise any concerns they may have and were confident that action would be taken to investigate and respond to their concerns. People could be confident their wishes during their final days and following death were understood and would be respected by staff.

The service was well-led by a provider and registered manager who demonstrated a commitment to monitoring and improving the service people received. They worked collaboratively with other professionals to improve people's lives. Professionals were overwhelmingly positive about the management, staff team

and of the support people received. People's views were valued and responded to as were the views of the staff team. People were supported by staff who felt very well-supported and valued. The provider and registered manager were aware of their legal responsibilities and promoted an open and honest approach which had been adopted by the staff team.

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 27 September 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Supreme Homecare 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

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that someone would be in the office to support the inspection.

Inspection activity started on 3 November 2021 and ended on 11 November 2021. The inspector visited the office location on 3 November 2021 and telephoned people, their relatives and staff on the 10 and 11 November 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not 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. We took this into account when we inspected the service and made the judgments in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff which included the provider, registered manager, area manager and care staff.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

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.

Assessing risk, safety monitoring and management

- Staff understood when people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. These included risks relating to the person's environment, falls and pressure damage to the skin.
- Care plans and risk assessments had been regularly reviewed to ensure they remained up to date and reflective of people's needs.
- People's equipment was regularly checked by staff to ensure it remained safe and well-maintained.

Using medicines safely

- People were supported to take their medicines by staff who were trained and competent to carry out the task. One person said, "The carers make sure I get my tablets. They know what they are doing."
- Medication administration records (MAR) provided information about people's prescribed medicines, the dose and time the medicines should be administered.
- People's medicines stocks were checked to ensure people had received their medicines in accordance with the prescriber's instructions.

Staffing and recruitment

- People told us they received the support they needed from staff who knew them well. One person said, "I have regular carers who always turn up on time. They always have time for me, and I never feel rushed." A member of staff told us, "We are allocated plenty of time with [people], so never have to rush them. If you have any concerns that a person may need a longer visit you just report to the office and they sort it."
- The provider followed safe recruitment procedures and made sure only staff who were suitable to work with people were employed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them. One person said, "I feel safe with them [staff]. They always wear a uniform and have ID. If someone new is coming, they [staff] will always introduce them to me first."
- People knew who would be visiting them. One person told us, "The office sends me a rota every week so I always know who will be visiting me."
- Staff had been trained to recognise and report abuse. A member of staff told us, "I don't know one single member of staff who wouldn't report concerns. [Name of registered manager] would definitely act on any concerns."

Preventing and controlling infection

- People were protected from the risks associated with the spread of infection. One person told us, "I feel safe and protected. The staff always wear masks, gloves and aprons and are always washing their hands."
- Staff had received additional training in infection control during the COVID-19 pandemic and had access to sufficient supplies of personal protective equipment (PPE). A member of staff said, "We have access to plenty of PPE. No concerns there. We also have a weekly newsletter which keeps us up to date with Government guidelines."

Learning lessons when things go wrong

- Records of any accidents or incidents were maintained and reviewed when they occurred. This helped to identify any trends so that steps could be taken to prevent further risks.
- Where things went wrong, the registered manager and the provider were keen to explore the reasons and to take steps to reduce the risk of it happening again.
- There was a culture of learning from accidents and incidents which was shared with staff. The registered manager told us, "We will always have a discussion and look at what we did and what could be done better."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and their relatives were positive about the skills and competency of the staff who supported them. One person told us, "My carers are just brilliant, and they are very skilled in what they do."
- Staff were positive about the training they received. One member of staff told us, "The training is really good. You get everything you need plus more and [name of trainer] makes sure we get refresher training when we need it."
- Staff received regular supervisions where they had the opportunity to discuss their role and performance.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- At the time of our visit there was nobody using the service who was subject to a Court of protection order.
- The people we met with told us they were never made to do anything they did not want to do. One person said, "The carers are all lovely and they listen to what I say. They would never force me to do anything."
- Staff had been provided with training in the MCA and understood how to ensure people's rights were respected. A member of staff said, "They [people] are completely in control and have the right to refuse support. We [staff] are just visitors in their home and we must always respect that."
- People told us their rights were respected and that they were involved and consulted about all aspects of their care.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people required support to eat and drink, information about their needs and preferences were recorded in their plan of care.
- People received support to eat and drink at the times that suited them.

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

- People were assessed before they used the service to ensure their needs and preferences could be met.
- Assessments of people's diverse needs were discussed prior to using the service. These included religious preferences.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The agency worked closely with other health and social care professionals to ensure people received a seamless service, especially when returning home from hospital.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Staff at all levels were particularly sensitive to times when people needed caring and compassionate support. For example, one person was unable to communicate verbally and relied on staff to understand and recognise facial and hand gestures which they used to express themselves. The person was allocated a small staff team who worked closely with them and their relative to get to know them. The staff team also accompanied the person to the specialised day centre they attended so they were able to work alongside staff to better understand how the person communicated. This had enabled the person to build trusting relationships with a core staff team who understood them.
- We heard of many examples where the registered manager and staff team had gone above and beyond their responsibilities to ensure people lived a safe and improved life. For example, they supported one person who was struggling with some difficult personal issues and this had impacted on their mental well-being. The registered manager alerted the appropriate authorities and worked closely with them to resolve the issues which had resulted in an improvement in the person's mood, health and security.
- Another person who had a history of complex needs and had previously used a number of care agencies which had been unable to meet their needs. This had caused them increased anxiety. With the support of a regular team of staff and regular telephone calls from one of the agency's area managers, the person had built a trusting relationship with staff which had resulted in improved self-confidence. The person had been with the agency for a number of years and, prior to the COVID-19 pandemic, was involved in the agency's client involvement group.
- Staff supported one person who had complex health conditions, to achieve their wish of raising money for a particular charity before they passed away. Staff worked with the person to organise two fundraising events for their chosen charity. Following the death of the person, their relative nominated their staff team for an award stating, 'They [staff] made their life more complete. They [staff] went out of their way showing kindness and compassion to both [name of person] and the rest of the family.'
- Staff had developed extremely positive and trusting relationships with people which had enriched people's lives. One person said, "I can't fault the carers. They are so kind and will do anything to help me." Another person told us, "They [staff] are absolutely brilliant. The office staff asked me how I was getting on with the carers and I told them if I ever had to go into a home, it would be on one condition, that I take my carers with me." A relative said, "The carers are just excellent. They not only support my [relative], they support me too. I just can't fault them."
- The provider and registered manager valued the staff team and sought the views of the people using the service. The provider operated a 'You're a star' award which enabled people who used the service and their relatives to nominate staff for their acts of kindness or exceptional care provided. The winner of the award

attended a presentation ceremony. Results and photographs were shared with people in a regular newsletter.

- People and their relatives were keen to nominate staff for the 'You're a star award'. Comments demonstrated how truly caring and committed the staff team were. Comments included, 'You take care of me each day and go the extra mile if needed. You went to the shop to buy milk for me when I ran out. You put my washing on and vacuum if needed. I thank god for you every day.' 'You give the extra touch of care beyond your role. You call me out of work to see how I am. You help with my shopping in your own time and telephone my [relative] if I am not feeling good.' A relative commented, 'For ringing when we were on holiday to make sure my [relative] was okay. On returning from holiday [the carer] went out of their way to make sure we had milk, bread etc and would not take anything from us. My [relative] loves their visits and spends time laughing and joking all the time they are caring for her. They also have a good rapport with the dog, and they will also do shopping for us in their own time. A true saint amongst carers making my [relative's] life so much happier and my life a lot easier.' A person who was nearing the end of their life commented, 'They [staff] are angels and are always with me. I would like to write this before the end as I am palliative care. When I was very ill recently, the [staff] were amazing and were always calling in and helping me through it all. I will always remember them.'
- Staff spoke with genuine fondness when they told us about the people they supported, and they demonstrated a commitment to ensuring people received the best possible care and support. We heard many examples where staff had gone above and beyond to ensure people received the best care possible. For example, a relative told us how staff had remained with their relative when they were unwell. Another relative described the genuine care and support staff gave them following the death of their relative; They said, "They [staff] were just amazing and I couldn't have asked for more."
- Staff felt valued and supported. A member of staff said, "The support is amazing, [Name of provider and registered manager] are brilliant and are always ready to listen. I honestly don't think there is anything that could be improved on."
- People's protected characteristics such as sexuality and religious preferences were discussed with them, recorded in their plan of care and were respected by staff at all levels. For example, the times of one person's visits were regularly changed to enable them to follow their religious beliefs. Another example included a sensitively written care plan and discussions with staff about how a person wanted to express their sexuality.
- People were able to have a say in who supported them. For example, one person requested only female staff supported them with their personal care needs because of their religious beliefs and this was respected.
- We heard how staff learnt to prepare certain foods to meet one person's cultural preferences. This had a positive effect on the person as prior to this the person's food intake had reduced. They had gained weight and were now enjoying their meals.

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

- People told us they felt in control and fully involved in the care they received. One person told us, "I wouldn't survive without them [staff] and they look after me the way I want to be looked after."
- Staff had a good understanding about people's needs and they had the skills and information to support people. A member of staff told us, "It's great that we get time to get to know [people]. They are in control and they [people] tell us how they want to be supported."
- Care plans had been developed with people and where appropriate their relatives to ensure people's preferences and wishes could be fully considered, respected and understood by staff.
- Staff at all levels understood when people may require additional support. For example, staff positively welcomed the involvement of advocates and ensured people understood how to contact them when required. The agency had strong links with the voluntary sector and local communities such as Age UK. We were told of examples where people had required additional support with drug and alcohol issues and staff

had liaised with appropriate agencies to ensure people received the support they needed.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the agency's culture and values and this was confirmed by the people we spoke with. People and their relatives told us they were treated with the upmost respect by the staff who supported them. One person said, "They [staff] are very obliging and so respectful. I just don't think they could do anything better." The relative of a person living with dementia told us, "They [staff] talk to my [relative] all the time and explain everything they are doing and check that it is alright. They are absolutely brilliant. If I couldn't have Supreme Homecare, I wouldn't want anybody else."
- People were supported to be as independent as they could be. Care plans contained information for staff about how to promote people's independence and these were understood and followed by staff. A relative told us, "They [staff] do everything possible to help my [relative] be as independent as possible. They never rush them and give them all the time that's needed. They are so good."
- The provider had procedures in place relating to confidentiality and these were understood by staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care planning and delivery was person-centred. Person-centred planning is a way of helping someone to plan their life and support they needed, focusing on what was important to the person.
- Care plans detailed information which was important to the person such as daily routines and family members. This helped staff to get to know people and to support them in accordance with their preferences.
- People's care plans had been regularly reviewed to ensure they remained reflective of their needs and preferences. We saw that people and, where appropriate, their representatives had been involved in planning and reviewing the care they received.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had a good understanding of the AIS and of their responsibilities. They told us that information could be produced in alternative formats such as large print, where required.
- Care plans contained information for staff about how to support people with a sensory impairment. For example, ensuring people had their spectacles and hearing aids where required.

Improving care quality in response to complaints or concerns

- People told us they would feel comfortable to raise any concerns they had. One person told us, "I don't have any grumbles at all. I know I can ring the office if I need to."
- There was a complaints procedure in place and complaints were fully investigated and responded to within agreed timescales.

End of life care and support

- People's care records contained information about their religious preferences and their preferences during their final days and following death. This meant staff had access to important information to ensure people's wishes were understood and respected.
- The service had received numerous thank you cards from relatives following the death of a loved one. Comments included, 'I would like to thank you for looking after my [relative]. Your staff were marvellous with them and looked after them and I was so grateful for the care and attention given to them towards the end of their life. They loved every one of the carers.'

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Working in partnership with others; continuous learning and improving care

- Highly effective collaborative working with external agencies and organisations had resulted in improved lives for both people supported and their families. For example, the agency was piloting a new Planned Over-Night Care (PONC) service for the local council, where each night 15-20 people received a mix of planned and reactive calls. People preferring reactive calls were provided with a handset where they could call night staff to request support or reassurance when needed. This has enabled people to remain in their own homes rather than move to a residential care setting.
- Comments from other professionals such as NHS commissioners and the local authority had been overwhelming positive about the service provided by the agency. Comments included, "The senior management team and carers are always extremely professional, helpful and supportive to all their clients and families. They communicate effectively with us to ensure collectively we can provide a timely and efficient response to care delivery to ensure clients are able to be supported at home rather than be admitted to hospital unnecessarily." Another commented, "Supreme Homecare provide an invaluable and vital service to our team and they ensure we are able to provide an exceptionally responsive service to people that require emergency care and support in their own home."
- People's care plans showed they saw healthcare professionals when they needed.
- The provider and registered manager were committed to continuous learning and improving the service people received.
- There were effective procedures in place to monitor and improve the quality and safety of the service provided. These included a range of audits, seeking the views of people who used the service and monitoring the skills, training and competence of the staff team.
- The provider's policies and procedures were regularly reviewed to ensure they complied with current best practice and legislation.
- The provider's director is the vice-chair of Shropshire Partners in Care (SPiC). SPiC is a not for profit organisation representing approximately 240 independent nursing, residential, supported living and domiciliary care providers in Shropshire and Telford & Wrekin. The director attends regular meetings and shares learning and updates with the staff team.
- Earlier this year the provider's director was invited to represent the Social Care and Voluntary sector at a meeting with the NHS discharge alliance group to advise on how to improve hospital discharge.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and registered manager demonstrated their passion and commitment to providing people

with the highest quality of care. Their vision and values had been embraced by all the staff we spoke with. A member of staff told us, "I wouldn't want to work anywhere else. The focus is all about the people we support and putting them first. I really believe people get excellent care." Comments throughout the report from people who used the agency and their relatives showed that the provider's vision and values had been fully embedded.

- Staff were clear about their roles and responsibilities. The provider ensured staff had access to the records and information they needed to provide a safe service to people. This included policies and procedures and people's care records.
- The provider and registered manager were aware of their legal responsibility to inform us of significant events which occurred in the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us they felt fully involved and informed about the service they received. One person said, "They [staff] listen to what I say. I feel in control of my life." A relative told us, "I can call the office anytime and they are very helpful. They are very accommodating and will change call times if needed."
- People were provided with a quarterly newsletter which provided them with regular updates which included staffing and changes in COVID-19 guidance.
- People's views were sought on a day to day basis and through formal satisfaction questionnaires. Results of a recent survey had been positive.
- People's equality characteristics were considered. People's care plans contained information about their likes, dislikes, how they wanted to be supported and information about their social history, religious preferences and the important people in their lives. This helped staff to get to know the person and to enable them to support people in accordance with their wishes.

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

- Systems were in place to investigate, feedback and learn when things went wrong. Records showed that people's relatives had been informed of any accidents or concerns about people's well-being.
- Staff were provided with opportunities to reflect and learn when accidents occurred.