

Redleif Care Ltd

Redleif Care

Inspection report

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15 December 2020

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Ratings

Overall rating for this service

Insufficient evidence to rate

Is the service safe?

Insufficient evidence to rate

Is the service effective?

Insufficient evidence to rate

Is the service caring?

Insufficient evidence to rate

Is the service responsive?

Insufficient evidence to rate

Is the service well-led?

Insufficient evidence to rate

Summary of findings

Overall summary

About the service

Redleif Care provides a domiciliary care service to people who live in their own homes. The service was registered in May 2020 and is still being developed. The registered manager and nominated individual, who will be referred to as the provider throughout the report, are based at the agency's office. As well as making day to day business decisions they also, along with the one staff member they employ, deliver care.

The service is classed as a small agency which means it provides support with personal care to no more than 100 people. At the time of this inspection the agency was providing support to 5 people. However, during the inspection we established no one using Redleif Care received a regulated activity of personal care. This meant we did not have enough evidence to rate this service.

CQC only inspects the service received by people provided with 'personal care;' help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service and what we found

People were supported by staff that were caring and treated them with dignity and respect. Staff understood the needs of the people they supported well and knew them as a person. Feedback we received from people's relatives and healthcare professionals was positive.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who had the skills and knowledge to meet their needs. Staff felt supported by the registered manager. Staff understood their role and received appropriate training that supported them in their roles.

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 registered manager was aware of the AIS and ensured information was shared in an accessible way.

The registered manager had ensured all relevant legal requirements, including registration and safety obligations, had been complied with. The registered manager had a clear understanding of their role and responsibilities. This was evident to us throughout the inspection, the system in place were robust and positioned them well for when they start taking packages that include delivering a regulated activity of personal care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

This service was registered with us on 27/05/2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the provider being newly registered, and in line with the CQC inspection methodology.

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.

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 had insufficient evidence to rate.
Details are in our safe findings below.

Insufficient evidence to rate

Is the service effective?

The service had insufficient evidence to rate.
Details are in our safe findings below.

Insufficient evidence to rate

Is the service caring?

The service had insufficient evidence to rate.
Details are in our safe findings below.

Insufficient evidence to rate

Is the service responsive?

The service had insufficient evidence to rate.
Details are in our safe findings below.

Insufficient evidence to rate

Is the service well-led?

The service had insufficient evidence to rate.
Details are in our safe findings below.

Insufficient evidence to rate

Redleif Care

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

Day one of this inspection was completed by one inspector. Day two of the inspection was carried out by another inspector who made telephone calls to people.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. However, at the time of this inspection no one using Redleif Care was receiving a regulated activity of personal care.

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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 December 2020 and ended on 15 December 2020. We visited the office location on 14 December 2020.

What we did before the inspection

We reviewed information we had received about 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 judgements in this report.

During the inspection

We spoke with the provider and registered manager. We reviewed a range of records which included peoples care records. Although people were not receiving a regulated activity this enabled us to review the providers systems which will be the focus of this report. We also looked at medication records and a staff file in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies training data and quality assurance records. We spoke with one care worker and a professional who was in regular contact with the provider. We also spoke with a service user and a relative and used the feedback to corroborate the providers systems and procedures as no one was receiving a regulated activity of personal care. These conversations took place over the phone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been not rated because we do not have enough evidence, no people are currently receiving the regulated activity of personal care.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff understood their responsibilities to safeguard people from abuse. There was a policy in place and records showed staff had received training in how to recognise and report abuse.
- The registered manager was clear about their procedures.
- One relative told us, "Very safe, able to diffuse my relative brilliantly and keep them safe".

Assessing risk, safety monitoring and management

- People's care plans had risk assessments linked to their needs. Although these needs were not a regulated activity, they did include the actions staff should take to promote people's safety and ensure their needs were met.
- The registered manager told us, and records showed, they reviewed people's risk management plans and adjusted the actions to promote people's safety and ensure their needs were met.
- The provider considered environmental risk of people's homes for staff safety and we reviewed the provider's business continuity plan that ensured the service would continue if an emergency happened. There was a lone working policy in place which staff were aware of.

Staffing and recruitment

- The provider followed their recruitment procedure to recruit staff safely. The registered manager and the provider also delivered care, they considered themselves as part of the team whilst the business was growing. This meant people did not have their care and support compromised.
- The registered manager told us they planned to recruit when the care packages increased. A recruitment plan was in place and described their two-stage interview process that enabled them to recruit staff with the right values for their organisation.

Using medicines safely

- The provider had a medicines policy which was accessible to staff and they had implemented safe systems and processes which meant people received their medicines in line with best practice.
- The Medicine Administration Records [MARs] were completed and audited appropriately. The MARs we reviewed had been filled out correctly with no gaps in administration.
- Staff had received training in the administration of medicines. The provider told us they had a competency assessment that staff will complete every six months and they would be observed as part of the training but that currently they were the only person supporting people with their medicines.

Preventing and controlling infection

- Staff had access to, and followed, clear policies and procedures on infection control that met current and relevant national guidance. This included a Covid-19 risk assessment for the office and for staff individually.
- The registered manager explained how they had signed up for the home testing service for antibodies and were in receipt of home testing kits for staff.
- There was plenty of personal protective equipment (PPE) for staff to use. Staff knew how to carry out donning and doffing correctly, (putting on and taking off PPE). On entry to the office people were asked to wash their hands and have their temperatures taken, they also signed a declaration and agreed to be part of the track and trace process.

Learning lessons when things go wrong

- There were systems in place to review accidents and incidents. At the time of the inspection there had not been any for the inspection team to review.

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.

This is the first inspection for this newly registered service. This key question has been not rated because we do not have enough evidence, no people are currently receiving the regulated activity of personal care.

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

- The provider assessed people's usual routines, physical, mental, and social needs prior to agreeing a care package. These assessments helped staff to develop care plans for the person.
- Expected outcomes were identified, even though it was not for a regulated activity, we saw that staff regularly reviewed and updated people's care and support plans.
- The registered manager told us, "We wouldn't take on a package that's too big for us, we will build this business at a pace that is manageable." Adding, "I have turned down a package three weeks ago because we don't have capacity at the moment."

Staff support: induction, training, skills and experience

- People were supported by staff who had access to a range of training. The provider had a training programme which staff confirmed they attended.
- The provider considered the diverse ways staff could be supported to learn effectively. This included regular observations.
- Staff completed a full induction process which was linked to the Care Certificate. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people.
- The provider carried out supervision in line with their supervision policy. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future and training and development needs. Staff received annual appraisals to monitor their development.

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

- At the time of the inspection no one was being supported with their nutrition and hydration needs. However, one person did have a Malnutrition Universal Screening Tool (MUST) in place. 'MUST' is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan. The registered manager explained the person sometimes forgot to eat and staff reminded them, so the MUST tool was precautionary.

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

- Care records showed people had access to professionals including; GPs, and Dentists.
- People's care plans included information about the person, their family/important people, and their specific needs.

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 <, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.>

- The registered manager had a good understanding of the MCA. People only received care with their consent. Records showed people had signed consent forms when they began to use the service. This included, medicine consent, consent to care, and privacy statements.
- Staff received MCA training during induction and received annual updates. Staff spoken with were aware of their responsibility to ensure people were given the time to understand what was being said and make their own decisions.
- No one was subject to a community DoLS at the time of the inspection.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been not rated because we do not have enough evidence, no people are currently receiving the regulated activity of personal care.

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

- Although people were not receiving a regulated activity of personal care, we were still able to get some feedback regarding the approach staff took with them. People told us staff were kind and caring. Comments included, "They do go out of their way to help me, anything I ask they are willing to do."
- Staff spoke positively about their work and the people they supported. One staff member said, "People are supported to make their own decisions, it's very much about the clients."
- People's cultural and religious beliefs were considered; care records showed the provider asked about religion on assessment.

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

- The registered manager told us, "We talk to our customers a lot, we have conversations and we question how they are getting on with our staff members, we do observations spot checks we also do phone spot checks." They added, "We will be sending out surveys annually, this will go out in May 2021 as we have not been operational for a year yet."

Respecting and promoting people's privacy, dignity and independence

- Nobody we spoke with said they felt they had been subject to any discriminatory practice, for example on the grounds of their gender, race, sexuality, disability, or age. Training records showed that all staff had received training in equality and diversity.
- Peoples' privacy and dignity was considered and upheld by staff. One person told us, "If [Provider's name] wasn't coming I would be really upset, I am so fond of them and one of the best things is they are so reliable."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been not rated because we do not have enough evidence, no people are currently receiving the regulated activity of personal care.

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

- The provider had clear systems in place to ensure care planning was person centred. Although people were not receiving a regulated activity, the care records we saw were person centred and tasks were clear which meant staff were able to follow instructions that met people needs.

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.

- The registered manager was aware of the AIS and adhered to its requirements.
- Although people were not receiving a regulated activity, the care records we saw had communication profiles that showed how staff should support people to communicate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Although people were not receiving a regulated activity, the care records we saw confirmed people were supported to follow their interests and take part in activities that were socially and culturally relevant to them.

Improving care quality in response to complaints or concerns

- There were no complaints to date. The provider had a complaints system in place. This captured the nature of complaints, steps taken to resolve these and the outcome.
- People we spoke with and their family felt confident that if they complained, they would be taken seriously, and their complaint or concern would be explored thoroughly.

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.

This is the first inspection for this newly registered service. This key question has been not rated because we do not have enough evidence, no people are currently receiving the regulated activity of personal care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and provider explained how they want to employ people with values that meet the organisational expectations. The provider offered incentives that included pay enhancements and nominating staff for care awards.
- Although we cannot rate the service because people are not receiving a regulated activity, we did receive feedback that demonstrated people had positive relationships with the management. One person told us, "Service is excellent, I can depend on [Providers name] for anything, they don't let me down, reliable helpful and does things automatically."
- Staff were happy in their work and felt supported by an approachable manager. One staff member told us, "If I need help or guidance [Providers name] is always on the phone, very approachable."

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

- The registered manager understood the requirements of duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

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

- The provider had robust quality assurance processes in place which included regular audits. These processes identified and managed risks to the quality of service delivery. Audits included, medicines management, care records and infection control.
- The registered manager was aware of their responsibilities with regard to reporting significant events to CQC and other outside agencies.
- Staff understood their role and responsibilities. Staff we spoke with were motivated and told us they had confidence in the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, and relatives were asked for their views about the service via conversations. Satisfaction surveys were also planned to be sent out in May 2021 when the service had been running for one year.
- The provider met with people often to complete spot checks or obtain feedback about the service. One relative told us, "Fantastic care, I can't speak highly enough of [Registered manager], very approachable, lovely manner, caring person, no concerns."

- Staff meetings were held to enable staff to contribute their thoughts and experiences.

Continuous learning and improving care

- There was a strong emphasis on continuous improvement. The registered manager had introduced an electronic system to enhance the monitoring of quality and safety which was due to go live in January 2021. This would allow the registered manager to have better oversight of service delivery.
- The registered manager told us about their improvement plans. This included inviting people to form a quality action group when they expand their client base. This will be a forum for people to discuss areas that are going well and what needs to improve. The information collated will form part of the organisation's quality assurance model.

Working in partnership with others

- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care. The service had clear links and collaboration with the local commissioning teams, GPs, and other health care professionals.
- A professional said, "I couldn't speak more highly of [Registered manager] as a leader, they have high morals and values, quality of care like no-one else I know, client focussed, the care plan and assessment side is done right, the staff are supported and the right staff are in his company."