

Respect Care Services Limited

# Respect Care Services Limited

## Inspection report

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Date of inspection visit:  
12 December 2017  
18 December 2017

Date of publication:  
22 May 2018

## 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

Our inspection of Respect Care Services Limited took place on 12 and 18 December 2017. We gave the provider 48 hours' notice of both visits as this is a domiciliary care service and we wanted to ensure that the registered manager who may be out of the office conducting assessments was available when we attended.

Respect Care Services Limited is a domiciliary care service. It provides personal care to people living in their own houses and flats in the community. The majority of people supported by the service are older adults, some of whom are living with dementia. At the time of our inspection the service was working with 180 people.

The service has 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.

At our previous inspection of the service on 5, 6, 7 and 10 October 2016 we found five breaches of regulations in relation to safe care and treatment, consent, person centred care, submitting notifications to the CQC and good governance.

Following this inspection, asked the provider to complete an action plan to show what they would do and by when to address these and to improve the service.. During this inspection we found that the provider had taken action to address the breaches identified at our previous inspection.

People who were supported by the service had detailed risk assessments in place. These showed that individual risks had been identified and that guidance was provided to support staff members to manage and reduce these.

Assessments of people's capacity to make decisions were included in their care files. Where people were able to do so, we saw that that they had signed to show that they agreed with their care plans and risk assessments. People and family members told us that the service involved them in decision making about their care and support.

People had plans of care to enable staff members to address their needs effectively. The care plans that we saw showed that these were regularly updated to reflect people's current needs. Staff members had completed records of the care and supported provided at each visit that they made. The provider regularly monitored the quality of care records.

Some people were supported by staff to take prescribed medicines. We saw risk assessments were in place for medicines administration and that the records of medicines administration were accurately completed and regularly audited by the service. Staff members had received training in the safe administration of

medicines and their competency in doing so had been assessed.

People receiving care and support spoke positively about the staff members who visited them. Staff members demonstrated caring and respectful attitudes towards the people they supported.

Staff records showed that checks of their suitability for the work they were undertaking had taken place. New staff did not start working with people until they had successfully participated in an induction training programme. An on-going training programme was in place for all staff members. Staff members received regular supervision from a manager to ensure that they remained competent in their roles.

People and family members told us that the service was responsive to their needs. We saw that care plans and risk assessments had been updated where there had been any changes to the support that people required. Staffing rotas showed that people received care and support from the same staff members. Where people had specific cultural, religious or communication needs the service made efforts to ensure that care staff were able to support these.

The provider had developed an on-line system for ensuring that the quality of the service was regularly monitored and that concerns were identified and addressed. We saw that regular monitoring of, for example, care files, medicines records, staff files, complaints and safeguarding concerns had been carried out. The system identified when audits or monitoring reviews were due.

The service liaised with other professionals to ensure that people's needs were fully addressed.

## 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. People had personalised risk assessments which included guidance for staff on how to manage and minimise risk. These had been updated to reflect any changes in need.

Staff members had received training in safeguarding and demonstrated that they understood what to do if they suspected that a person was at risk of harm or abuse.

Medicines records were in good order and regularly audited. Staff members had received medicines training.

Good 

### Is the service effective?

The service was effective. Staff members had received training and regular supervision from a manager.

The service was meeting the requirements of the Mental Capacity Act (2005). Information about capacity to make decisions had been recorded and people had been asked for their consent to the care that was being provided.

The service liaised with other health and social care professionals to meet people's needs.

Good 

### Is the service caring?

The service was caring. People spoke positively about the staff members who supported them.

Staff members demonstrated that they understood people's care needs. They spoke positively about their approaches to dignity and privacy.

The service made efforts to match staff to people where they had individual religious, cultural or personal needs.

Good 

### Is the service responsive?

The service was responsive. People had personalised care plans which included guidance for staff on how people preferred their

Good 

needs to be met.

Staff members recorded the care that they provided to people.

The service had a complaints procedure and people told us that they knew what to do if they had a complaint or concern.

**Is the service well-led?**

The service was well-led. People and staff members spoke positively about its management.

Regular quality assurance monitoring took place. Actions had been taken to address any issues or concerns arising from this.

A range of policies and procedures were in place that reflected current legal requirements and good practice.

**Good** ●

# Respect 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 was a planned comprehensive inspection which took place on 12 and 18 December 2017. We gave the provider 48 hours' notice of both visits as this is a domiciliary care service and we wanted to ensure that the registered manager who may be out of the office conducting assessments was available when we attended.

The inspection was carried out by one inspector and an expert by experience who undertook calls to people who received support from the service subsequent to our visits on 12 and 18 December 2017. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed information that we held about the service. This included information received from notifications and enquiries that we had received. We also reviewed the Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well, and the improvements that they plan to make.

During our inspection we looked at the care records for 18 people and seven staff files. We also looked at quality assurance records and other documents relating to the management of the service. We spoke with the registered manager, the provider's nominated individual, the training manager, a care manager and seven members of the care team. Subsequent to our inspection we spoke by telephone with 17 people who used the service and three family members.

# Is the service safe?

## Our findings

People told us that they felt well supported by staff. One person said, "They are very good and look after me well." A family member said, "I feel that [my relative] is much safer now than they were before they had a Respect carer."

At our previous inspection of Respect Care Services Limited during October 2016 we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's risk assessments and care plans did not always contain information about identified risk issues. At this inspection we found that the provider had addressed this breach. People's risk assessments were up to date and reflected known or potential risk to people.

The risk assessments that we viewed covered a range of risks to people, such as moving and handling, medicines, personal care, mobility, epilepsy, diabetes and skin integrity. Risk management plans had been developed to ensure that staff members had guidance on reducing risks to people. We saw that these had been regularly reviewed and updated where there had been changes in people's needs. The staff members that we spoke with demonstrated that they understood their roles in ensuring that people were safe. One staff member said, "If there are any changes, I will phone my manager and she will review the plan."

Staff members had received training in safeguarding at induction and the service's training records showed that this training had been 'refreshed' on an annual basis. The staff members that we spoke with demonstrated that they understood how to recognise abuse and what they should do if they suspected that a person was at risk of abuse. The records of safeguarding concerns maintained by the service showed that these had been reported and managed in partnership with the local authority safeguarding team.

Staff members supported some people to take prescribed medicines. Training on the safe administration of medicines had been provided, and competency in supporting people to take their medicines had been assessed during spot checks of staff members working in people's homes. Medicines administration records (MAR) had been completed where medicines were being administered or prompted by staff. These were reviewed at spot checks and audited when completed records were returned to the office. Although MARs were kept in people's homes whilst in use, we saw completed MARs and noted that these had been filled out accurately by staff members.

We asked the registered manager about how they ensured that there were sufficient staff available to meet people's needs. They told us that their recruitment processes were designed to ensure that they had capacity to meet the care and support needs of people who were newly referred to the service. She said that some people who were referred to the service were receiving short term 'reablement' support following a period in hospital so it was important that there was enough capacity to ensure that the service was able to respond to referrals quickly.

The service worked with people in four local authority areas and staff were locality based. This meant that they did not have far to travel between care calls which reduced the likelihood of their being late. The

registered manager told us that this also ensured that people were always supported by staff members that they knew. The staff members that we spoke with confirmed that they worked with the same people on a regular basis. People we spoke with told us that they knew their care staff well. One person said, "It's always the same girls and I look forward to them coming." Another person told us, "When [my carer] is away I usually get someone else I know." When we asked people if they ever had late or missed calls we were told that this was unusual. One person said, "Sometimes they run late but they always let us know." A family member said, "When the carer didn't arrive, we phoned the office and someone came. It hasn't been a problem since." We saw that regularly monitoring of care calls took place and actions taken to address any concerns about staff timekeeping.

The staff files that we reviewed showed that the service had undertaken checks to assess their suitability for the work that they would be undertaking prior to commencing work. The records included employment histories, satisfactory references, criminal records checks and information in respect of eligibility to work in the UK. The provider's quality assurance systems identified when, for example, work visas were due to run out, and staff members were requested to provide up to date information about their status. The provider's nominated individual told us that, if staff members were unable to provide information before the due date, they would be suspended from work until they did so.

People's records were securely stored within the service's offices. Records were also maintained within people's homes. The staff members that we spoke with demonstrated that they knew the importance of maintaining confidentiality. One staff member said, "I wouldn't call about anything to do with my clients if I could be overheard."

Staff members told us that they had received information about infection control. This was confirmed by the training records that we viewed. Supplies of personal protective equipment, such as disposable gloves, aprons, shoe covers and anti-bacterial hand gels were held in the office and staff members told us that they collected fresh supplies when they visited. One staff member said, "If I can't get to the office, someone there will get them to me."

The service operated an out of office hours 'on call' system. People and staff members that we spoke with knew how to contact this at any time. One person said, "I called them once in the evening and they were really helpful."

## Is the service effective?

### Our findings

People and their relatives felt that the care and support provided by the service met their needs. People told us, "The staff seem to know what they are doing," and, "They are always checking with me if I want things done in a certain way." A family member said, "They seem very knowledgeable. They certainly know how to care for [my relative]."

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.

At our previous inspection of Respect Care Services Limited during October 2016 we found that the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's care plans had not always been signed to show that they had consented to the care that they were receiving and there was no information showing whether or not they had the capacity to do so. At this inspection we found that information about people's capacity to consent to care had been assessed and recorded. Where people had been assessed as having capacity to understand their care plans we saw that they had signed these.

People's care plans included guidance for staff members on how they could support people to make choices about the day to day care and support that the service was providing. Where family members or other representatives had been given Power of Attorney (POA) over people's decision making, plans contained information about this. POAs can be made by a person when they have capacity to decide who can be responsible for their financial or care needs should they lose the capacity to do so in the future.

People we spoke with told us that they knew about their care plans and were involved in decisions about their care. One person said, "The manager asked me if I agreed to it all when she came to see me and I was happy to sign my plan." Another person said, "My carers always check with me before they do anything and I tell them how I want them to do it. They are good with this." A family member told us, "They keep us involved so we can tell them what my [relative] would like. They can't make these decisions for themselves."

Staff members had received training on the Mental Capacity Act. Those we spoke with demonstrated that they understood the importance of ensuring that people were enabled to make decisions about their care. They described what they would do if they felt that a person was losing the capacity to make decisions. One said, "If they don't understand I always check again in a different way." Another told us, "Two of my ladies have dementia and I know that they understand things if I explain them in a way they understand. If they stopped understanding me I would tell my manager straight away."

We looked at records of staff supervision and support. Staff members had received regular supervision from a manager which took place on a quarterly basis. The supervision programme included spot checks of care

practice in people's homes. The staff members that we spoke with told us that they did not have to wait for a supervisor to speak with a manager about any concerns. During our inspection we observed that a number of staff members came to the office and spent time chatting with the management team about their work. Annual staff appraisals had also taken place

Staff members received induction training prior to commencing work with any person who used the service. This followed the requirements of the Care Certificate for workers in health and social care services. The Care Certificate provides a process for ensuring that new staff members received training in a range of skills relevant to providing effective care and support to people. The induction included five days of classroom based training in core competencies and a minimum of four sessions of shadowing more experienced staff members on care visits.

Training for staff members was refreshed on an annual basis. We saw that competency assessments following training had taken place, including for moving and handling and medicines administration. The training manager told us that if there were any concerns regarding any staff member's competency they would be required to undertake further training. The staff members we spoke with told us that they thought that the training they received was effective. One said, "I've done it before, but I always learn something new each time. It's good to share my experiences and see if I can do things better."

Staff members were encouraged and supported to undertake training in a health and social care qualification. The nominated individual and training manager showed us information relating to external accreditation of their in-house training. They told us that it was their intention to ensure that all their training was externally accredited and that they already had independent verifiers in place so that this could be used to support the achievement of qualifications by staff.

Some people received support to ensure that they ate regularly. We saw that information about this, including preferred foods, was contained within their care plans along with guidance for staff members. Records showed that staff members had received training in food safety. The training manager showed us a record of training for two staff on preparing Chinese food for a person where this was their preferred diet. He said that the service would provide similar training for staff if this was required by any other person with specific cultural dietary needs.

Information about people's health needs was contained within their care files. The care records showed that staff members had liaised with other health and social care professionals to ensure that people's needs were met. During our inspection we heard staff speaking on the telephone with other professionals about people's care needs.

## Is the service caring?

### Our findings

People and their relatives spoke positively about the care that they received from staff members. One person said, "I look forward to them coming and the nice chats we have," Another person told us, "[The carer] will do little extra things for me if I ask her." A family member said, "I can't fault the attitude of the staff my [relative] has."

The staff members that we spoke with talked about the people whom they supported in a positive, caring and respectful way. They described the way that they treated people with dignity and respect. One staff member told us, "I know how I would feel if it was me that needed care and I always think about this when I am working." Another staff member said, "We get to know people well and this makes a difference as we can do things according to their wishes and choice." A staff member described how, when a person refused to take their medicines, she danced with her until she was relaxed. The person then decided that they wanted to have the medicines.

People we spoke with confirmed that their privacy was respected. Staff members described how they worked with people to protect their privacy. One staff member said, "Sometimes they are not ready for personal care so I go and make them a cup of tea and check if there is anything else they would like me to do until they are ready." Other staff members described the importance of ensuring that people were covered up as much as possible when they were being washed or bathed.

People's care plans contained information about their cultural, spiritual and language needs and wishes, along with guidance on the way that they wished to be supported. The registered manager told us that efforts were made to match staff to people where there were specific cultural or language needs. Where a person spoke a language that could not be met by the staff team, the service worked with their family to produce picture assisted information, and to teach staff important words and phrases in that language. A family member said, "They are always very respectful to [my relative]. They understand that she needs things done in a certain way and they do it so. She is very happy with them."

We asked about the service's approach to advocacy. The registered manager told us that most people who used the service had close family members who provided this support. However they had worked with people with advocates. She said that if people needed an advocate this would be discussed with them before a referral to a local advocacy service was made.

People's care documents and other information provided to them was provided in an accessible and easy to read format. The training manager told us that the service was always working on ways to make this more accessible particularly for people who did not read English. People told us they were satisfied with the information that they received. One person said, "They always explain things for me before I sign anything. I know I can ask if I don't understand."

## Is the service responsive?

### Our findings

People spoke about how the service responded to their needs. One person said, "When I want to make changes they always listen and change things for me. They change the times if I have an appointment." A family member said, "They have always been very responsive. They have worked with us to make sure [my relative] is happy with the care."

At our previous inspection of Respect Care Services Limited during October 2016 we found that care plans and care notes had not always recorded information about people's needs in relation to social activities and interests. During this inspection we looked at the care plans and care notes for 18 people. We found that the care plans included detailed information about people's histories, social activities and interests. People's care plans included information about their interests, likes and dislikes and preferred social activities. Where these were important to people there was guidance for staff members on how to engage them in discussions about these.

The care plans that we viewed were person centred and covered a range of care and support needs that were relevant to them. These included, for example, medicines, mobility, personal care, moving and handling, food preparation and supporting individual health needs. The plans provided guidance for staff members on how they should provide care and support in accordance with people's needs and preferences. We saw that care plans had been regularly reviewed and updated when there had been changes in people's needs.

The plans also included information about people's cultural and religious needs and preferences. For example, we saw that where staff members regularly accompanied a person to a place of worship, there was recorded guidance in relation to how they should support the person and conduct themselves in accordance with religious requirements.

The service worked with some people receiving short-term reablement support following a period in hospital. Reablement support is intended to enable people to regain skills after a period of ill health. The care plans for people receiving reablement support showed that programmes were in place to enable them to do so. The service provided regular weekly reports to the commissioning local authority on people's progress. Where people were unable to fully regain skills within the six week reablement period, we saw from their records that the service worked with the relevant local authority team to ensure that there was an effective transition, either to longer term care by the service, or to assist a move to another care provider.

At this inspection we asked about how the service supported people during the Christmas period. The registered manager told us that senior staff members and other staff with cars were working on Christmas Day to ensure that care workers had transport to and from care calls. The training manager confirmed that they would be one of the team providing transport on the day. The registered manager told us that some people who lived alone might be isolated at Christmas. The service provided a Christmas meal and other seasonal treats for people who were not with family or friends. She told us that staff tried to stay longer with people at Christmas so they did not feel too lonely. A person that we spoke with said, "Last year they

brought me a lovely dinner and a present and stayed and chatted to me. I think they will do this again this year."

The service had a complaints procedure that was available in an easy to read format and contained within the files maintained in people's homes. The people that we spoke with told us that they knew how to make a complaint. We looked at the complaints record and noted that there had been no complaints since our last inspection of the service. The registered manager told us that if they received any complaints they would try to resolve them as quickly as possible in partnership with the complainant. A family member told us, "When there was a problem they sorted it out straight away."

The service worked in partnership with other health and social care agencies to ensure that people's need were addressed. During our inspection we noted that the registered manger and other office based staff spent time on the telephone speaking with GPs and other professionals on behalf of people. Information about any liaison with other professionals was recorded in people's files.

## Is the service well-led?

### Our findings

People spoke positively about the management of the service. One person said, "The manager is lovely. They are always nice when I phone the office." A family member told us, "I've no reason to think they are not well managed. They have good carers and they keep in touch with us if there is anything we need to know."

At our previous inspection of Respect Care Services Limited during October 2016 we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to show evidence of monitoring of care records other than medicines. At this inspection we found that the provider had improved their quality assurance systems and regular monitoring of care records and other documents had taken place.

The documentation that we viewed showed that quality assurance processes such as on-site spot monitoring, telephone checks with people who used the service, and home visits by senior staff to check on people's views of the service took place. The service's on line quality monitoring system showed when these were due and when they had been completed. One person said, "Oh yes, they ask me if I am happy, and sometimes they come out and check." Another person told us, "They ask me what I think about the ladies who visit me. I always tell them that I am happy." The records that we viewed showed that people and their family members were positive about the care provided by the service. Where concerns or suggestions had been raised we saw that actions had been put in place to address these. At the time of our inspection the service was in the process of conducting a formal survey of the views of people. The training manager told us that these would take place on an annual basis in the future.

We looked at other quality assurance processes that the service had put in place. The systems in place for monitoring care calls, care and medicines administration records, staff records, training and supervision, spot checks of care, safeguarding and complaints. The service was using an electronic monitoring and audit system and we saw that quality assurance records were maintained on this. The training manager showed us how the system identified when any monitoring was due. The training manager showed us the system and described how this was being developed to enable it to become more user friendly and responsive. We saw that reports could be run from the system to provide up to date information in relation to quality monitoring and concerns. We noted that the management team met regularly to discuss quality assurance issues.

At our previous inspection of Respect Care Services Limited during October 2016 we found that the provider was in breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. They had failed to provide CQC with notifications of concerns as required. At this inspection we found that the service had provided CQC with information about notifiable concerns and incidents.

A range of policies and procedures were in place. These were up to date and reflected legal and regulatory requirements as well as good practice in social care.

Staff meetings took place on a regular basis. We saw from the minutes of these meetings that issues in

relation to quality assurance, service user's needs and good practice had been discussed. Staff members told us that they valued these meetings. One said, "It's good to meet with my team. I feel I can speak out and I am listened to." We saw that the provider also sent newsletters to staff in order to update them about service issues and any changes in regulations. Staff members told us that these were useful. The staff members we spoke with also told us that they received immediate information about people's needs where there were any changes so that they could be prepared when they next visited them.

Staff members spoke positively about the management of the service and told us that they felt supported in their roles. A staff member said, "I never have any problem speaking with a manager and I don't have to wait until I have a meeting with them." Another staff member told us, "The manager is great and so are the other people in the office. This is the best company I have worked for."