

Rusko Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

About the service

Rusko Care limited is a domiciliary care agency providing personal care to people living in their own home. People receiving the service were living in an extra care setting. At the time of the inspection 18 people were receiving the regulated activity, personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People were not fully safeguarded from the risk of abuse. When incidents had occurred that put people at risk the registered manager had taken action to make sure people were safe. However, on two occasions the registered manager had not discussed these incidents with the local safeguarding authority to find out if they felt further investigations were necessary. The registered manager took immediate action to address this after the inspection. When there were any incidents and accidents these were recorded, and steps were taken to prevent any re-occurrence

Risk to people health and safety where identified. However, guidance on what action to take if the risk occurred was not consistently recorded. Staff did know what action to take in the event of a risk incident. The registered manager had taken action to address the shortfall.

Staff communicated effectively with people and each other to make sure people's needs were met in the way they had chosen. When people were unwell or needed extra support, they were referred to health care professionals and other external agencies. People received person-centred care that promoted their dignity and independence. Staff followed infection control policies and practices to help protect people from any infection.

People told us the service was well managed. People and their relatives gave positive feedback about the service they received. They said the registered manager was approachable and sorted out any issues they had. People and their relatives spoke highly of the registered manager and staff. People said they felt safe with the staff when they received care in their own homes. People told us they were treated kindly and compassionately by the staff.

Staff knew their roles and were able to tell us about the values and the vision of the service. There were adequate quality assurance measures in place. The registered manager visited people and made calls to check people were happy with the service. Any complaints that were made were managed in the right way and people had been invited to suggest improvements to the service.

There were sufficient numbers of staff to provide the care people needed. People and their relatives said staff arrived when they should and stayed the allotted amount of time. They reported they had not had any missed calls. Staff received the training they needed to look after people in the way that suited them best. Staff received support, guidance and advice from the registered manager. The registered manager regularly worked alongside the staff team and checked that staff were working with people safely. All safety recruitment checks were completed before staff started working with people.

People were supported to express their views and make decisions about their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs were assessed and reviewed to ensure care being delivered was up to date and reflective of their needs. People had care plans that provided detailed guidance for staff on the support and care that they needed on a daily basis. Care plans were specific and personalised. People were supported to do things they wanted to do. People consented to their care and were supported by staff who were trained to fulfil their roles effectively. Staff were aware of the importance of good nutrition to people's health and well-being. Medicines were managed safely and people received their medicines as prescribed by their doctor.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 10 November 2020 and this is the first inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Rusko Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 26 April 2022 and ended on 28 April 2022. We visited the office location on 26 April 2022.

What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with four people and three relatives of the people who used the service about their experience of the care provided. We spoke with three members of staff including the registered manager.

We reviewed a range of records. This included three people's care plans, medicines records and daily care records. We looked at recruitment checks and complaints. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the training matrix, staff meeting notes, and other records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to help protect people from the risk of harm or abuse. The registered manager understood their responsibilities to safeguard people from abuse. However, the registered manager had not identified two incidents that had occurred as potential safeguarding concerns. The funding authority were aware of the issues. Investigations and action had been taken to prevent re-occurrence. When this shortfall was identified the registered manager retrospectively informed the local authority safeguarding team. There was no impact on people This is an area that needs improvement
- Staff had received training and were clear about how they would report any concerns both internally to the provider and externally to the safeguarding authorities. One staff member said, "I am confident the registered manager would take action if there were any safeguarding concerns."
- People and their relatives told us staff provided safe care. One person said, "This is the best company I have ever had. I feel very safe with all the staff. They can't do enough for me."

Assessing risk, safety monitoring and management

- Risks to people, including risks from the environment were assessed, monitored and recorded. Action was taken to reduce the risks. However, some risk assessments did not include full guidance for staff on what action to take to make sure risks were kept to a minimum. One person had a tube that drained urine from their bladder. There was little information about the signs and symptoms staff needed to observe to make sure the tube was draining properly and to detect any signs of infection.
- Some people were at risk of falls, the risk assessment did not contain the information on how to fully mitigate the risk. Staff were able to explain the action they would take to reduce the risks and what to do if these risks occurred. The registered manager took immediate action to address this and sent us updated risk assessments. We will check this has been sustained at our next inspection.
- Other risk assessments gave clear guidance to staff, detailing how to safely work with people, including medicines and moving and handling. Staff confirmed that the care plans gave them enough information for them to support people safely. People and relatives told us they always felt safe with the staff. One person said, "I am totally confident in all the staff. They know what they are doing."

Staffing and recruitment

- Staff were recruited safely. Recruitment checks were completed to make sure staff were safe to work with people. This included obtaining references from previous employers, and background checks with the Disclosure Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Full employment histories had been obtained and the required number of references had been sourced before the staff member started work.
- Enough staff were employed to make sure people received the care and support they needed. There was enough staff to provide safe care and they visited the same people regularly. People told us that they had a consistent team of staff who knew them well. One person told us: "They never let me down. I have the same staff most of the time."
- Staff arrived promptly and stayed for the allocated time. People knew each day which staff would be visiting and what time they would be arriving. One person told us: "They have never missed a call. I have the same team of staff, so I always know who is coming." A relative said, "The service is amazing. We needed staff at very short notice, and they were able to sort it all out."

Using medicines safely

- People received their medicines safely. Staff had received training in the safe administration of medicines and their competency had been assessed. Staff were also observed supporting people with their medicines during spot checks of their practice.
- Care plans highlighted how people preferred to take their medicines and provided staff with any information they needed to know. Medicines records were maintained which demonstrated people received their medicines in line with their prescriptions. The registered manager had recently reviewed how they recorded when medicines to reduce the risks of any errors.
- Regular medicine audits were completed to ensure people received their medicines safely. If any errors or mistakes were identified or reported then action was taken by the provider to reduce the risk of reoccurrence.

Preventing and controlling infection

- Risks to people from infection were managed to ensure they were minimised.
- We were assured that the provider's infection prevention and control policy was up to date. Staff had completed the relevant training. Spot checks on infection control practice were undertaken to ensure staff were following the correct procedures.
- COVID-19 testing was carried out in accordance with government guidance, staff underwent a regular testing regime. Staff understood appropriate use of personal protective equipment (PPE). Staff had access to enough PPE, and PPE was worn at care visits.

Learning lessons when things go wrong

- A system was in place to record accidents and incidents. Incidents and accidents were reported by staff in line with the provider's policy.
- Any accidents and incidents were reviewed by the registered manager. Details were analysed to check if any action was required to minimise the risk of the incident happening again.
- There had been a few accidents and incidents since the provider registered with the CQC, and these had been logged and noted. For example, staff had moved a person incorrectly. The registered manager took action and made sure all staff were retrained and their competencies checked in manual handling. They then completed unannounced 'spot checks' to make sure the person was being moved safely.
- The registered manager was aware that accidents and incidents needed to be reviewed regularly to identify any trends and patterns. At the time of the inspection no trends or patterns had been identified.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in line with best practise before being offered a service. People were offered the support in the way they preferred and that suited them best.
- The registered manager met with people before they started to use the service. Relatives told us that the registered manager visited and gathered all the information they needed to make sure they would be able to support their loved one in the way they preferred. One relative said, "They were very professional and thorough. The registered manager dealt with everything with sensitivity and warmth. You could tell they really cared".
- There was information about people's past medical history and information about people's background. People's care was regularly reviewed. Some paper care plans were kept in their own homes other people were able to access their plans using their electronic device. Staff knew about people's individual needs. Peoples care and support needs were reviewed regularly.
- People's protected characteristics under the Equalities Act 2010, such as religion, sexuality and culture were discussed with people.

Staff support: induction, training, skills and experience

- Initially newly recruited staff received an induction, which included all mandatory training such as manual handling and infection control. New staff worked alongside experienced members of staff until they had completed their basic training. Staff said they had got to know people and how they liked to be cared for and supported. A person told us, "If there is new staff member, they with are always with someone else until they are fully competent and confident in what they are doing. They really listen to how I like things to be done."
- People were supported by staff who were skilled, trained and knowledgeable. Staff refreshed their knowledge to keep up to date with best practice by completing training in topics, such as moving people safely, first aid and fluids and nutrition. Additional training, which was relevant to people's support needs was also completed. For example, diabetes, catheter care, pressure area care and end of life care.
- Staff told us they received regular supervision with the provider or a senior member of staff. Staff we spoke with said they felt supported by the registered manager. Annual appraisals were being planned. Staff practice was observed by senior members of staff to make sure they were safe and effective in caring and supporting people. Staff told us the registered manager was approachable and supportive. One staff member said, "The registered manager is always available either in person or at the end of the phone if you need anything."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs were met. Some people did not need support with their meals or planning a nutritious diet as family members made their meals.
- Those people who did need staff assistance chose what food they wanted. Where people required support with their meals and drinks, this was agreed with them. Some people were at risk of not eating and drinking enough. Staff supported and encouraged them to have regular meals and drink enough fluids to maintain their health. People had gained weight and their health had improved as a result of the support they were receiving. A person told us, "Staff give me my cup of tea in bed every morning. They get my breakfast ready and always ask what I'd like," and "Staff always make sure I have a drink close at hand before they go."
- Peoples' care records detailed when a person needed assistance with food preparation and there were instructions for staff on how this needed to be done and what foods to prepare. Peoples likes and dislikes were recorded in their care plans.
- People confirmed staff knew how they liked their food prepared and always offered them a choice of meals, drinks and snacks.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare agencies and support in a timely way. Staff worked with professionals to provide good outcomes for people.
- People's care records contained details of their medical history and any health support needs. Staff received training in specific health conditions where they were required to provide support and monitor aspects of people's health. The registered manager had developed positive relationships with GP's, palliative care nurses, community nurses and the hospice team
- People and their relatives were confident that the registered manager and the staff team would contact medical and specialist services if they were needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff demonstrated they understood the principles of the MCA, supporting people to make choices when people were unable to make their own decisions.
- People confirmed the staff always asked their consent before providing their care. One person said, "The staff are so polite and respectful. They always ask my permission before they do anything. They explain everything to me and check its OK." People, or their representatives where appropriate, had signed and consented to the care and support to be provided. The provider recorded consent to care and treatment in line with legislation and guidance. It was clear decisions around people's care had been made and/or agreed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate care and staff had built positive, meaningful relationships with people. People were always introduced to new staff before they came to provide them with care.
- People and their relatives were positive and praising about the care provided. They all spoke highly of the registered manager and staff. They used words like 'sensitive', 'warmth', 'engaging and respectful.' A relative said, "The staff really do care. They are always happy. They make my [relative] laugh. It is so lovely to hear them laughing together and talking about interesting things. It really lifts our spirits."
- The provider recognised people's diversity and staff the importance of treating everyone equally. People's diverse needs were known and respected by staff. Staff told us they treated people as individuals and respected their choices. A person told us, "Staff are very kind and respectful. They ask my (relative) how they would like things done. They listen to what they say and respect their wishes."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in day to day decisions and had control over how their care was provided. Where appropriate relatives were also involved in decisions about people's care.
- Staff demonstrated a good knowledge of people's communication needs and how to support them to be involved in their care and support. People and their relatives told us the registered manager had visited them to discuss their support needs and ask about their views of the service. Relatives told us, "They are very caring and patient with my [loved one] and they listen to what they have to say. They stay for the right length and do extra tasks, it's a pleasure having them in our home."
- People told us the registered manager was always available on the end of the phone if they needed to discuss any issues about their care needs.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated them with dignity and respect when meeting their care needs.
- Staff understood the importance of maintaining people's privacy and dignity. One staff member told us, "I let people do what they can for themselves. I explain what I'm doing and how and check this OK for them. I want to encourage people to be as independent as they can be." A relative told us, "My [relative] has difficulty walking. The staff support and encourage them to mobilise. All the time they are reassuring and praising him. My (relative) then feels a real sense of achievement."
- People were provided with care from the same team of staff which people appreciated. One person said, "We get the same team of staff. We know them all I have never had an issue with any of them. They are really lovely."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider used an electronic care planning system, which linked to electronic devices carried by staff. This enabled staff to confirm care was delivered in line with the care plan during the visit. People received personalised care, which met their current and changing needs. Care records were written in a person-centred way and done in partnership with people. One person told us, "The registered manager spent a long time with me to make sure I received my care the way I wanted it. I have a care plan and they update it; they did that recently."
- People's care was adapted to meet their changing needs. For example, a review was carried out for one person following a decline in their mobility and increasing risk of falls. The occupational therapist attended the review and the use of specialist equipment and a change in moving and handling techniques was implemented. This was all updated in the care plan.
- The registered manager and staff recognised the importance of supporting people on an individual basis. They understood the importance of promoting equality and diversity and respecting individual differences. Care plans were detailed with regards to people's preferences, likes and dislikes. Staff had the information available to help ensure people received consistent care to meet their individual needs
- People were supported to maintain contact with their friends and family. Information about people's hobbies and interests was included in their care plan. Some people were supported to go out in their local area. A relative told us, "The staff take (my relative) into town. This builds their confidence and promotes their independence. Plus, I know they are safe with the staff."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and met. Where people needed assistance with hearing or sight, this was assessed and planned for. Care plans contained information when people had communication needs. For example, if people required support with glasses or hearing aids.
- People could access to the services electronic app if they wanted to. This allowed people to communicate with staff. People could see which staff were coming for their next visit. People could access their care plans and other documentation. For example, the complaints procedure, feedback forms and leave comments

and suggestions.

Improving care quality in response to complaints or concerns

- The provider had an appropriate complaints procedure in place. People were given a copy of the complaints procedure when they started using the service. It explained how people and their relatives could complain about the service and how any complaints would be dealt with.
- People and their relatives told us they could confidently raise any concerns with staff or the registered manager. The registered manager regularly met or spoke on the telephone with people and their relatives to make sure they were happy with the service.
- The registered manager recorded complaints. Complaints were investigated, responded to and satisfactorily resolved. People told us that when they had raised concerns these had been dealt with immediately by the manager. They said they felt listened to and were taken seriously.

End of life care and support

- People had been and were being cared for and supported at the end of their life.
- Staff worked in partnership with healthcare professionals to ensure people to have a comfortable and dignified death. They worked with the local palliative care team, the hospice, district nurses and G. P's.
- People's end of life wishes were recorded in their care plans to make sure people received the care and support they needed at this time of their lives. Staff had received training in how best to support people at the end of their lives.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us they thought the service was well managed. They only had positive comments to make. People said, "I am most impressed with the standard of care. It is much better than the agency I used to use." Another person said, "I am fully involved in all my care. Anything I ask for the staff do. They even did the hoovering last week, which was over and beyond." People said the phone was always answered promptly when they rang, and the staff responded to queries. One relative said, "I can phone any time if I need to talk. There is always someone around."
- People told us that the staff were good, kind and caring. They told us staff were always helpful and knew them well, creating a relationship based on trust. They said, "They never rush me. They do things at my pace" and "The staff have never let me down. They are all very caring and kind."
- Staff and people had confidence in the registered manager. Staff told us communication was good and the registered manager was supportive. They told us that staff morale was good and they felt listened to. They said the staff team were guided by the registered manager to provide a high standard of care.
- The registered manager was committed to develop the skills and knowledge of the staff. The registered manager spoke about valuing and promoting the staff team so, they in turn would deliver a high standard of care to people receiving the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager understood their duty to be open and transparent when something went wrong. They told us they would be honest, provide an apology and explore how things could be done differently.
- The registered manager demonstrated openness and honesty throughout the inspection process. They were fully aware of their responsibilities for monitoring, improving and developing the service.
- The registered manager had undertaken transparent investigations into complaints and accidents/incidents. They had learnt from these and had taken action to prevent any re-occurrence.
- The registered manager said they did not want to compromise the quality of care they delivered. They want to develop the service slowly and ensure they had enough staff to give people the care and support they needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their role and were positive about the management team. Comments included,

"The management is very good, and they really support the staff. Everyone gets on well together. The communication between care staff the management and is very good" and "They look after the staff. They support us and listen to what we say."

- Audits took place to look at the care being provided that included care note audits, care plan audits and, medicine audits. The provider discussed any shortfalls with staff to reduce the risk of re-occurrence. The records that were kept at the service were comprehensive and easy to navigate.

Spot checks were undertaken and covered areas of staff performance as well as other matters, such as, infection control and health and safety.

- People and their relatives spoke highly of the registered manager. People told us they had received care from the registered manager." One relative told us, "At the beginning the registered manager came to every visit until they were happy that all the staff were competent."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in all aspects of their care and support including day to day discussions with staff. There were more formal meetings with the registered manager, and this helped drive better quality of people's care.

- Relatives and people were regularly asked to feed back about the service and about their involvement at the service. One person told us, " I have very high standards and they meet them. I am not easily pleased but I am very pleased with Rusko care I am very happy with service I get; it is first rate. I would certainly recommend it."

- Staff felt well supported and had the opportunity to feed back about the service in supervisions and staff meetings. Staff told us they felt listened to and that their feedback was taken on board.

Working in partnership with others

- The registered manager worked with external organisations, such as clinical commissioning groups, the local authority, palliative care teams, GP's and district nurses. This helped to ensure people received effective joined up care, and support, which met their needs.