Peach, Peach and Peach Limited

Respectful Care Nottingham South

Inspection report

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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

The inspection took place on 7 November 2017 and was announced. This was the first inspection of the service since it registered in September 2016.

Respectful Care Nottingham South provides care and support to people who live in their own homes. At the time of our inspection 35 people used the service.

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.

The provider had policies and procedures for keeping people safe. Staff received safeguarding training they put into practice and staff were periodically observed to monitor their practice. The provider had a recruitment procedure that ensured as far as possible that only staff suited to support people who used the service was employed.

People's care plans included risk assessments of activities associated with their personal care routines. The risk assessments provided information for care workers about how to support people safely without restricting people's independence.

Enough suitably skilled and knowledgeable staff were deployed to meet the needs of the people who used the service. People told us that care workers were punctual and came at times they expected.

People were supported to take their medicines at the right times.

People were cared for and supported by care workers who had the appropriate training and support to understand their needs. People we spoke with consistently spoke about staff in complimentary and positive terms.

Staff were supported through supervision, appraisal and training. They received training to help them understand about medical conditions people lived with. Staff told us they valued the support that they received because it helped them carry out their roles.

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

Care workers either prepared meals for people or prompted people to make their meals.

Care workers supported people to attend healthcare appointments and to access health services when they

needed them.

Care workers were caring and knowledgeable about people's needs. People were consistently supported by the same care workers. Care workers were `matched' with people who used the service which supported them to build caring relationships.

People who used the service were involved in decisions about their care and support. They received the information they needed about the service and about their care and support. People told us they were always treated with dignity and respect.

People contributed to the assessment of their needs and to reviews of their care plans. People's care plans were centred on their individual needs.

People knew how to raise concerns if they felt they had to.

The provider had policies and procedures for monitoring the quality of the service. These were being further developed in expectation of the service providing care and support to more people.

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 were recruited safely and enough suitably skilled and experienced staff were available to meet people's needs.

The provider had procedures for keeping people safe which were understood and practised by staff.

People were supported to take their medicines at the right times by staff who were trained in safe management of medicines.

Is the service effective?

Good

The service was effective.

People told us they were supported by staff that had the right skills and knowledge to meet their needs.

Staff were supported through supervision, appraisal and training that enabled them to understand and provide for people's needs.

Staff understood and practised their responsibilities under the Mental Capacity Act 2005.

When people required it, they were supported with their meals. Staff supported people to access health services.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect.

Staff developed caring relationships with people they supported. They were able to do this because they consistently supported the same people.

People were involved in decisions about their care and support and they understood the information they received about their care and support.

Is the service responsive?

Good

The service was responsive.

People contributed to the assessments of their needs.

People experienced care and support in line with their preferences.

People had access to a complaints procedure.

Is the service well-led?

Good

The service was well led.

The provider and staff shared the same vision of providing the best possible care to people using the service.

The provider had arrangements for monitoring the quality of the service. These were being further developed in the expectation of the service growing.

People using the service and staff had opportunities to be involved in developing the service. The provider had a clear vision about improvements they wanted to introduce.

Respectful Care Nottingham South

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 service is a domiciliary care agency. It provides personal care to people living in their own houses. It provides a service to older adults.

This inspection took place on 7 November 2017 and was announced. The provider was given 48 hours' notice because the service is a home care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be in.

The inspection team consisted of an inspector and an expert-by-experience. Our expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with seven people who used the service and relatives of six other people. We looked at five people's care plans. We visited a person to observe how a care worker supported them and to talk with them about their experience of the service. We looked at information about the support that staff received through training and appraisal. We looked at two staff recruitment files to see how the provider operated their recruitment procedures. We looked at records associated with the provider's monitoring of the quality of the service.

We spoke with the registered manager, two directors, a training manager, a senior care worker and two care workers.

Good

Is the service safe?

Our findings

People told us that they felt safe using the service. They gave several reasons for feeling safe. They told us they felt safe because they knew which care worker would be visiting them to provide care and support. A person told us, "We know who is coming because we get a rota." People felt safe because care workers visited at times people expected. A person said, "The carers are very good at keeping time, they are very punctual and I know who is coming." Another person said, "I'm very safe. I trust the carers when they are in the house."

The provider had policies and procedures that protected people from abuse. These included policies about safeguarding people from harm and policies concerning staff conduct. A person told us, "The carers never ask to borrow my things" and another said, "They never ask to lend anything." The service advised people about telephone, postal and other 'scams' that were known to be operating in the south Nottinghamshire area. People told us they were confident about raising concerns about their safety with care workers, staff in the service's office and the registered manager. They were confident that any concerns they raised would be acted upon.

People told us they felt safe in the care worker's presence and when they were being supported. Comments from people included, "I am safe when the carer is here. They are respectful of me and my home"; "I am safe because the carers are gentle." Care workers supported people to feel safe by checking that doors and windows were closed and curtains were drawn if that is what people wanted.

The registered manager carried out unannounced visits at people's homes to monitor that care workers provided safe care. The provider's monitoring procedures included checking with people that they felt safe. Those visits occurred when a new care worker supported a person and every care worker had at least four unannounced practice observations a year.

Staff knew how to identify and respond to signs of abuse. They knew about the provider's procedures for reporting suspected or actual abuse. All staff had received training in safeguarding people from abuse or avoidable harm. They told us they were very confident that if they raised any concerns with the registered manager they would be taken seriously. When we accompanied a care worker to a home care visit, we saw that they advised the person about being safe at home. They told the person about how to use their 'key-safe' and they obtained the person's agreement to move items that were a potential trip hazard.

A care worker told us, "We know who is at risk from reading care plans and what the registered manager tells us. I know which people are at risk of falls and we are all taught to leave things people need within easy reach." We saw this happen when a care worker ensured a person had television controls and a drink within easy reach. People told us that care workers practised safeguarding. A person said, "They [care workers] know that they have to report any marks or bruising that is found, and we are informed too."

People's care plans had risk assessments of activities associated with their personal care routines. Risks were assessed according to a person's dependency levels and health and care routines. Care workers told

us that they referred to people's risk assessments to read how people could be supported safely. People told us that care workers supported them safely, for example when they were supported with bathing or showering. A relative told us, "The carer helps [person] in the bathroom, and then with the walking frame to the stair lift. They make sure [person] is on the lift correctly and is safe." This demonstrated that staff supported the person to have much freedom and control as possible whilst taking measures to keep them safe.

Staff were trained how to support people with their mobility and how to use equipment safely.

The registered manager applied a `Parent Test' when recruiting new staff which meant that at the core of the assessment of a care worker's suitability was the test `would we want this person to care for our loved ones.' At selection interviews candidates were required to explain how they would meet the provider's ethos of 'going the extra mile' to support people. A care worker told us that their experience of the recruitment process made them feel excited about the service and confident that it lived up to its values.

All necessary pre-employment checks were carried out before new staff were employed. These included Disclosure Barring Service (DBS) checks. DBS checks help to keep those people who are known to pose a risk to people using social care services out of the workforce. Other checks included two satisfactory references and identity checks. Candidate's suitability was assessed at interview. A criterion was that care workers had the right temperament and characteristics that matched the needs and preferences of people who used the service such as interests, empathy and communication skills.

The provider employed enough suitably trained staff to ensure that home care visits at times, or close to times, people wanted. The provider was actively recruiting additional staff to support plans to expand the size of the service.

People who required support with their medicines were supported with them. Most people required care workers to remind them to take their medicines. A person told us, "I take my own medications but the carers always ask if I have taken it. The carer who makes the evening call checks the amount of medicines in the box to check I have taken what I should have." Other people were handed their medicines with a drink. Care workers watched a person take the medicine before recording on a medicines administration chart that the person had taken their medicine.

Care workers knew what a person's medicines were for and how they should be taken. We saw and heard a care worker advise a person which medicine they should take with a drink and which they could chew. The registered manager ensured that only staff who had received training in the management of medicines and who had 'passed' a medicines administration assessments supported people with their medicines.

People who required support with meals were supported by care workers who had completed training in food hygiene and preparation. Care workers supported people to keep areas where they prepared food clean. They checked people's refrigerators and pantries for food items that were passed a 'use by' date and with people's consent disposed of those items. Care workers wore gloves and aprons when they supported people to minimise the risk of cross-infection.

The provider used their incident reporting and complaints procedures to identify areas for improvement and taking corrective action. For example, on very few occasions relatives reported concerns about care workers 'attitude' these were acted upon and care workers were supported to improve their practice.

Good

Is the service effective?

Our findings

People's needs were assessed by the registered manager before they decided to use the service. They did this to assure themselves that the service could meet people's needs. The registered manager carried out the first three home care visits during which they continued to assess and reassess people's needs. After that, people's needs were reviewed every three months or sooner if people or care workers reported any changes in people's circumstances.

People's needs were assessed with people's desired outcomes at the forefront. These were that people wanted to receive care and support in their own home and to remain as independent as they could. This demonstrated the services commitment to its vision that 'There is no place like home' which emphasised that the service wanted people to be able to remain in their home.

The provider's policies, procedures and staff practice ensured that people were protected from discrimination when decisions about their care and support was made. For example, times of home care visits were made so as not to disturb people during time they set aside for prayers. Care workers and people with the same religious beliefs were 'matched' so that care workers provided support that was culturally aware and sensitive. The registered manager operated a 'culture information hub' of information about different cultures and religions to promote staff awareness of the diversity of people who used the service.

People told us that they felt staff were well trained and capable. A person told us, "I feel the carers are trained to meet my needs, I feel the carers know exactly what they are doing." The provider ensured that staff had the skills and knowledge to support people by having an effective staff training plan that equipped staff with both. Training began during an induction period during which new care workers shadowed an experienced care worker and were introduced to people they would be supporting. A person told us, "The new carers are well trained. There is always shadowing with new ones and they are trained to support me."

Staff were supported to complete the Care Certificate which is designed to prepare new care workers to understand how to support people in a way that meets the essential standards of care. Further training was provided to support staff to understand health conditions that people lived with, for example dementia and physical disability. A training manager reviewed feedback from people and staff and used this to identify additional training needs.

People were supported to have meals and drink. Care workers either made people's chosen meals or supported people to make meals. Care workers home care visits were extended to allow time for them to support people with their meals. Where the registered manager and care workers identified concerns about people's diet and nutrition they supported people and relatives to organise a 'meals on wheels' service to ensure they were sufficiently well nourished. People had enough to eat because care workers checked people's supplies of food. A person told us, "My carer will get things from the shop if I have run out of things I need." People were supported to eat only safe food by being supported to label and organise the contents of their refrigerators and to identify which food they should dispose of. A care worker supported a person to become more aware of healthy food options and carried a supply of non-perishable foods to show people

what was available. By doing this the care worker supported the person to have a choice of a more varied and healthy diet.

The service referred people to a variety of community based services that could support them in areas of their life. The service was able to do this because the registered manager used their many years of professional experience and knowledge of health and social services to network and coordinate effectively with them. For example, the registered manager arranged for a supplier of a person's healthcare products to be delivered to the office. Care workers took the products to the person's home. This was because the person was unable to accept deliveries by themselves.

The registered manger arranged for a physiotherapist service to support a person and to train care workers so that they could incorporate physiotherapy techniques into the person's care plan. That support had resulted in a person building up their physical strength which helped them to be more confident about their mobility and they began to walk unaided.

The service supported people to attend healthcare appointments. Care workers were attentive to changes in people's health and wellbeing and they arranged for people to be visited by their GPs and health professionals. A person told us, "The carers will call a GP for me and they have done." Another person's relative told us, "They have involved a district nurse and the GP is called for support if needed." People experienced positive outcomes regarding their health and wellbeing. We saw a compliment card in which a person wrote, ` [The service] has made such a difference to my life. I was feeling down, depressed, quite ill but these lovely [care workers] made me feel loved and cared for. I am now a different person; happy, peaceful and content."

The registered manager used their professional knowledge and experience of NHS services such as occupational therapists, pharmacists, community care nurses to 'team-up' with them to ensure co-ordinated support to people.

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. We checked whether the service was working within the principles of the MCA.

Care workers sought and obtained people's consent before they provided care and support. A person told us, "The carers do not step in [with care and support] unless I want." Care workers understood about the importance of consent because they had training about the Mental Capacity Act 2005. They understood that seeking a person's consent to care and support and respecting their wishes meant that they respected the person's human and legal rights. A care worker told us, "I always ask a person's permission first and I ask how they would prefer me to do something." We saw that demonstrated by another care worker when we observed them support a person.

Good

Is the service caring?

Our findings

People consistently told us they experienced care that was compassionate. People's comments included, "The carers are very respectful, I am treated with such kindness"; "They are most helpful and really help me"; "The carers are kind and very pleasant to me." A relative told us, "[Person] can be very anxious, the carers are respectful of their needs." Another said, "The name of the company says it all."

The service recruitment procedures, staff training, staff support and leadership promoted compassionate care as its highest priority. A consistent message of the training and support staff received was that people using the service were treated as if they were care workers parents.

Staff told us that their training and support from senior staff and peers encouraged them to 'go an extra mile' to show people that they mattered to the service. For example, when a person said they were unhappy about their surroundings the registered manager and a team of staff carried out deep clean of their home. This made the person's home more pleasant for them to live in, but also a safer place for staff to provide care. Care workers collected people's medicine prescriptions from pharmacies. When care workers learnt that a person wanted to attend a social function the registered manager arranged for a longer home care visit so that care workers could help the person get ready. A care worker who made hanging baskets for their own home made extra baskets for people who liked flowers. Care workers understood the value to people of company and conversation. They told us that home care visits were planned so that they had time to spend talking with people without worrying about getting to their next home care visit on time. A person told us, "The carers are always ready to have a chat. That makes me look forward to their visits."

People's care plans included a section about people's communication needs and how they wanted staff to communicate and share information with them. No people had sensory impairment and none required any forms of communication in addition to verbal or written communication. People told us they had care plans and care workers notes they could look at. A person told us, "The main person in the agency came and explained everything and wrote down what was needed."

People were involved in decisions about their care. Their preferences about when home care visits were made and which staff supported them were respected. People told us it was very important to them that care workers visited them at times they expected. The registered manager understood this mattered to people and they organised teams of care workers and home care visit rotas in such a way as to ensure that what mattered to people was provided. People told us they were satisfied with care workers punctuality. A person told us, "The carer has never been late, or missed me" which was a comment several people made. It also mattered to people that they could ask for a different care worker. A person told us, "They have told me that if I didn't want a carer to support me they would change the rota." Another person who did ask if they could have another care worker had their wishes met. When people decided they wanted additional home care visits these were provided. A person told us, "I decided I wanted someone to come in the evening to keep me company and make my meal. The meal is always nice and the carer chats with me." A relative told us, "I feel they would listen to any things we wanted changed."

People were involved in decisions that had a very important outcome for them. For example, a person who wanted to avoid going into a nursing home because staying in their own home was important to them. They were provided with information about things they could change in their life to improve their health and care workers supported them with to do that. The outcome for the person was that they, after six months support, was able to look forward to staying at home with a level of independence they had been afraid of losing. Their relative told us, "It was so important to [person] that they did not go into a home. We and the agency [the service] are doing all we can to keep them as independent as possible."

Providing people with care that was dignified and respectful of people was a priority for the service. Care with dignity and respect was covered in the induction and was something care workers had to demonstrate in order to achieve the care certificate. Care workers described to us how they supported people when providing personal care. They told us they used towels to cover people, ensured that doors and curtains were closed and they asked any visitors to go to another room unless a person wanted them to be present. People told us they felt comfortable when care workers supported them with personal and intimate care. Comments from people included, "The staff are kind and respectful"; "I can't speak highly enough of how respectful they are"; "They are so gentle"; "The carers are very respectful, it couldn't be better" and "I have two regular carers who are most respectful."

People told us it was important to them to be supported by the same care workers. This was something that the registered manager achieved by matching care workers with people and ensuring that people were supported by the same care worker. On occasions that did not happen, for example when a care worker was on holiday, the registered manager allocated a care worker a person had already met and knew. A person told us, "I have asked for the same group of people [care workers] on a regular basis and that has happened." Another person said, "The carers names are on the rota so we know who is coming here to support, there is one carer in the morning then a different one at night.

Staff treated information about people with confidentiality. Every person told us that care workers never discussed other people who used the service. A person told us, "The carers never talk about other people." A relative told us, "The carers understand about confidentiality. They do not discuss [person using the service with me]." Records in the provider's office were kept securely and were accessed only by people authorised to do so.

Good

Is the service responsive?

Our findings

People we spoke with had used the service from between a few weeks and several months. Every person we spoke with told us that they were pleased with the care and support they received. A person told us, "It must have been five or six weeks now and as far as I am concerned all is well" and another person said, "It has been 10 months now and I am pleased with the overall care that is given."

The provider ensured that people's needs were met because the registered manager carried out detailed assessments of people's needs. They involved people and relatives in the assessments and together with them they developed a detailed care plan that explained how a person's would be supported with their needs and preferences. A person told us, "My family member wrote down for me what I needed and the manager put it into the care plan." People experienced positive outcomes because of the support they received.

People's care plans included guidance for care workers about how people wanted to be supported. Care workers told us they found the care plans to be informative and helpful because the plans included information about how to support people. A care worker told us, "The care plans are a very good way of getting to know a person. We always read the plans before we visit someone for the first time." A person told us, "There is a care plan in my house. The carer always reads it and writes in it." People told us that they received care and support in the way they liked. A person told us, "The carers are very good with me. They do things just the way I like." A relative told us, "The carers are very good at supporting [person] to be independent. The carers prompt [person] to do things by themselves."

Staff supported people to take part in social and cultural activities that were important to them. People were supported to attend religious services that were important to them. People who wanted to broaden their social circles were supported to attend day centres where they participated in social and other activities. The service supported people and their relatives, including those who were people's carers, to attend local social and educational events. These included events run by the local authority, charities and the NHS. The events were to raise people's awareness of dementia, Alzheimer's and advised people how to stay healthy and warm during winter.

The service ensured that people had the time to receive the care and support they needed. This was through effective planning of home care visits that took place at times people wanted. Home care visit plans took travel time into account and there were enough care workers to ensure that they did not rush their visits. A person told us, "The carers do everything I need them to do. They will also do any little job I may ask them to do." Staff went to pharmacies to collect their medicines and to local shops to buy things a person requested. Care workers told us they did not feel rushed and that they were able to stay with people for the scheduled duration of home care visits or longer if necessary.

People knew how they could make a complaint. Information about how to complain was included in their care plan that every person had in their home. When complaints were made they were investigated, people's feedback was acted upon and lessons were learnt. For example, after a relative complained that a

care worker had not used a 'key safe' correctly, all care workers were reminded about how to use 'key safes'.

Good

Is the service well-led?

Our findings

The provider placed at the forefront of the service an aim to provide a service that was safe and compassionate. That aim was instilled during the recruitment and induction periods and consolidated by the support the provider and registered manager provided to staff through supervision, staff meetings and a newsletter.

Staff told us they felt motivated because of the way the service was run. A care worker told us, "It is a very well run service. I'm very well supported and I feel respected." Another care worker said, "I've been overwhelmed by the quality of support from the management team. Everything is good; the training, the way home care calls are organised, making sure we have regular clients." People and relatives unanimously told us the service was well run and that they would recommend it to others. A person added, "I feel the agency and the carer team are well managed because the team are spectacular."

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.

The leadership of the service was strongly evident. People and relatives met the registered manager at their first three home care visits and at three monthly reviews of their care plans. People told us the registered manager was easy to contact if necessary. The management team promoted the values of the service and rewarded staff for their performance through a `you're a star' and 'carer of the month' awards.

Staff told us they felt involved in developing the service. They said that they were encouraged to make suggestions. A care worker told us, "The manager is very receptive to ideas. I suggested that the service create a social network of places that people could be told about and supported to go to improve their social lives and that was done." People were supported to visit social venues that other people who used the service went to. By doing this the service had established itself as an active member of the local community, for example at coffee mornings and fund raising events. The registered manager used these events to raise public awareness of dementia.

The registered manager and members of the management team carried out monitoring to ensure that people's needs were met and that people were satisfied with the care and support they experienced. A variety of scheduled checks were carried out on a daily, weekly and monthly basis which provided assurance that the service was meeting key performance targets. These included spot-checks of how care worker's supported people. Obtaining people's feedback was part of the quality assurance process. This happened through telephone calls and reviews of care plans. People and relatives told us that their home care visits were made at times they expected. The provider was developing procedures for monitoring the punctuality and duration of home care visits in 'real time'. These would identify any visits that had not started within 15 minutes of a scheduled time.

The registered manager understood their legal obligations including the conditions of their registration. This included ensuring there was a system in place for notifying the CQC of serious incidents involving people who used the service.