Care Quality Commission

Sreevijay Ltd

# Royalcare Ashford

## Inspection report

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## Ratings

| Overall rating for this service | Requires Improvement |
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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Requires Improvement |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

About the service
Royalcare Ashford is a domiciliary care agency which provides care and support to people living in their own homes. At the time of our inspection there were nine older people using the service. Not everyone who used the service received personal care. The Care Quality Commission (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
Complaints had not been consistently managed in a professional and transparent manner. People had not always received an apology when something could have been done better. Following a complaint, the provider was supported by health care professionals and an external consultant to update the complaints policy and improve the investigation process. We identified a reportable incident which had not been submitted to CQC in line with guidance.

People said they were supported by regular staff who arrived on time and stayed the time they needed to. People were happy with the support they received and told us staff were kind, patient and caring.

People were supported by staff who had been recruited safely. Staff completed regular training to keep their skills and knowledge up to date. Staff competencies were checked to make sure they were working in line with best practice.

People were protected from the risks of abuse, discrimination and harm. Their health, safety and welfare were assessed, and measures were in place to reduce any risks. When people were supported with their medicines, this was managed safely. Staff wore face masks and aprons when required and were able to access stock as they needed to.

People's care needs were assessed and their protected characteristics, under the Equality Act, were considered. Care plans were developed with people, and when required, with input from their relatives. People's life history and important people and things in their life were recorded. This helped staff get to know people. People's privacy and dignity were respected, and their independence encouraged and promoted.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make

assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The service was not supporting anyone living with a learning disability at the time of the inspection.

Right support: Model of care and setting maximises people's choice, control and Independence
People were encouraged to remain as independent as possible. People were supported to make choices and to discuss their goals. Staff spoke with empathy and compassion about the people they supported.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights
People received care which centred on their individual needs and preferences. A holistic approach, considering people's physical, emotional, psychological and social care needs were assessed. People's privacy and dignity were respected, and their human rights protected.

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives
The management team and staff worked as a cohesive team and followed the provider's values of 'Care, Attentiveness, Respect and dignity and Empowerment' were shared by the staff team. People, their relatives and staff spoke positively about the management team.

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

Rating at last inspection
This service was registered with us on 13 November 2020 and this is the first inspection.

Why we inspected
This was a planned inspection based on our inspection programme.

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

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to reporting significant events at this inspection.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

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| **Is the service safe?**<br>The service was safe.<br><br>Details are in our safe findings below. | **Good** |
| **Is the service effective?**<br>The service was effective.<br><br>Details are in our effective findings below. | **Good** |
| **Is the service caring?**<br>The service was caring.<br><br>Details are in our caring findings below. | **Good** |
| **Is the service responsive?**<br>The service was not always responsive.<br><br>Details are in our responsive findings below. | **Requires Improvement** |
| **Is the service well-led?**<br>The service was not always well-led.<br><br>Details are in our well-led findings below. | **Requires Improvement** |

Care Quality Commission

# Royalcare Ashford

## 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.

Inspection team
The inspection was carried out by one inspector.

Service and service type
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 (CQC) 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 not a registered manager in post. However, an application had been submitted to CQC.

Notice of inspection
This inspection was unannounced. Inspection activity started on 26 April 2022 and ended on 3 May 2022. We visited the location's office on 26 April 2022.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with 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 one person who used the service and two relatives about their experience of the care provided. We spoke to two staff, the office manager, the manager who was in the process of registering with CQC and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Good

# 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 good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment
● At the time of the inspection there were enough staff to meet the commissioned hours of care. People and their relatives told us they were supported by regular staff who arrived on time and stayed the correct length of time. Relatives said, "[My loved one] has a pair of carers that come in the morning and lunchtime and then a pair that come in the evening. The continuity is important, and it is very good" and "They try and let me know in advance if there is a problem with the timing of the call. If they are running late, they will always ring me and let me know."
● People, when they chose to, received a copy of the rota so they knew who would be providing their support. Staff were provided with a rota weekly.
● Staff told us that time for travel between calls was factored into the rota and they felt this was managed well. An electronic system alerted the management team to any calls which were over or under the allotted time. The registered manager commented, "We monitor the timeliness of calls very closely. There have not been any missed calls. If a carer has not spent the right length of time with a person, we address it immediately. People pay for a certain amount of time and they must have that."
● People were supported by staff who had been recruited safely. Checks were completed to make sure new staff were safe to work with people. These checks included obtaining a full employment history, and an explanation of any gaps in employment, references and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risks of abuse, harm and discrimination. Staff completed training about how to keep people safe and knew how to report concerns. However, a significant incident had not been reported to the Care Quality Commission in line with guidance.
● A relative told us, "I think [my loved one] is very safe having [staff] come in and help. I feel safe too."
● A safeguarding policy provided staff with guidance of what to report and to whom. Staff told us, "We need to be observant in this job. It is about noticing possibly little signs of a person changing their behaviour or the way they communicate. If I was in any way worried about someone, I would talk to the manager straight away. I know they would talk to the safeguarding team or the family."
● Staff wore a uniform and displayed an identity badge to ensure people knew who they were when they arrived at their homes.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
● Risks to people's health, safety and welfare were assessed. Staff had guidance on how to reduce risks. For example, when a person had received support from an occupational therapist, the service worked with them

to understand how to support a person to move safely. A relative said, "[My loved one] had slide sheets to help them move in bed. There are instructions for the carers on how this should be done. There has been input from a physiotherapist and occupational therapist."
● When people had a catheter to drain urine from their bladder, there was information to guide staff to the possible risks of infection. One staff told us, "If a person's urine is very dark or has a strong odour, then I report it to the office so they can contact the nurse or doctor."
● The risks associated with COVID-19 had been assessed for people and staff. Measures were implemented to reduce these risks.
● Environmental risks were assessed to help make sure people and staff were safe. Staff generally used a key safe to access people's homes safely.
● Accidents and incidents were recorded on the provider's electronic system. These were reviewed by the management team to make sure the correct action, such as a referral to health care professionals, was completed in a timely way.

Using medicines safely
● People's medicines were administered as prescribed. An electronic system was used to record medicines and this system was checked throughout the day. An alert was raised via this system to office staff if a medicine was not signed for as given. Office staff were then able to check with the staff immediately to make sure any action needed was taken.
● Staff completed training about medicines management. Staff competency was assessed. Staff we spoke with said they felt confident in supporting people with their medicines.
● When people had medicines on an 'as and when' basis, such as pain relief, there were protocols in place to guide staff. When people needed creams to keep their skin healthy, a body map was used to show where the cream needed to be applied.

Preventing and controlling infection
● People told us staff wore personal protective equipment (PPE), such as face masks, gloves and aprons. Relatives said, "The carers always wear PPE. It must be horrid wearing that all day long" and, "They are always wearing face masks when they come in. They are hot on wearing the right thing to protect [my loved one]."
● Staff completed infection prevention and control training. Regular spot checks were completed to monitor the quality and safety of the support provided. Checks included making sure staff wore the appropriate PPE and that good hand hygiene was adhered to.
● Staff told us they had plenty of PPE and were able to restock as they needed to. During the inspection staff came to the office to pick up PPE.
● Staff were regularly tested for COVID-19 in line with Government guidelines.

Good

# 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 care needs were assessed. Each person had a care plan which was individual to their diverse needs and preferences. A relative commented, "They take their time with [my loved one]. They will sit and sing with him which he loves. It is all about him and what he likes. That is how it should be."
● Staff had guidance, through a mobile phone application, about what needed to be completed on each call, and how to provide the care and support in the way people wanted.
● People were involved in the planning and reviewing of their care. They were given the opportunity to discuss things, such as religious beliefs, cultural preferences and other specific needs about protected characteristics.
● People's background, such as what they did for a living, any hobbies and details about friends and family were noted in care plans. This helped staff get to know people and talk about things that were of interest to a person. Staff said, "Some clients are so happy to see us. We are sometimes the only human interaction they have. Seeing us makes them happy and that, in turn makes me very happy."

Staff support: induction, training, skills and experience
● People were supported by staff who had completed an induction to the service and their role. New staff with no experience in care completed the Care Certificate. This is an agreed set of standards that defines the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
● Staff completed regular training and competency checks were completed. Training in topics, such as learning disability awareness, positive behavioural support and supporting people towards the end of their life were completed. Training about how to move people safely, first aid and oral care were completed face to face in small groups. Training was closely monitored to make sure staff knowledge was regularly refreshed.
● Staff supervision meetings had lapsed during the COVID-19 pandemic. However, these had recommenced, and a schedule of meetings was in place. In the absence of face to face meetings, there had been regular telephone discussions.
● Staff said, "I have to face training with things like first aid and how to move people. Other training is online" and, "I keep my training in date. It is important to do refresher training because things change."

Supporting people to eat and drink enough to maintain a balanced diet
● People received support, when needed, to eat and drink healthily. Staff told us they ensured people's drinks were left within reach when they finished the call. This was also prompted through the mobile phone application to remind staff.

● People were supported, as needed, with their oral care. There was guidance for staff about the level of support a person required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People's physical, mental health, social and emotional needs were assessed. Reviews were completed to make sure people's care plans remained up to date.
● Staff worked with health care professionals, such as occupational therapists and community nurses, and followed any advice and guidance given.
● The provider and manager had been working closely with the Clinical Commissioning Group to improve the service.

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 MCA 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.
● People were empowered to make decisions about their care and support. Some people had a relative to help make important decisions. The manager checked there was a Lasting Power of Attorney when required and this was recorded in people's care plans. This is a legal document that lets a person appoint someone to make decisions on their behalf.
● When people were not able to make decisions about their care, meetings were held with the relevant people, such as health care professionals and relatives, to make sure any decision was made in the person's best interest.
● One member of staff said, "I always talk to them about what is going to happen before I support them."

Good

# 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 and relatives told us, "Staff are very caring and friendly", "They are kind, caring and considerate" and, "Staff are all extremely kind to [my loved one]. They have got to know him well."
- Staff knew people well and understood how they liked to be supported.
- Staff told us, "I think all the carers genuinely care about the people we support. I love my job. People all have different characters and different attitudes to things. Getting to know them well is important. People like things done in different ways, so it is important we know how each one likes things doing. People are definitely involved in their care."
- Staff spoke passionately about their work and the people they supported. One staff commented, "I love my clients to bits. I have a soft heart. I really care about each person. I love being 'out in the field' and the variety that comes with the job."

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

- People and their relatives told us they were involved in decisions about their care. A relative said, "I am always kept in the loop about [my loved one's] care."
- Staff spoke with people about what level of support they needed and how they preferred the care to be delivered. People were asked if they would prefer a male or a female carer and the service tried to accommodate people's wishes as far as possible.
- When people needed support to help them make decisions about their care, the manager told us they would contact a local advocacy service if they did not have family to support them. An advocate supports people to express their needs and wishes and helps them weigh up available options and make decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected, and their independence promoted. People were encouraged to do as much for themselves as possible and this was noted in their care plans.
- Staff told us, "I will always encourage someone to do the things they can. I don't want to take away any of their independence. Any little thing they can manage then I want to support them to carry on doing it."
- A relative told us, "[Staff] really care about how my loved one looks. They make sure he is always neat and tidy. This morning they took some extra time to give him a shave and wash his hair. This makes him feel so much better."
- Care plans were written in a respectful manner. There was information for staff to follow about when a person may need additional encouragement.

Requires Improvement

# 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 requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns
● Complaints had not been always been responded to appropriately and in a professional manner.
● Following a recent complaint, the provider and manager received support from the local Clinical Commissioning Group and an external consultant to update the complaints policy and process. This helped to ensure appropriate and timely investigations and responses would be provided in future.
● The provider's complaints policy, which was available in an easy to read format, was given to people with a 'welcome pack' when they began to use the service.
● People and relatives told us they knew how to complain. One relative, who had a recent issue, told us "I raised it with [office manager] and she has put a new process in place to make sure that never happens again." When compliments were received these were shared across the staff team.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People's care plans were individual to them and centred on their needs and preferences. Cultural, diversity and spiritual needs were recorded. Care plans were developed with people and, when needed, with their relatives. The office manager was in the process of reviewing care plans with people to ensure they were up to date.
● When people were living with health conditions, there was information for staff, on the electronic care system, to provide information about the conditions. For example, staff were able to access information about coronary heart disease, dementia and asthma.
● Staff told us, "I know my clients well. I always try and make time to chat with them. Some of them like a bit of banter and a good giggle" and, "[The mobile phone application] has all the information we need about our clients. There is plenty of detail about people's life history. Relatives are good at helping with those details if the client can't tell us."
● Relatives told us they rang the office staff if their loved one needed any changes to their care and support. They said communication with the office was good.

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, monitored and reviewed.
● The management team understood the requirement to comply with Accessible Information Standards.

The manager told us how they had used pictures and large print to support a person.
● People were given opportunities to talk about their goals and aspirations and how staff could support people to achieve these.

End of life care and support
● People had the opportunity to discuss end of life support to make sure any choices and preference could be respected. Spiritual and cultural wishes were noted in care plans when these wishes had been discussed.
● When people were supported towards the end of their life, staff worked closely with community nurses, people's GPs and the local hospice team. This made sure people were provided with a dignified and pain-free death that was as comfortable as possible.
● A relative had recently written to the service, following the sad passing of their loved one. They noted, 'I am writing to you to express our gratitude to you and all the wonderful carers who looked after [our loved one]. You touched our hearts by the way you cared for them.'

Requires Improvement

# 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

● During the inspection we identified a safeguarding incident, an allegation of abuse, which had not been reported to the Care Quality Commission (CQC) in line with guidance. The manager had raised the concerns with the local authority safeguarding team.

The provider failed to notify the CQC without delay of a notifiable incident. This is a breach of Regulation 18 (Notification of Other Incidents) of the Care Quality Commission (Registration) Regulations 2009.

● Other notifications of reportable incidents, such as a death, had been submitted to CQC and, where required, to the local authority safeguarding team.
● There had been a recent complaint. The complaint was not initially responded to in a candid and professional manner and was not fully investigated in the first instance. During the investigation into a complaint it was found there was no evidence of a needs assessment having been completed, in line with the provider's processes, before a person began to use the service. The provider was working with an external consultant to drive improvements. New processes had been implemented and were being embedded.
● Checks were made to monitor the quality and safety of the service. When a shortfall had been identified, action was taken to address this. For example, a recent review of risk assessments highlighted a missing risk assessment around the use of paraffin-based creams. This was implemented immediately.
● The management team completed competency spot checks and staff received constructive feedback about their performance, behaviours and actions.
● Care records were kept under review and updated as soon as any changes were required.
● Staff were able to access policies and processes through a mobile phone application.

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

● A new office manager had recently been employed. Relatives were positive about this. One relative commented, "I think [office manager] has had to hit the ground running. I feel I can go to her with anything and I am confident it will not fall on deaf ears and that something will be done to change things if it is needed."

● The provider had a set of values and an ethos that was shared by staff. Compassion, attentiveness, respect and dignity and empowerment were promoted to underpin all aspects of care and support. The management team had a good understanding of equality, diversity and human rights.
● The manager and office manager felt supported by the nominated individual.
● Staff told us, "The office manager is very supportive. I feel well supported. When I have gone to them about a worry they have been really understanding."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● A relative told us, "There is a new manager. I have already built a good relationship with her. She has really taken things on board and is putting more things in place. I think she is very good. I guess it is a transitional time for them, but it is definitely heading in the right direction."
● When people needed input from health care professionals, such as doctors or community nurses, the office staff made the appropriate referrals.
● Quality surveys and spot checks were used to obtain feedback from people. The management team recorded feedback and made sure this was shared with staff.
● A health care professional had recently written to the service and noted, 'My client and I are both extremely grateful for your support over this challenging period and I believe this demonstrates a good person-centred approach to the support you provide. My client is very happy with the service you have provided so far, and he reports that staff have been professional and helpful during their care visits.'

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

| Regulated activity | Regulation |
| --- | --- |
| Personal care | Regulation 18 Registration Regulations 2009 Notifications of other incidents<br><br>The provider failed to notify the CQC without delay of a notifiable incident. |