

GCM Care Limited

Respectful Care

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?	Requires Improvement ●

Summary of findings

Overall summary

Respectful Care is a domiciliary care agency. It provides personal care to people living in their own homes in the community. The registered provider is GMC Care Limited. Not everyone using the service receives regulated activity. CQC only inspects the service being received by people provided with 'personal care'. This means help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The inspection took place on 11 July 2018. The registered provider was given short notice of the visit to the office, in line with our current methodology for inspecting domiciliary care agencies. This was the first inspection of the service, which was registered with CQC, in August 2017.

At the time of our inspection there were 13 people being supported that were receiving personal care.

The service was managed by the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was rated good.

Systems and process to monitor the service needed further development and embedding into practice.

Everyone we spoke with, without exception, said they were very happy about the service being provided. They told us that the service was meeting people's needs and everyone felt that support was delivered in a safe way. Staff told us they really enjoyed working for the agency and had received plenty of support, through training, supervisions and coaching.

The recruitment processes were robust, however, we found some shortfalls.

We saw that people and their relatives had been consulted with about the quality of the service and improvements had been made following feedback.

People were receiving their medicines when they needed them by trained staff. We found that there were some medicine recording issues, that had not been identified by the registered manager audit system.

There was a procedure in place to ensure any safeguarding concerns were addressed and reported. Staff had good knowledge of how to spot the signs of abuse and what action to take. People we spoke with felt safe using the service.

People told us the registered manager and staff were very caring, kind and compassionate.

People or their relatives had been involved in writing their own care plans, which ensured they were receiving person driven care. People told us their choices were respected and they were not restricted in any way.

People and their relatives were knowledgeable of their right to make a complaint. They all felt the service would act accordingly to address them.

The service supported people to prepare and make meals. Staff told us that meal choice was very much down to the individual but they would encourage people to be as independent as possible, helping them to do things rather than doing things for them.

People who required the involvement of health care professionals were assisted to obtain this support, where they needed it.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff had good knowledge on how to safeguard people from abuse.

There was enough suitable and sufficient staff employed to support people.

People were being referred to health professionals when this was needed.

Is the service effective?

Good ●

The service was effective.

There was a system in place to ensure staff were trained and training needs were identified.

People had access to healthcare professionals when required.

Staff were suitably supported.

Is the service caring?

Good ●

The service was caring.

People told us that staff were kind and caring.

The registered manager made sure people were cared for by the same staff

Staff explained how they maintained people's privacy and dignity and involved people in their care.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and people were involved in planning their care.

People knew how to make a complaint and felt able to complain if they needed to.

Is the service well-led?

The service was not always well led.

The registered provider had systems in place to ensure the service operated to an expected standard. However, some of these needed to further be developed and required embedding in to practice.

People, their relatives and staff all spoke very highly of the caring and supportive nature of the registered manager.

Staff were very complementary about the support from the management team.

Requires Improvement 

Respectful Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The inspection included a visit to the agency's office on 11 July 2018. The registered manager was given short notice of our inspection, in line with our current methodology for inspecting domiciliary care agencies. One adult social care inspector carried out the inspection.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. This including notifications submitted to us by the registered provider. A Provider Information Return (PIR) had been sent to the registered manager for completion. This was returned within the timescale requested. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We requested the views of other agencies that worked with the service, such as the social work professionals who made referrals to the service.

We also spoke with the registered manager and two members of staff. Feedback following the inspection was given to the registered manager, nominated individual, and to the Chief Executive Officer (CEO). After the inspection visit we contacted three people who used the service and three relatives.

We looked at documentation relating to people who used the service, staff and the management of the service. We checked three people's care and medication records three staff files, recruitment, training and support records, audits and records of accidents and incidents.

Is the service safe?

Our findings

All the people and relatives we spoke with felt the service was safe. For instance, one person told us they felt safe with the support they received, they said, "The staff wear a uniform, it helps to make me feel safe, as I know who is coming." One relative said, "Yes, they're (their relative) very safe." Another relative said, "The staff know what they're doing, they have a folder with all the risk assessments in. They are very professional, and I feel the care is very safe."

We found that most of the risks to people and the environment had suitable and sufficient risk assessments in place to reduce the risks. However, we found that some risks had not been identified and assessed. There was no evidence that this had resulted in any harm to people. This was largely due to the levels of staff consistency, with the same staff providing care to people and knowing them well. We brought these risks to the attention of the registered manager who agreed and sent us information following the inspection to show they had taken appropriate action.

There was the right amount of staff available to meet people's needs. Relatives felt that there were enough staff to deliver the care that was required. People said, "The staff always turn up for the calls, we know who's coming and when." Another person said, "They (staff) have never missed a call. They have sometimes been able to fit in additional calls at short notice too." When we spoke to staff their opinions on the levels of staff were positive. They said, "There's always enough time for travel time between calls, time to talk to clients, or family. I think there's enough staff, at moment. The manager leaves herself free, she would cover a call herself if she needed to step in, if cover was needed last minute. We have never had problems where we could make call, even in bad weather."

Staff had been recruited to ensure they were safe to work with people prior to employment. This register manager had ensured that they had obtained pre-employment checks. These included references, and a satisfactory Disclosure and Barring Service (DBS) checks. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We did, however, discuss with the register manager that one application form failed to identify gaps in employment history. The registered manager acted at the time of our inspection and made changes to the company's application form, so this information wouldn't be omitted in the future.

Staff had received suitable and sufficient training to enable them to meet people's needs. Staff told us that they felt the training had been very good and it had given them confidence and the right knowledge and skills.

People were receiving their prescribed medicines by competent staff. We looked at people's care records and found that the documentation included a section about people's medicines and how they should be taken. We saw the medication administration records (MAR) were audited by the registered manager to ensure people were receiving the medicines as prescribed. (MARs are used by staff to record when they have administered or not administered a person's medicines.) However, we did see some shortfalls in the recording of some medicines which the registered manager had not identified when auditing the medicines.

For example, one person needed to have their medicines administered before food, but there was no record they had been administered prior to meal times and in line with the prescription. The MAR was hand written rather than being printed by the Pharmacy. On some occasions information about the strength of medicines hadn't been recorded.

Some people had been prescribed medicines to be taken on an 'as and when' required basis, known as PRN medicines. People, who had been prescribed a short course of medicines or PRN medicines, had no protocols in place. This meant staff had no instructions to inform them when to administer this medication or how long to administer them for before seeking professional advice. A PRN protocol instructs staff when to administer medicines and how soon to seek medical advice when the PRN was not effective in alleviating the problem. People were being administered PRN medicines when they needed it, however there was no record to show why it had been administered, what effect it had, or how soon to contact a health professional after prolonged use. The registered manager agreed to address this and to improve the medicines audit, so it was more robust.

People were protected from the risks of infections. Staff were encouraged to use personal protective equipment (PPE) when supporting people with tasks where there could be a risk of infection, such as personal care.

We saw there had been lessons learned following incidents that had occurred. The registered manager told us how they had learnt from one incident and put measures in place to ensure the incident wouldn't happen again. This shows the service is looking at ways to drive improvements.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager told us that staff had completed training in this subject and staff we spoke with confirmed this. The staff we spoke with had good knowledge of the MCA. For example, one staff member said, "It's about people making their own decisions. I don't assume a lack of capacity, because we have to assume that everyone has capacity."

We found care records contained information in relation to people capacity to consent. We saw people had signed to say they agreed with their care plans and had been involved in writing them. Relatives told us staff were very good at listening to what their family member needed and respectful of their choices.

Relatives spoke very positively about the support staff provided to people with food and drink. Staff we spoke with explained how they offered support to assist people prepare meals, drink and snack. One relative said, "They prepare her evening meal, ask her what she would prefer, give her the choices."

People were supported to receive health care as and when they needed it. Staff we spoke with, confirmed they would contact the registered manager, if they felt someone was unwell, or support them to call their GP or nurse. Peoples health needs were well recorded in their care plans. When asked, people said, "The staff are spot on, they have common sense, they know when I'm unwell and what to do."

All the staff we spoke with confirmed they had some previous experience in care and had completed extensive relevant training. The registered manager told us new staff completed an induction which included training that was tailored to meet their individual needs. The staff we spoke with confirmed this. They confirmed they had up to date training in all the core subjects, such as health and safety, safeguarding people and moving and handling. We asked relatives if they felt staff had the necessary knowledge and skills to provide good care to their family members and they said, "Staff are very good, we can't fault them in any way."

The registered manager showed us a training matrix which identified that all staff had undertaken the 'Care Certificate'. The 'Care Certificate' replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. This helped to ensure staff were given the right skills and training after completing their induction.

Is the service caring?

Our findings

Staff were kind, caring and compassionate. The people who used the service and their relatives we spoke with said they felt staff were very kind and caring. One person said, "Amazingly, kind and caring. They inform me of things that I can access, such as benefits, they have been very informative. They are encouraging. They know when I want personal space. They will even go do my shopping." One relative said, "Yes, they are caring, they speak with [family member] in line with their needs."

We also saw written feedback about the service that stated, "As the name suggests, my husband is treated with utmost respect. The staff are friendly and really care. This is very different to the care we have had before so means a lot to us."

People were supported in line with their needs and wishes. People's relatives told us staff supported their family member to be as independent as possible by encouraging them to do as much for themselves as they possibly could. Staff spoke about people with respect. They were clear about the importance of maintaining confidentiality. Staff told us how they would ensure people's privacy and dignity. They said, "During personal care we always make sure that the doors are locked, so no one can just walk in. I would always ask permission before carrying out any task, and try and involve the person where they can help."

People received care and support from a consistent staff team, which they all said was very important to them. They said the registered manager introduced new staff to them so they could meet them and this helped good communication and positive relationships.

Staff we spoke with said "I would let Respectful Care look after my own relatives. I recommend them all the way." The registered manager had clear values and told us how they wanted to deliver outstanding care to every person. Relatives we talked to said, "They (Respectful Care) have been the best providers yet, and we have used a few before them. They are undoubtedly the best, most kind, caring and dedicated."

People and their relatives were involved in planning their own care. An initial assessment of need was completed with each individual and then transferred into a care plan. The care plan showed what was important to people and how best to support people with various tasks. One relative said, "We were originally contacted by the manager and everything we needed was taken into consideration."

Is the service responsive?

Our findings

The registered provider was making improvements to the service to meet the needs of the people. They had identified that some of the clients they supported, specifically with mobility issues, were finding accessing the community problematic in terms of cost and accessibility. To create a solution, they purchased an accessible vehicle which people could use free of charge, except for small mileage costs. This enabled people greater freedom and opportunity to do the things they wanted to do and helped to prevent them from becoming socially isolated.

All the people we spoke with and their relatives spoke positively about Respectful Care. More than one person told us the service was the best they had ever experienced. We saw that people needs had been assessed prior to them receiving care and their preferences had been taken into consideration. Care plans had been developed and people had been involved in writing them. They were person centred and contained information on how to communicate with each person and a section on what was important to each person. People who used the service said staff involved them in their care. Relatives said, "These girls (staff members) are brilliant they do the dishes, make the bed, anything that's needed. They are very very good. They even picked (relatives name) up from hospital and brought them home to save waiting for an ambulance." Another relative told us that they had seen an improvement in their family members emotional wellbeing because they looked forward to seeing the staff so much. They praised that the registered manager had arranged for additional calls to be met at short notice.

The registered manager told us how they always introduced staff members to the person they would be caring for. We saw that they also periodically sought peoples feedback on how their care was going. Relatives confirmed the registered managers approach and said it was great to meet staff and be introduced to them. Staff told us they were introduced to people and given time to get to know each person's needs and preferences. They said being introduced in this way was very helpful in building positive relationships with people.

Staff were matched to people and people were asked to feedback on whether staff were suitable. We saw that two relatives said they were happy that the same staff supported their family member consistently. Another relative told us that they had found a new approach to supporting their family member through a particularly emotional time and staff had embraced this information and made sure this was recorded within their care plan, to ensure consistency.

We received positive feedback from a professional we contacted about Respectful Care. They said, "They (Respectful Care) were most accommodating and did over and above to the ensure that the care package would work in the most effective way to meet customer's needs."

The registered provider offered a small financial incentive to staff who made a difference through the support they had given to people. Feedback the registered manager obtained, from people who used the service, was taken into consideration and a "Shining Star" award was given to staff along with a small financial incentive. This gave staff encouragement and pride in their work.

The registered provider had a complaints procedure and people told us they would speak with the registered manager if they had any concerns at all. A relative said, "I have never needed to complain. The manager is very efficient, and if I did raise anything I'd like to think she would deal with it straightaway." Another relative said, "I want to emphasise we have had no problems. They're approachable and implement anything. Nothing is too much trouble. Absolutely no complaints."

Is the service well-led?

Our findings

We found that there were some systems in place to monitor the effectiveness of the service but they needed further developing to sufficiently identify how the care was monitored and evaluated. The audits that were taking place were not robust enough to capture the shortfalls we had identified at our inspection. These systems needed to be improved and embedded into practice. Following the inspection, the registered manager sent us details of what action that they had taken in response to our feedback on areas that needed to be addressed and had made the necessary changes and improvements. They had also shared the improvements with higher management so changes could be driven through all the registered providers locations.

Overall, we found that there was room to improve some elements of written information and governance. However, whilst we found areas for improvement, all the people and relatives we spoke with spoke very highly of the registered manager and of the way the service was run. Staff gave positive feedback about the registered manager and the registered provider. They said, "Respectful Care are 150 % fantastic." Another staff member said, "I like this company. The management have an open-door policy, they are down to earth, listen, understand and would do anything for staff." Staff told us they felt very well supported, had regular meetings with the registered manager and felt they could go to them at any time.

The registered manager told us their vision for the service was, "For every client and every staff member to be treated as individuals, so they could achieve their potential. I'm passionate about delivering what we say we can, not over promising." 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.

We received positive feedback about the registered manager and staff team. One person's relative said, "The registered manager is a great communicator. They're a great team, definitely very well managed." This was echoed in the feedback we received from a professional, who was involved with one person, they said, "[registered managers name] was very professional throughout, always able to get hold of and responded effectively to any issues or problems."

We could see that people were regularly asked about their satisfaction with the service. This was recorded and showed that the registered manager listened to the customer voice. One relative told us they had started to use Respectful Care following a recommendation, through word of mouth. They said, "The registered manager came and had a coffee with me and wanted to know what they could do for us. It was great that she came, she keeps her eye on the ball."