Care Quality Commission

Ruby Grange Homecare Limited

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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

This inspection took place on the 14 November 2017 and was announced. We told the provider two working days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

The service is a domiciliary care agency and is registered to provide personal care to people living in their own houses and flats in the community. It provides a service to older adults some of whom could be living with dementia and younger disabled adults.

At the time of our inspection, the provider was offering a service to 14 people.

This was the service's first inspection following their registration with the Care Quality Commission on the 5 December 2016. There was a registered manager in post. 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 and the management team were described as very caring and kind. Staff demonstrated an empathetic approach to working with people and supported people's emotional wellbeing. People were supported to access appropriate health care and staff recorded what people ate and drank to monitor their nutrition and hydration. Staff demonstrated they understood they should report any concerns about people's health to the management team so they could take appropriate action.

The registered manager assessed the staffing requirements within the service to ensure they had enough staff before accepting new referrals. The management team supported people with their care when there were staff absences to ensure a consistent service.

The provider followed safe recruitment processes to ensure staff were suitable to work in a caring capacity. Staff were given a thorough induction and training to equip them to undertake their work.

The management team had undertaken risk assessments to identify the risks associated with the delivery of care in a person's home, but sometimes these lacked a person centred approach and did not state the level of risk to the person. However, care plans were thorough and contained good guidance for staff to mitigate risk. We brought this to the registered manager's attention and they addressed this following the inspection.

Staff were not administering medicines at the time of our inspection however staff had received training and had clear guidance about who administered medicines and the type of support people needed with their medicines.

The management team understood their responsibility under the Mental Capacity Act 2005 and ensured people's rights were being upheld. Staff demonstrated they asked people's consent before proving care and support.

People had person centred plans that gave guidance to staff about how they wanted their care delivered. Care plans were signed by people to show they agreed with the content and these were updated and reviewed on a regular basis to capture changing circumstances.

People and relatives said they knew how to complain and they found that their concerns were addressed in a timely manner by the registered manager.

The management team shared the company's vision and ethos with the staff in their induction and training. They acted as role models to show how they wanted care to be delivered.

The management team had a good oversight of the way the service was provided because they had quality assurance systems including audits and checks to ensure the quality of the care provided.

The management team had joined a national organisation and were accessing training to ensure they kept abreast of good practice.

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. People had risk assessments and these were thorough in terms of the areas covered but were not always person centred and did not identify the level of risk to the person. However, care plans were detailed and contained relevant information for staff guidance.

People using the service were not being supported with their medicines at the time of inspection. However, staff had received medicines administration training so they could support people with their medicines when this was needed.

Staff had received safeguarding adults training and knew how to report abuse concerns appropriately.

The provider followed a robust recruitment procedure and the registered manager ensured there were enough staff to meet people's needs.

Staff understood the need to use protective equipment to avoid cross infection when providing care.

Is the service effective?

Good

The service was effective. Staff demonstrated they upheld people's rights with regard to the Mental Capacity Act 2005 (MCA) and people were asked their consent before care and support was provided.

Staff received a thorough induction that included training and they completed a probationary period during which the management team offered support and assessed to ensure they were competent in their role.

Staff told the management team if they had concerns for people's health and supported people to access the appropriate health care services to ensure their health needs were met.

Staff supported people to eat healthily and remain hydrated. Staff recorded food consumed and fluids taken.

Is the service caring?

Good

The service was caring. People and their relatives spoke highly of the staff and the management team describing them as caring and kind.

Staff demonstrated sensitivity about how people were feeling and spent time with people to ensure their emotional wellbeing.

People and relatives were supported to give their views on how they wanted their care to be provided.

Staff ensured people's dignity and privacy.

Is the service responsive?

Good

The service was responsive. People had person centred care plans that contained a brief history and gave clear guidance about how they wished to be supported.

People and their relatives knew how to complain and the service responded to complaints in an appropriate manner.

Is the service well-led?

Good

The service was well-led. The company had a clear vision and ethos that was shared with staff during induction training to ensure they worked towards a shared aim.

There was very good lines of communication between the management team, staff, people using the service and their relatives.

People and relatives were asked to feedback about the service on a regular basis in a number of ways and the management team completed checks and audits to ensure the quality of the service.

The company had joined a national organisation to ensure they kept informed of new legislation and had opportunities to network with other companies to share good practice.

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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 checked 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 on 14 November 2017 and was announced. We gave the provider 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, we reviewed information we held about the service. This included notifications we had received. A notification is information about important events that the provider is required to send us by law.

One inspector carried out the inspection. During our inspection, we looked at three people's care records. This included their care plans, risk assessments, medicines records, and daily notes. We reviewed three staff personnel files. This included their recruitment, training, and supervision records. We spoke with three support staff, the registered manager, and two directors who were involved in the day to day management of the service.

Following the inspection, we spoke with two people who used the service and three people's relatives.

Good

Is the service safe?

Our findings

Staff had received training in safeguarding adults and had signed to show they had read and understood the providers safeguarding adults' policy during their induction. Staff told us how they would recognise possible signs of abuse and what actions they might take. Their comments included, "I make sure they are safe" and "I would ring [The registered manager] and explain, if it continued [and nothing was done] I would call the CQC, the police or social services." The registered manager demonstrated a good understanding of their responsibility to report safeguarding adult concerns and monitored incidents and accidents and people's daily recordings to ensure that staff had reported concerns appropriately.

People had risk assessments in place and these were thorough in terms of the range of areas they covered but they were generic and not always person centred. Risk assessments did not always follow the 'Five steps to risk assessment' as recommended by the Health and Safety Executive. For example the risk assessments did not identify the level of risk and specific measures to take for each person and referred to 'the client' rather than the person. However, staff were able to tell us how they ensured people's safety. This was because people's care plans and support plans were detailed staff knew how people should be supported to prevent harm from occurring. We brought this to the attention of the registered manager who agreed to review the risk assessments to make them more person centred to reflect the individual.

People and relatives told us that staff were usually on time and they had not experienced missed calls. One person's relative described staff as "reliable" and another told us that if staff were held up another staff member would attend. Staff told us there were enough of them to meet people's care calls. One staff member said, "There is really good communication if there are issues, so the client is not left waiting, they will get someone there as quickly as possible." Staff confirmed they were given adequate travel times between care calls and that they stayed for the allocated time. One staff member told us, "We are able to complete the work without rushing." The registered manager told us they used an electronic system so staff could put their pin number in to access their rota and to log in, this ensured calls were not missed.

The registered manager told us they continued to recruit new staff and would not accept referrals unless they had enough staff with the right skills to meet the person's support needs. They showed us an example when they had declined a proposed care package because it was in an area that was too isolated for staff to get to on time and in a safe manner. We saw that the registered manager and the directors were 'hands on' and went out to support people if a staff member phoned in sick or there was an emergency to make sure people received their calls as planned.

The provider followed their recruitment procedure to ensure prospective staff were safe to work with people. As such, the provider undertook a range of checks including criminal records checks, proof of identity and address checks and obtained appropriate references. Prospective staff completed application forms and were interviewed by the management team to ensure they had the right values and aptitude to work as care staff.

When we carried out the inspection, the provider was just about to commence a package of care that

included administering medicines to one person. Their care plan had been updated to reflect staff were now going to support by administering medicines from a blister pack. Other people receiving a service had not needed medicines administration. Therefore, we were unable to check medicine administration records to ensure medicines were being administered appropriately. Staff had received medicines administration training to ensure they could administer medicines if that support need was identified. People's support plans clearly detailed where their medicines were stored, if they required staff support to prompt, assist or administer their medicines and described if the person administered their own medicines or if someone such as a family member undertook that role. Therefore, there were good systems in place for the safe administration of medicines.

Staff had received training in food hygiene to ensure they supported people to store food and cook meals in a safe manner. Staff confirmed they were supplied with protective equipment such as disposable gloves to use when preparing food or supporting people with personal care. Comments in people's reviews demonstrated that staff wore shoe covers when entering people's homes to avoid cross infection. The management team undertook regular spot checks where they observed to ensure staff used protective equipment in an appropriate and safe manner.

Good

Is the service effective?

Our findings

Staff told us that their induction had supported them to undertake their work. Their comments included that induction was "very, very thorough" and included "a lot of courses" Staff confirmed that they shadowed experienced staff members or the registered manager to learn how people's care should be given. Training undertaken by the staff included health and safety, safeguarding adults, moving and handling, Mental Capacity Act 2005 (MCA) and information governance. The registered manager was qualified in the advanced dementia pathway, had undertaken train the trainer in dementia training, and was in the process of updating their training so they could offer dementia training to staff.

There was a 12 week probation period and the registered manager and directors undertook spot checks during that time. These checks included observations to ensure staff were competent in their work. Staff confirmed that they had received supervision sessions each week during the induction period and one each month thereafter. The supervision session was delivered in a variety of ways either face to face or via a telephone call or as a spot check visit. Staff confirmed they were well supported. One staff member commented, "I can raise any concerns I may have."

The 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. During this inspection, we checked to ensure the provider was working within the principles of the MCA. People using the service had capacity to consent to their care and treatment.

Some people had appointed relatives as their Lasting Power of Attorney for their finances (This is someone a person appoints to make specific decisions on their behalf, when they can no longer make decisions.) The provider had recorded this appropriately in people's care plans. They gave an example of contacting a relative with LPA for finances when a person's microwave broke, they got permission to buy a new one and purchased one for the person to ensure they had a way to heat their meals.

The provider had obtained people's signed consent to their care and treatment in addition to obtaining people's consent to share their records with relevant professionals. Staff demonstrated they understood that they must ask people's consent before providing care. Their comments included, "You can't force them, you can give encouragement and try every possible avenue. You should help them understand you have their best interest in mind." One staff member told us that on some occasions one person they supported to shower refused their support. The staff member explained they never insisted but instead offered to support them to have a wash and to soak their feet as they had found this made them feel pampered and looked after. Staff told us if people were refusing their care and support they told the office staff so that they could take any action required to inform people's family or the local authority.

People's care plans contained detailed information about people's assessed needs and also stated who were the important people in the person's life and contained a brief background to give staff an understanding of the person's life experience, describing in some instances their life prior to them requiring care and support. One relative told us, "They were lovely, even writing down the pet's name. These things are important." Care plans also contained people's diversity support needs such as their cultural background and if applicable their religion stating if the person attended a place of worship. Plans stated people's interests such as Indian music, cricket, and gardening. This helped staff to find an interest to talk about and enabled them to build a rapport with the person.

Care plans described how people's physical and medical conditions affected their activities of daily living and described for example how Parkinson's disease affected one person's mobility and ability to walk on different days. Staff were able to describe how they supported people with their health needs and told us how they reported to the office if they had concerns about people's health. The registered manager told us how staff had raised with the management team that one person's mobility had decreased significantly. The registered manager observed staff with the person and as an outcome had spoken with the person's GP who arranged an occupational therapy assessment.

Care plans stated clearly if people required staff to make their meals or provide drinks. Most care plans seen stated a family member was responsible for making meals and drinks however one plan we looked at stated that meals were to be prepared by staff. The person was able to choose what meals they wanted from a selection in their freezer. Daily notes evidenced that the staff made them a selection of different meals. The staff recorded drinks given such as a cup of tea and a glass of orange juice. The management team told us they monitored daily notes to ensure sufficient food and drinks were given to people. Staff confirmed that if a person refused to eat or drink they would let the management team know so their relatives could be informed.

Good

Is the service caring?

Our findings

People described staff as "friendly" and "very good." One person told us, "I get plenty of care from them." Relatives' comments included, "The ladies have been wonderful" and "Very, very kind."

The management team and staff all spoke in positive terms about providing care to people and demonstrated an understanding of the issues people might face. One of the directors told us, "Personal care comes secondary to how you make people feel." Staff told us they were aware that some people may be lonely as they might not see many people through the day. They described they made conversation and tried to ensure their visit was a positive experience for the person. Their comments included, "Have a laugh and a joke, make sure you are there for them, time with them is precious" and another said, "I'm quite relaxed, I chat with them, use an empathetic approach and I'm patient with people …show you're interested in them as a person - a person centred approach." Another said, "Show dignity and compassion, treat them as individuals rather than just another older person."

Relatives confirmed their family member had been consulted prior to the care package commencing. Comments included, "Yes, introduced and walked through what was going to happen" and "They started off by going through our requirements." The registered manager described that when a referral was made they visited the person often with a family member present to capture how the person wanted their care to be provided. When a care package commenced the management team conducted a telephone review after the first week, then a monthly review followed by a six monthly review. A member of the management team told us, "We check again after a week as sometimes they decide to have things differently, can't always tell until care actually starts." One family member told us they "requested changes that have been accommodated." At the reviews people and family members, were asked if they were happy with the way care was provided or if any changes were required. People signed their care plans to show they had agreed to the contents.

People told us that the management team visited them and went through information to help them decide if they wanted a service from Ruby Grange Homecare Limited. Information contained in a 'Welcome Pack' told people in plain English what they could expect from the provider. People were visited on a frequent basis so they could tell the management team if they were happy with the service provided or if they required changes to be made. People's care plans specified how they communicated and if they used a hearing aid or required glasses for staff guidance.

There was a privacy statement in people's care plans that gave people information about how their information was stored and stated their right to see their personal information should they wish to do so. Staff demonstrated they were aware of the need to keep people's information confidential.
Staff told us how they ensured people's dignity and privacy in particular when supporting people with personal care. One staff member said, "I put a towel round them …and ensure the curtains are closed" and "I tell family, do you mind sitting outside for a minute." As such, staff demonstrated they upheld people's confidentiality and respected their dignity.

Good

Is the service responsive?

Our findings

People had person centred plans that told staff how they wished to be addressed, how they preferred to be contacted, and how staff would access their home. The care plans informed staff clearly what support the person required and included a timetable that showed staff what tasks were to be undertaken at each call. There was an emphasis on promoting independence and care plans reminded the assessor "Include what I can do for myself and what assistance I want you to provide." The guidance detailed the steps to take to support the person with personal care according to their preferences. Care plans informed staff where products such as toiletries and towels were kept and detailed the number of carers required.

People's care plans told staff how people communicated their needs and specified for example "Carers are to ensure that they listen and respect [person's name's] wishes at all times and offer encouragement as needed." Care plans highlighted when people had fluctuating 'good' and 'bad' days as staff needed to be flexible to respond to the person's changing needs. Care plans were updated when people's circumstances changed to reflect for instance increased staffing need due to a deterioration in mobility. As such, care plans were person centred and gave staff the information they required.

The provider ensured people received a copy of the complaints procedure when they commenced a service. This told people how they could complain and what to expect the provider to do should a complaint be made. People and relatives said they could raise complaints and concerns. One relative said, "If I have a problem I phone the office. They described how a member from management team visited once a month to check how the service was going and they could raise concerns then as well. Another relative told us, "Yes we can complain. We can put things in writing or in an email." They described that the management team addressed a concern they raised straight away and to their satisfaction. The registered manager demonstrated they acted appropriately when a complaint was made to acknowledge, investigate, and address the complaint.

None of the plans we looked at contained people's end of life wishes, as it was not applicable to the care being given at the time of inspection.

Good

Is the service well-led?

Our findings

The registered manager in post was also a director of the company. 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 registered manager was supported by two directors. They formed the management team and they were all 'hands on' in the day to day running of the service.

People and relatives all described the management team as approachable. One relative told us, "They are open to feedback and any issues." They described they were kept "up to date" with any changes. The provider gave people using their services a 'Welcome pack' that informed people of the service they could expect from the agency. The provider encouraged people to give feedback. The pack stated "We value your views and opinions on the care services that we provide." During our visit we saw evidence people and relatives were listened to by the management team.

Staff we spoke with all told us they enjoyed their work and spoke positively about working for the provider. One staff member new to working as a carer told us, "I absolutely love my job, I can't believe how rewarding it is." They described being well supported by the management team to develop the skills and knowledge they required to do the work well. There had been three team meetings since April 2017 and staff told us that the management team was always accessible. One staff member said, "I feel everything is done by the book – someone is only a phone call away if you need it you can get back up quickly."

The provider had a clear ethos and vision that they ensured staff understood and worked to uphold. We saw the induction contained a training session that told staff about the company, their values, and the high quality of service they were aiming to provide for people. One staff member told us that at induction, "They talked to us about the company, what it stood for, and what was expected from us." The provider gave staff a staff handbook when they commenced work. The handbook stressed the company values of 'dignity, respect and integrity' for example stated good working practices such as consistent timekeeping. As such, the provider ensured they shared with staff a clear vision about the ethos of the company.

The management team were familiar with the people and families to whom they provided care. One director told us that the management team often undertook calls to people during the day and in particular at the weekends. They said they found this 'hands on' approach maintained the quality of the service provided as they acted as good role models for staff. Staff told us, "They [management team] on occasions do unannounced visits." The registered manager and directors undertook announced and unannounced spot checks to check the quality of the service given and staff competence. In addition, the management team checked people's daily notes to make sure they were completed appropriately and to ensure any concerns had been reported. The provider demonstrated they had systems in place to monitor care plans and ensure reviews were undertaken to make sure people's care plans were up to date.

The provider showed us they planned to send out a satisfaction survey in December 2017 to people and

relatives using their service. This was being undertaken through an external organisation in order to maintain impartiality and the results would be published on the external organisations website. The provider said they intended to analyse results to improve service provision.

The registered manager and directors were undertaking training to ensure their knowledge was up to date with best practice. In addition, the provider was a member of the United Kingdom Homecare Association (UKHCA) a professional association of home care providers in the independent, voluntary, not-for-profit and statutory care sectors. The registered manager explained this enabled them to keep up to date with changes of legislation and good practice and gave them good networking opportunities.