

Supreme Home Care Ltd

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Inspection summary

CQC carried out an inspection of this care service on 27 October 2016. This is a summary of what we found.

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 ●

People received safe support because staff knew how to protect them from harm. One person told us, "I feel safe and well supported." Another person said, "They [the staff] are obliging and anything I ask them to do they will do as long as it's safe for them to do so."

Staff we spoke with knew how to keep people safe and what to do if they had concerns about a person's safety. Staff told us they had received training to protect people from abuse and were able to share examples of different types of abuse to demonstrate their understanding. Staff were confident to recognise and report concerns about people's safety. They were confident that the registered manager would then take appropriate action.

Staff promoted health and safety and safe working practices. Staff told us that they were confident to recognise hazards in people's homes. They developed plans to reduce risks and remove hazards if possible. For example, one staff member told us, "We look for hazards such as rugs and other obstacles that prevent us using equipment or place the person at risk of falling." Staff told us that they had received training to help them to identify hazards in people's home environment. When risks could not be removed they were managed safely.

One person had behaviour that challenged staff. Staff told us that they had received training that enabled them to offer safe support. One staff member said, "We have been taught to manage the behaviour safely. We redirect them if necessary. We speak with them and offer reassurance. This

works."

People were supported by staff who had sufficient time to carry out tasks required of them safely. People told us that staff had time to meet their needs. Staff said that they would never leave a person until they had done everything they needed. They said that if that meant they were late to their next call they would contact the office to inform them of this. Staff working at the office had lists of people who wanted to be informed if calls were going to be late. Staff also had a list of 'high risk' people who could not miss calls or had to have calls at set times. Staff had the resources to ensure that these calls were covered.

People we spoke with told us they had not experienced a missed call. The provider's audits identified that there had been a decreasing number of missed calls over the last six months. Processes to manage this had been reviewed and updated. For example staff were given new rotas when changes were made as previous arrangements were not considered to be as effective.

People were supported by staff who had been recruited safely. Staff told us they were subject to pre-employment checks which included references from previous employers and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people.

People's medicines were given to them in a safe way. People required varying levels of support to take their medicines. Some people told us they managed their own medicines. One person told us, "The managers assessed me and I can self-medicate. Carers still help me out to put cream and ointment on due to my lack of mobility when sitting." Another person told us, "My husband does my medicines, although staff apply my eye drops." Staff were able to offer flexible support depending on people's needs. Staff encouraged people to be as independent as possible. One staff member told us, "We follow medication assessments. One person can manage if we just pour out the liquid medicine. We encourage people to be independent." When staff supported people they completed records to show that the person had taken their medicines.

Staff told us that they had received training before they administered medicines and this gave them confidence to do it safely. One staff member told us, "The training was really good."

We saw that staff had been observed to ensure they were competent to administer medicines. Senior staff told us how they did this on a regular basis. Other arrangements were in place to ensure medicines were given correctly. One staff member told us, "Staff have to count medicines on site and call in if there is a discrepancy. This offers a safeguard." Senior staff told us that medication errors were monitored as part of quality auditing and there had been no errors since the time of the last inspection. This suggested that monitoring processes were robust and working to protect people from errors.

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