REN Caring Ltd

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Inspection report

4 Bradfords Close
Buckhurst Hill
Essex
IG9 6ED

Tel: 07817882487
Website: www.rencaring.com

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31 August 2018

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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

This was the first inspection of this service since it was registered with the Care Quality Commission (CQC) on 15 August 2017. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older people. At the time of this inspection the service was providing support to three people.

This inspection started on 20 August 2018 and ended on 31 August 2018.

The service had a registered manager. 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.

Staff were trained in safeguarding and understood their responsibilities to report concerns. Processes were in place to ensure any concerns raised were dealt with appropriately.

Risks associated with people's care and support were managed safely. People supported had a person-centred care plan with risk assessments in place that reflected their individual needs.

The service provided people with continuity of care because a core group of staff were allocated to work with the same people. The provider had followed effective recruitment procedures to check potential staff employed were of good character and there were systems in place to ensure that they had the skills and experience needed to carry out their roles.

Suitable arrangements were in place in relation to the safe administration and recording of medicines. Management systems were in use to minimise the risks from the spread of infection. Staff received training about controlling infection and had access to personal protective equipment such as disposable gloves and aprons.

People were supported to have 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. All staff had undertaken an induction before they started work. Mandatory training was regularly undertaken with refresher updates in accordance with best practice guidelines. The registered manager supported staff through supervision and team meetings.

Staff were aware of the importance of choice when supporting people with meals and drinks. The registered manager communicated important information about how to support people to staff to enable people to receive consistent care which was effective in meeting their needs. People were supported to access additional advice from healthcare professionals where this was relevant to them.

Staff understood what it meant to individual people in terms of maintaining their dignity. A relative told us staff were kind and caring.

The service involved people and their representatives in discussions about their care so they received care that met their own specific needs. People were provided with information on how to complain and there was a process in place for dealing with complaints.

The registered manager was skilled and experienced. They monitored the care packages and provided support and advice to staff. The registered manager demonstrated strong values and a desire to learn about and implement best practice. There were systems and processes to enable lessons to be learned and improvements made if things went wrong. Staff were motivated and proud of the service.
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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.

Staff knew what they should do to identify and raise safeguarding concerns.

Staffing levels met people's needs and effective recruitment procedures ensured people were only supported by staff that had been deemed suitable and safe to work with them.

Risks assessments were completed and reviewed so staff understood the risks to people's health.

Systems were in place so medicines were administered safely.

Is the service effective?

Good

The service was effective.

Staff were provided with regular training and were clear about their roles and responsibilities.

People were cared for by staff who knew their needs well.

The principals of the Mental Capacity Act 2005 were understood and staff received training about this.

Is the service caring?

Good

The service was caring.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

People or their relatives were fully involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good

The service was responsive.

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Information about people was updated often and with their involvement so staff only provided care that was up to date.

People were provided with information to make them aware of how to raise any complaints or concerns.

Is the service well-led?

Good

The service was well-led.

The aims and values of the organisation were shared by staff and this culture was reflected in people's experiences of the service.

Policies and procedures were in place to guide staff and these were regularly updated.

REN Caring Ltd

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 between the 20 August 2018 and 31 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is sometimes out of the office supporting staff or providing care. We needed to be sure that they would be in This inspection was carried out by one inspector.

Prior to the inspection the provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, the service does well and any improvements they plan to make. We used this information as part of our inspection planning and throughout the inspection process.

We checked the information we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During our inspection we spoke with three care workers, the training provider and the registered manager. We also spoke with one relative of a person using the service. We spent time looking at records, including two care plan files, five staff recruitment and training files, medication administration records (MAR), complaints and other records that related to the management of the service.

Good

Is the service safe?

Our findings

Staff we spoke with understood what it meant to protect people from harm and keep them safe. Staff confirmed they had received training and would report any concerns to the registered manager. The registered manager explained if they had any concerns they could either speak with the local authority or CQC. A staff member said, "I would record everything and report to the manager. I am aware of the whistle blowing procedure and would go to the local authority if I was concerned." A relative told us their family member was safe with staff, and said, "[Family member] is very safe with staff. It has taken a huge pressure from the family, we are pleased with how it is working out."

The registered manager explained how they ensured staffing levels were safe. They told us that before they offered a new person a service they assessed that they would be able to provide care to the person in a safe manner. The information from the assessment was then used to plan people's care, so risks to their safety were reduced. A relative told us, "They always come and on time." Two of the people using the service required a large amount of support and staff felt this gave them time to get to know people well. The care-coordinator told us, "We always turn up for visits, I am the backup, if there is an emergency I will carry out the visits and [named registered manager] will too."

People's risks to their health were understood by staff. Care plans contained detailed guidance for staff. Where one person was at risk of pressure damage, guidance was available for staff about what to look out for and the action they needed to take to minimise the risk of this. One person had decided they did not want a pressure mattress on their bed but had agreed with the occupational therapist to have a pressure cushion on their chair. A staff member said, "Their mobility has improved tremendously and this helps to minimise the risk of this occurring. The occupational therapist put in all the necessary equipment which really helped." The registered manager said in their provider information return, "All staff are empowered to protect themselves and those that they care for, ensuring they are minimising any risk of harm whilst promoting our Service User's independence. Our staff are aware of how to operate safely and in a way that also ensures the safety of others through effective training."

Policies about dealing with incidents and accidents were in use. Staff knew how to inform the office of any accidents or incidents. The registered manager told us staff would contact them and they would go and support staff. A staff member said, "We try not to move people, assess their pain and call for an ambulance, we always call [named registered manager]." The registered manager told us they had not had many accidents but would view any accident or incident report, so they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

All staff spoken with told us they had access to a member of the management team through the 'on-call' process always. If the registered manager was not available the care coordinators would provide support for staff. This meant in the event of an emergency, staff had an appropriate person to contact without delay.

The registered manager had a system in place for recruiting staff that included a Disclosure and Barring Service check [DBS]. The DBS helps employers make safer recruitment decisions and prevent unsuitable

people from working with people who need care. We reviewed two staff files and saw references and background checks had also been completed. The registered manager also verified references. Two staff confirmed these checks were in place before they commenced work.

People were supported to manage their medicines safely and at the time they needed them. Checks were carried out to ensure medicines were stored appropriately, and staff signed medicines administration records for any item when they assisted people. Staff had been trained to administer medicines to people safely. Staff were informed about action to take if people refused to take their medicines, or if there were any errors. Records showed people received the medicines they needed at the correct time.

People were protected from potential cross infection. Staff had received infection control training and were provided with appropriate equipment to carry out their roles safely. For example, they were issued with gloves and aprons. Staff confirmed they had access to personal protective equipment (PPE) kept in the office, and could stock up when they visited the office. A relative told us, "There has been huge improvements since service has been visiting [family member], kitchen and house much cleaner."

Good

Is the service effective?

Our findings

A thorough induction process was in place and completed by all staff new to the service. Staff new to care were also required to complete the care certificate. The Care Certificate sets out learning outcomes, competences and standards of care expected and is completed over a 12-week period. An external trainer provided training and advice to the registered manager and this included supporting staff completing the care certificate and carrying out observations on staff practice as part of their learning.

Staff had completed mandatory training in topics that included moving and handling, health and safety, medication, safeguarding and food hygiene. Regular refresher updates were also undertaken. This meant people received support from staff that had up-to-date knowledge and skills. Staff told us they received regular supervision and an overview was in place for supervision and appraisal. Staff spoke positively about the registered manager and told us they felt listened to and supported.

There were several staff working at the service whose first language was not English. Staff we spoke with had very good English. The training provider was able to deliver some sessions in staff's first language. They said, "The staff speak good English but sometimes it is helpful for them to have the terminology used explained in their first language, which means I know they fully understand the training I am delivering."

People were supported effectively with eating and drinking and care plans recorded what people required including their preferences. A staff member told us, "People choose what they want to eat or we give them multiple choices. One person we offer a choice of starter, main course and dessert and they have what they want."

A detailed needs assessment of people took place. This included an assessment of any cultural and spiritual needs. This information was then incorporated into detailed care plans which reflected people wishes, needs and preferences. People were involved in the development of these plans and they contained information about choices, preferences and communication needs.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. People who normally live in their own homes and within supported living settings can only be deprived of their liberty through a Court of Protection order. At the time of our inspection no one was being deprived of their liberty.

The registered manager told us currently people had capacity to consent to their care and treatment. We questioned why a relative had signed the consent form for one person and was informed whilst the person still had capacity they were physically unable to sign. The registered manager added they would explain this

within the consent section of the care plan. Staff we spoke with had a good understanding of the principles of the MCA. One staff member said, "Everybody has the right to make their own decisions and if people need support it should be made in their best interest and involve their family and social workers if necessary."

Information reviewed during the inspection showed the involvement of health and social care professionals. Advice and guidance provided by external health and social care professionals was reflected in people's care records to ensure staff had the information they required to provide effective support and ensure people's needs were met.

Good

Is the service caring?

Our findings

People received care from staff who were caring and respectful. Staff developed relationships with people and took the time to get to know them individually. One staff member said, "We are a small team and we talk to each other often so I always know what is happening with a person." Another staff member said, "I treat people how I would like to be treated, people receive good care." A relative said, "I think carers are very good and they are lovely with [family member]. They love talking about old times and carers listen, they know about [family member]."

The registered manager had provided staff with the resources they needed to ensure people were treated with kindness and given emotional support when necessary. Staff told us they were very hands on and often visited and supported them when needed.

Personal information about people was included in their care plan to give a brief personal history enabling staff to understand their background. Information included people's interests, religion and culture, family information, their likes and dislikes. Detailed notes were made about health appointments and family contact. One relative told us, "I meet up with [named registered manager] every few weeks and they ring up to discuss anything in between." The registered manager told us about one person whose first language was not English and they were able to provide staff that understood the persons culture and could speak their language.

People's privacy, dignity and independence were respected and promoted. One staff member told us, "We make sure the person is covered and doors and curtains are closed." The staff member added that it is very important to one person as they have a different culture and would not like to be left uncovered at any time. Another staff member told us about a person that is very independent and likes to do things their way. The staff member said, "[Named person] likes things done their way and even though I know them well and know what they like I still ask if they are happy with how things are being done."

Good

Is the service responsive?

Our findings

People were provided with person centred care and support through an individual care plan that took account of their preferences and wishes. A detailed care plan recorded the step by step guidance staff needed to follow to provide care in the way the person wanted it. The registered manager had included additional guidance in some areas to support best practice. In one care plan guidance was provided for the safe use of oxygen. Care plans and risk assessments had been reviewed when a person's needs had changed.

Staff were aware of the communication needs of the people they supported from the information in the person's care plan. The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw one care plan provided information and guidance for staff related to a person's visual impairment.

The registered manager had an appropriate complaints procedure in place, with timescales to respond to people's concerns whenever possible. Whilst there were no formal complaints received by the service, the registered manager recorded all minor concerns received by people in their notes. Information related to action taken was recorded. The registered manager agreed that keeping an overview of all minor concerns could support them to recognise any trends or themes that might occur within this information.

The registered manager told us they worked alongside other professionals when providing end of life care and ensured any important information was included within care files. Staff had received training related to death and dying.

Good

Is the service well-led?

Our findings

The service had a registered manager 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.

All the staff we spoke with said they felt comfortable to approach the registered manager and all agreed they were a very good role model and were knowledgeable in their role. For example, one member of staff explained how the registered manager regularly undertook care and was very knowledgeable about the people they provided support to. A staff member said, "[Named registered manager] will support and help, they always phone or send an email with any changes." Another staff member said, "[Named registered manager] is passionate about the service, any concerns are dealt with quickly and nipped in the bud. People are getting a really good service."

One relative told us the service was well led. They said, "I feel really confident with this service and would happily recommend them to others." Annual satisfaction surveys were sent to people to enable them to share their views and provide feedback about the service. The response that had been received was positive.

The provider used a number of audits to monitor the quality and safety of the service. These included spot checks where staff competency was assessed, and care and medication records were checked when returned to the office. The registered manager met quarterly with an external quality advisor and this enabled them to keep up with best practice and seek guidance if required around the quality assurance processes in place. The registered manager was also part of the registered managers network with skills for care that helps to facilitate networking, sharing information and supporting managers to increase their knowledge.

The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.