REYMC 247 (PVT) Limited

Royal Care Health Recruitment & Training

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 10 August 2018, and was announced; we gave the provider 48 hours' notice of the inspection to ensure that the registered manager was available for us to speak with.

The service was last inspected in April 2016, and was rated Good. At this inspection we found that the service continued to be good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to older adults and younger disabled adults in the Rotherham and Sheffield areas. At the time of the inspection they were providing support to around 50 people.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

People's care files showed that their care needs had been thoroughly assessed, and they received care in accordance with their assessed needs. People's care was regularly reviewed to ensure it met their needs, and care was tailored towards each person's individual preferences and care needs.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. Risk assessments were up to date and detailed. Medicines were managed safely, so that people received their medication as prescribed.

We found recruitment processes were thorough, which helped the employer make safer recruitment decisions when employing new staff.

Staff had completed an induction before commencing work and there was a comprehensive training programme in place. This helped them meet the needs of the people they supported.

Records showed that on occasion relatives had been required to make decisions on other people's behalf, which does not reflect lawful decision making.

There was a system in place to tell people how to make a complaint and how it would be managed, and this was explained to people when they first started using the service.

The registered manager had a clear oversight of the service, and of the people who had used or were using it. Additionally they operated a formal audit system to identify where improvements were required.

Staff received regular supervision and appraisal, and the standard and quality of care visits was regularly monitored.

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 remains good	**Good**
Is the service effective? The service has deteriorated to requires improvement	**Requires Improvement**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service has improved to good.	**Good**

Royal Care Health Recruitment & Training

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 was 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.

The inspection included a visit to the agency's office which took place on 10 August 2018. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by an adult social care inspector.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, including notifications submitted to us by the provider, and information gained from people using the service and their relatives who had contacted CQC to share feedback about the service. We spoke with two people using the service by telephone to find out about their experience of receiving care from the provider. We spoke with the registered manager and a director of the company during the inspection, and prior to the inspection we carried out surveys of people using the service, staff and community healthcare professionals. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection site visit we looked at documentation including five people's care records, risk assessments, five personnel and training files, complaints records, the staff duty roster, meeting minutes and other records relating to the management of the service.

Good

Is the service safe?

Our findings

At the inspection of April 2016 we rated the service "good" for this domain. At this inspection we found it remained good.

People we spoke with told us they felt safe when receiving care. One said: "They know what they are doing, they know how to look after me." Another told us that they have no concerns about safety when receiving care from the provider. The staff surveyed told us that they felt they provided a service which was safe and felt they had received training which had enabled them to do this.

We checked to see whether care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at five people's care plans, and saw that each one contained risk assessments which set out any risks that were associated with people's care, as well as risks that the person themselves may present. These risk assessments were regularly reviewed, to ensure that they continued to meet people's needs.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding adults procedures which aimed to make sure incidents were reported and investigated appropriately, and a copy of this procedure was stored in the provider's office.

Staff records showed that staff had received training in relation to safeguarding. This was part of the provider's induction programme as well as being delivered in a stand alone training session. The registered manager was trained to carry out this training, and they told us that this meant they could tailor the training to reflect the service provided and to meet individual staff needs.

We checked five staff files to look at whether staff were recruited safely and found that appropriate checks had been undertaken before staff began working for the service. These included two written references, (one being from their previous employer), checks of the staff member's identification and checks of their right to work in the UK. The files we checked showed staff underwent a Disclosure and Barring Service (DBS) check before starting work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Prior to the inspection a person's relative and a former staff member contacted CQC to allege that the provider employed staff who did not have a DBS check in place, but we found no evidence to support this.

We looked at the arrangements in place for managing and administering people's medication, to ensure this was undertaken safely. Where staff were required to administer people's medication, their records contained Medication Administration Records (MARs) where staff were required to sign to confirm they administered the medication. We checked a sample of MARs and found they were accurately completed, with staff recording each time they had administered medication. We noted in one person's file staff had recorded that they had applied a medicated cream, but there was no MAR to identify what this cream was.

We raised this with the registered manager, and the following day they confirmed to CQC in writing that they had investigated this matter, discussed it with staff, and put appropriate procedures in place so that records were kept of all medication administered, including topical medication.

Staff training records showed that they had received training in relation to managing medicines safely, and the staff we surveyed told us they felt confident in this area. The provider carried out a series of spot checks of care visits, and part of these checks included monitoring whether staff were administering medicines safely.

Requires Improvement

Is the service effective?

Our findings

At the inspection of April 2016 we rated the service "good" for this domain. However, at this inspection we found that it had deteriorated to "requires improvement."

People using the service told us that care staff carried out all the tasks they were required to do. They told us they believed staff understood their needs, and had received appropriate training to undertake care tasks to a good standard.

Staff training records showed that staff had training to meet the needs of the people they supported. The provider's mandatory training, which all staff completed before delivering care, included moving and handling, the protection of vulnerable adults, health and safety, and food hygiene amongst other, relevant training. Some staff were working towards a nationally recognised qualification in care, and the registered manager was trained to provide training to staff across a wide range of topics. The registered manager told us they were undertaking a teaching qualification to enable them to deliver further training. Some months prior to the inspection a former staff member told us they had not received the training required to do their job, but the inspection found that staff had received appropriate training.

Staff told us they felt they were equipped to undertake their role, and said t hey had received a good level of training to assist them in providing care to people.

We looked at how the provider complied with the Mental Capacity Act. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. Care records showed that people's capacity to make decisions had been recorded within the assessment and care planning process. In two of the five files we checked we found that people had given consent to their care, however, in the other three files people's relatives, who did not hold power of attorney, had "consented" on their behalf. Where people lack capacity to give consent to their care, providers should undertake a best interest decision making process rather than asking for relatives without power of attorney to give consent, which is not lawful. The registered manager told us they would implement a programme to ensure that best interest decisions were reached for people who lack capacity, to ensure that they complied with the MCA.

People's care plans showed that staff frequently liaised with external healthcare professionals, such as GPs and district nurses, to enable people to experience better health. We saw evidence of staff contacting external healthcare professionals where people's health needs changed, and also of staff following the guidance put in place by external healthcare professionals to ensure that people's health needs were met.

There were details in people's care plans about their nutritional needs, where appropriate. For example, where part of the care package required staff to provide a cooked meal for people, there was information

about their food preferences and dislikes. Daily notes, where staff recorded details of the care provided to people, showed that staff were upholding people's preferences in relation to the food provided. Where people were at risk of malnutrition, there were appropriate risk assessments in place which were regularly reviewed to ensure they continued to meet people's needs and that risks were closely monitored.

Good

Is the service caring?

Our findings

At the inspection of April 2016 we rated the service "good" for this domain. At this inspection we found it remained good.

People using the service told us they found staff to have a caring manner. One said: "I've always found them to be great, very friendly and always helpful." In the provider's own surveys of people using the service on wrote: "The professionalism, friendliness, appearance and conduct of all [staff] is exceptional." The provider's own records showed that relatives often contacted the office to praise the quality of the service their relatives received. For example, one said: "[my relative] thinks very highly of them [the care staff]and she can't thank them enough." Another described the care staff as "highly respectful" and said they "go the extra mile." The company director told us: "We think of [people using the service] as like family."

Staff we surveyed told us they felt their rotas allowed them time to provide the care people needed. We cross checked this with the provider's care scheduling system and people's daily notes, and saw that care visits lasted for the duration that people had been assessed as requiring. When managers at the company carried out unannounced spot checks on care visits, they checked that the staff arrived on time and remained for the duration of the visit.

We looked at how staff upheld the dignity and privacy of people they were caring for. Every person who had responded to the provider's own surveys stated that staff upheld their dignity, and staff told us that they felt dignity was an important part of their work.

We checked to see whether people were receiving care in accordance with the way they had been assessed as requiring. Each care plan contained an assessment of people's needs in sufficient detail for staff to understand what care was required. When staff completed a care visit they recorded details of it in people's daily notes describing the care and support provided at each appointment. These were completed to a good level of detail and showed that care was being delivered in accordance with each person's assessed needs.. We cross checked these with people's care assessments and found that staff were carrying out the support and care required.

We checked five care plans to see whether there was evidence that people had been involved in their care, and contributed their opinions to the way their care was delivered. We saw that people's views had been sought, in particular at the point of assessing their needs before they started to receive care, and again at frequent review meetings. People's care plans also contained information about their cultural backgrounds and, where appropriate, their preferences and views in relation to end of life care.

Good

Is the service responsive?

Our findings

At the inspection of April 2016 we rated the service "good" for this domain. At this inspection we found it remained good.

People told us they felt involved in making decisions about their care, one of them telling us: "They do things the way I like them, and they check I'm happy with things. They phone up and ask if I'm ok."

There was a system in place for formally reviewing people's care. This took the form of regular meetings with the registered manager or senior staff, either face to face or by phone. Each meeting recorded the person's views and any changes that they wished to have incorporated. We looked at records from a sample of reviews and saw that people's views and preferences had been taken into consideration during each review.

We checked five care files, and saw they contained information about all aspects of the person's needs and preferences. This included guidance for staff in relation to how people's needs should be met in accordance with their care assessments. These were set out in sufficient detail so that staff understood what was required. There was information in each person's care plan about their life histories, interests and families, to help staff better understand the person they were supporting. Staff we surveyed told us they were always introduced to people before providing support to them

We looked at the online call scheduling system used by the provider. This enabled office staff to schedule care calls onto each staff member's mobile phone. The company director told us they could add messages about people's specific needs or preferences to the system so that staff knew how people wished to be cared for.

Records we checked showed that staff completed a daily log of each care visit they made to people. This included a report on the care tasks they had undertaken, as well as any changes in the person's condition, or any concerns or issues that arose. Staff completed these records to a good level of detail, so that managers checking these records could monitor what care was being provided and whether it was being provided in accordance with their assessed needs. The registered manager told us that a formal audit was carried out of a sample of these but that all were read by either the registered manager or the company director. We saw evidence of this taking place during the inspection.

We checked the provider's arrangements for supporting people when they wished to make complaints. Information about making a complaint was given to each person when they began receiving care. This told people how to make a complaint, what they could expect if they made a complaint, and how to complain externally should they be dissatisfied with the provider's internal processes. We looked at a sample of complaints the provider had received. In each case we saw that a thorough investigation had been undertaken and complainants received a written response setting out, where appropriate, any changes the provider would be making in response to the complaint.

Good

Is the service well-led?

Our findings

At the inspection of April 2016 we rated the service "requires improvement" for this domain. At this inspection we saw improvements had been made and rated it "good."

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission, as required as a condition of provider's registration. They were supported in their post by the company director as well as senior care staff.

We asked people using the service whether they could contact the registered manager if they needed to. They told us they could and were very familiar with them. During the inspection the registered manager demonstrated a very good knowledge of people using the service, showing that they were very familiar with their care needs and preferences.

There was a system of team meetings, staff supervision and appraisal to enable staff to understand what was happening within the organisation, as well as for senior staff to give feedback to staff and monitor their performance. Staff supervision records showed that staff were able to discuss training needs, care provision and any concerns on a regular basis with their managers. Staff we surveyed told us that the flow of information from managers was good and said that managers were accessible. The registered manager told us that they, and the company director, were available for staff at any time of day or night, and described examples of when they had attended care calls to support staff or when untoward incidents had occurred. One staff member told us: "I love to work for this company as it has an open door policy which allows me to approach the management and share my views and concerns."

In addition to the above communication methods, we saw that there was a system of staff spot checks. This involved managers carrying out unannounced checks of staff undertaking their duties. These checks involved managers checking whether the care call was on time, whether staff were using personal protective equipment (PPE) and whether the person's dignity and privacy was upheld. There was also an opportunity for people using the service to use these checks to give feedback to managers about the service they received.

There was a range of audits which looked at areas such care records, medication records, personnel files and complaints. We found that these audits were effective, as they identified issues and resulted in action plans being implemented to address any shortfalls.

The local authority, who commissioned some of the care packages, told us that the service had undergone a period of unsettlement recently. However they told us that they were carrying out frequent visits to the service and saw that actions required were always completed within set timescales.

There was a range of policies and procedures to support the safe and effective running of the service. They were up to date and regularly reviewed. The polices we checked reflected current legislation and best practice. These were available in the office, and policy issues were discussed, where appropriate, in team

meetings and supervisions.

Prior to the inspection, we reviewed information we held about the provider, including statutory notifications submitted to us by the provider to tell us about certain incidents, as required by law. Some months before the inspection we became aware that the provider had not notified CQC about some incidents, however, after we contacted them about this they addressed this shortfall and we saw that incidents were now being notified to CQC. We also saw that the provider was displaying their most recent CQC rating on their website, as well as on the premises, as required.