

Royle Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 18 and 19 October 2016 and was announced. We gave the manager prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

Royle Care Limited is a domiciliary care agency providing care and support to mostly older people who live in the community. At the time of our inspection there were 47 people using the service and receiving personal care.

The service had a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager and the nominated individual supported us during inspection.

People felt safe while supported by the staff and relatives agreed. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.

People were supported by sufficient staff to meet their individual needs. Some of them were not always informed about the changes to the visit and timings of the visit. Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.

There were safe medicines administration systems in place and people received their medicines when required. People's health and wellbeing was monitored and appropriate action was taken when required.

People were treated with respect and their privacy and dignity was promoted. People said their care and support workers were good and supported them in the way they wanted them to. Staff were responsive to the needs of the people they supported and enabled them to improve and maintain their independence with personal care. Risks to people's personal safety were assessed and plans were in place to minimise those risks.

Staff training records indicated which training was considered mandatory by the provider. Staff were up to date with their mandatory training. The registered manager had planned and booked training when necessary to ensure all staff had appropriate knowledge to support people. Staff received supervision and appraisals to discuss various matters and review their performance.

People received support that was individualised to their specific needs. Their needs were monitored and support plans were kept under review and amended as changes occurred. People's rights to make their own

decisions, where possible, were protected and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

Staff felt they worked well together most of the time, which benefitted people. Staff felt management worked with them as a team most of the time though the communication and openness could be improved at times. The provider was aware of the concerns and action was being taken to address this.

Quality assurance systems were in place to monitor the quality of the service being delivered and the running of the service. The service always looked at improvements to ensure people received the best support.

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 safe. People felt safe and would report any concerns to staff. Staff could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of staff to keep people safe and meet their needs. Medicines management was in line with the provider's procedures.

The provider followed their recruitment process to employ appropriate staff.

Good 

Is the service effective?

The service was effective. People benefitted from a staff team that had the knowledge and skills to support them.

Staff communicated with relatives and other professionals to make sure people's health was monitored and any issues responded to.

People were supported to eat or drink appropriately to maintain their health.

Staff and management acted within the requirements of the Mental Capacity Act 2005.

Good 

Is the service caring?

The staff were caring. People were treated with kindness and respect. People told us they were very happy with the staff and support they provided.

People's privacy and dignity was respected. People were encouraged and supported to be as independent as possible.

People were encouraged to express their views about the support they received and the service.

Good 

Is the service responsive?

Good 

The service was responsive. Staff supported people with their needs and wishes. Visits were carried out at the time specified in the care plan most of the time.

Support plans recorded people's likes, dislikes, people's daily needs and how to provide support.

People knew how to make a complaint when they needed to. There was an appropriate complaints system.

Is the service well-led?

The service was well-led. The service had systems to monitor the quality of the service and make improvements. The provider took actions to address any issues and reduce the negative affect on people's lives and the service.

Staff were working to ensure people were comfortable and happy. Staff felt supported most of the times and able to challenge poor practice.

The service was interested and committed to listen to all people's comments that would help improve the quality of the service.

Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 18 and 19 September 2016. It was carried out by one inspector and was announced. We gave the manager prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. An expert by experience made telephone calls to interview people. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and notifications the provider had sent us. A notification is information about important events which the service is required to tell us about by law.

We spoke with six people using the service, 11 relatives and received feedback from support workers. We spoke with the registered manager and the nominated individual. We looked at six people's health and care management records including support plans, risk assessments, daily records, and medication administration records. We also looked at the recruitment files of seven support staff and staff training records. We saw a number of documents relating to the management of the service including quality audits, meeting minutes, complaints records and incident and accident reports.

Is the service safe?

Our findings

People felt safe in their homes and liked the staff who supported them. People could speak with staff if they were worried. Comments included, "My [family member] and I feel secure with staff care, it gives me a rest", "They keep an eye on [family member] which makes me feel confident he is well looked after" and "It makes me feel safe because staff wear a uniform, gloves and aprons". People benefited from a safe service where staff understood their safeguarding responsibilities. Staff could explain how they would recognise and report abuse. They were familiar with safeguarding policies and with the service's whistleblowing procedures and had a good understanding of their responsibilities for reporting accidents, incidents and/or concerns.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information and guidance. In an emergency situation they knew they could call the manager or the office as well as emergency services. Recently the provider put in an extra safety measure where fire risk assessments could be carried out at people's home to prevent fire and ensure their safety. The local fire and rescue service were carrying out a full review and putting safety measures in place. The registered manager encouraged all people to take upon this opportunity. They said that 80% of the people they support had this review done. People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Risk assessments included information about people's needs and skills, and safety measures in place to ensure people's safety. These assessments guided the staff on how the person was to make a decision about the risk and what support was needed. New risks individual to each person were reported to the office by staff so that appropriate actions would be taken to make sure the person remained safe.

The majority of people and their relatives were positive about the timing of visits and said staff came on time. If staff were late, usually due to traffic problems, they would be informed about it most of the time. They said, "They call if they are late", "They called me recently when the traffic was bad to say they would be late" and "They are good at time keeping". Some people mentioned that there were occasions where staff did not turn up or were late. This was not always communicated to the person. We spoke about this with the registered manager and the nominated individual. They were able to provide explanation of actions they took to address it. They said they would speak to those who raised the issues to address it. They would ensure people and relatives were informed consistently if the visits had to change or the staff were late. The provider arranged visits so the same staff would attend people, whenever possible, to maintain continuity of care and support. People appreciated the continuity and felt this had a positive effect on them. There was one missed call recorded this year. Appropriate action was taken including working with professionals and information given to the person and relative of actions taken.

The service was using a system to schedule people's visits throughout the week. This detailed different colours on a spread sheet that senior staff were able to identify which visits needed staff cover. People and

their relatives had a copy of the staff rota indicating who would visit them. They told us they felt this was very useful and reassuring. One person said, "Having a rota and the fact that [family member] knows who is coming, makes her feel safe". If there were any changes to the rota and staff, people and relatives were informed most of the time.

Although some people said staff skills varied at times, they felt there were sufficient staff to meet their needs. The management and the team worked together to make sure all the people they supported were visited on time. Some staff felt the travel time and staff absence could affect their next visit being late. However, they said there were enough staff to carry out their roles and they were able to care for people properly.

Peoples' medicines were managed and administered safely by staff that adhered to medicine policies and procedures. Staff did not administer medicines to people unless they were trained to do so. They were able to explain how they reported and recorded any medicine errors. Any medicine errors were reported and recorded. We saw appropriate action was taken to address the errors and records kept for it. People and relatives confirmed they received support to take their medicine as per care plan.

It is the legal responsibility of the provider to obtain information to ensure that people are not placed at risk of being cared for by unfit and inappropriate staff. Safe recruitment procedures ensured that people were supported by staff who were of good character, suitable for their role and had appropriate experience. We looked at recruitment files of staff employed recently. The provider checked staff's proof of identity, criminal record checks and health. We found some discrepancies with information regarding full employment histories and reason staff left previous employments. These were noted to the provider and they rectified the discrepancies immediately.

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. We received complimentary comments from people and relatives about the support they valued most. For example, staff ensured the personal care people received was effective and resulted in a good quality of life. Comments included, "They all know what they are doing" and "[Family member] has a team of carers and they all know how to use the hoist".

When new staff started they had an appropriate induction that included training and a period of shadowing experienced staff before working on their own. New staff were introduced to people before they started supporting them. This was confirmed by people and their relatives who said new staff would not just turn up. They always had an experienced staff member with them. Staff had the training and skills they needed to meet people's needs. Any additional training specific to people's needs were provided as necessary. Staff were completing the Care Certificate, which is a set of 15 standards that health and social care workers need to complete during their induction period. Staff were also able to obtain further qualifications such as the Quality Credit Framework (QCF).

We looked at the most current training matrix. Records showed a few staff were out of date with subjects like safeguarding and medicine. However, they were booked to complete the training and monitored to ensure this was achieved in time. There had been no negative impact to people and their care at this time.

People were supported by staff who had regular supervisions (one to one meeting) with their line manager. Staff could and were encouraged to contact the office if they needed advice or support. The registered manager aimed to meet with staff at least six times a year and more often if needed. They told us they always kept in touch with staff. The registered manager carried out spot checks to ensure staff performed well and provided appropriate support to people.

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.

Staff were aware of their responsibilities concerning the Mental Capacity Act 2005 (MCA). Staff explained it was important to communicate with the person and ensure they always had a choice and right to make decisions about their care and support. The registered manager and nominated individual demonstrated a good understanding of mental capacity considerations and presuming capacity to ensure people could make their own decisions. If there was a situation where someone became unable to make decisions for themselves regarding their wellbeing or safety, then they would support the person to make decisions in their best interest. Families and professionals would be involved as necessary. People said they were asked by staff for consent before doing anything.

The staff were aware of people's dietary needs and preferences. Some people needed support with eating and drinking as part of their care package. The level of support each person needed to eat and drink was identified in their support plan. For example, if someone needed encouragement with drinking and having a balanced diet, there was guidance available for staff. Staff were aware how to monitor people's food and fluid intake if there were any concerns regarding their diet.

Staff made sure people's health and care needs were met in a consistent way. They communicated with the senior staff reporting any changes or issues. If needed, health or social care professionals were involved. People and relatives said the staff communicated well between them and professionals if there were any problems or issues with health and wellbeing. Each person had individual needs assessments that identified their health and care needs. The provider communicated with GPs, local authority, community nurses and families for guidance and support. People were checked to make sure they were supported effectively and changes were identified quickly. The registered manager said if they felt the needs were changing or increased, professionals were notified accordingly.

Is the service caring?

Our findings

The service delivered care and support that was caring and person-centred that had a positive effect on people. Most of the people and relatives told us they enjoyed staff's company and the chats they were having, as well as the support provided as part of the visit. People and staff knew each other well and had well established relationships. Staff made sure people were comfortable and relaxed in their own homes and able to share any concerns with staff should they have needed to. People and relatives told us staff knew them well and provided good support. They said, "Lots of talking goes on I hear it from another room, it is nice to hear it", "My [family member] is very comfortable with them [staff]" and "I feel quite confident with the regular staff who come to my [family member]".

People and relatives told us staff respected their privacy, dignity and choices at all times. They told us they were happy with the care they received. People felt they were treated with kindness and compassion in their care. They said, "They respect my [family member's] dignity" and "They give me a wash down and are very respectful".

The staff ensured the privacy and dignity of people was upheld. They were positive and courteous about the people they supported and explained how they supported people in a respectful way. For example, making sure people had their privacy when support was provided to preserve dignity during personal care and asking for permission to do things in people's homes.

People and their relatives said the staff took their time to complete all the tasks and provide support that was needed. Some people felt their care would be rushed at times if the regular staff did not attend the visit to support them. However, most of the time people felt the care was not rushed enabling staff to spend quality time with them. They said, "They are absolutely excellent in all aspects" and "My [family member] had an accident, and I was so worried. But when the carer came, she was so reassuring and put us both at ease". Staff knew people's individual communication skills, abilities and preferences. People's records included information about their personal circumstances and how they wished to be supported.

People were encouraged to be as independent as possible and relatives agreed with it. People felt they mattered and were supported to live an independent life as much as possible. Staff said people were encouraged to be as independent as possible. They understood this was an important aspect of people's lives. People and staff carried out some tasks together but people did a lot for themselves to maintain their independence. Staff were there to help if someone needed assistance.

Any private and confidential information relating to the care and treatment of people was kept in their home in a chosen place. This information was also kept securely in the office. Staff were aware of confidential information sharing.

Is the service responsive?

Our findings

People and relatives were complimentary about the care and support and felt their care during visits was managed well. The service's aim and objectives were to provide people with person centred, high quality support and care. The registered manager and staff worked together to ensure people, and what was important to them, was at the centre of their work. People and relatives were respected, consulted and involved as per the aims and objectives of the service.

People received the care and support they needed at the time specified in the care plan most of the time. People and relatives were informed when the visits were late or changes had to be made regarding staff attending the visit most of the time. Where people and relatives identified some issues, we informed the provider. They took action to ensure people were happy with visit times and communication should the visits be delayed. People and relatives felt the communication between them and the office was good most of the time. When staff visited, people and relatives said staff would make sure they were comfortable and happy before they left.

Staff continually checked and monitored any changes in people's needs to ensure they received the right support, enabling them to make timely referrals to appropriate professionals. People and relatives could share their issues or concerns with staff or call the office. They felt staff were approachable, polite and supportive when they spoke to the office. The care and support provided at each visit was recorded. There was information about people's physical health, emotional wellbeing and how they spent their day.

People and their relatives were involved in the care planning process. People's needs had been assessed and care plans were in place. Relatives were encouraged to support people to plan their care if needed. The provider and staff were responsive to requests and suggestions. Where appropriate relatives felt supported and involved in the lives of their family members. Staff were responsive to people's needs and wishes. Each person had a support plan reflecting their needs and preferences. Support plans included practical information on maintaining the person's health and wellbeing, emotional support, their daily detailed routines and communication needs. Staff used these plans as an important source of information to make sure the support they provided was personalised to each individual. People and relatives said staff knew them well and support was always guided by people. They said, "They will do whatever I ask them and what is needed, and they always ask if there is anything else", "Absolutely excellent" and "My staff know my individual needs...come in and get on with it and we chat whilst they provide my care".

The provider and staff sought feedback about the support and service from people. They asked and checked people during visits and encouraged people to contact the office if people wanted more support or to raise any concerns. People felt staff checked they were alright and comfortable. People's needs were reviewed regularly and as required. Where necessary, health and social care professionals were involved, for example, community nurses were supporting people to look after their health. Staff shared any information about people to ensure the needs were met appropriately.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There

had been five complaints in the last 12 months and these had been investigated thoroughly. People's concerns and complaints were encouraged, investigated and responded to in good time. Staff knew how to respond to any complaints and issues, and report to the senior staff in a timely manner. We also looked at compliments the service had received from people, relatives and professionals. The provider shared positive feedback with staff and informed them that their work was appreciated.

Is the service well-led?

Our findings

The service had a registered manager in place. They had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The queries we raised with the provider from people's and relatives' feedback were taken seriously and acted upon.

The service promoted a positive culture and wanted to ensure staff felt the management was available, approachable and supportive. Some staff though felt this was not always the case and would benefit from help managing the workload. Staff had clearly defined roles and their responsibilities in ensuring the service met the desired outcomes for people. Staff worked together as a team to provide people with the support and care they wanted. They understood their duty of care and their responsibility to alert the senior staff if they identified any concerns in the quality of care provided. Staff said there were opportunities to discuss issues or ask for advice. Staff agreed the service was working hard to ensure people received great care and support in a timely manner as much as possible.

Quality assurance systems were in place to monitor the quality of service being delivered. These included audits of the files, staff spot checks and observations. Additionally senior staff would call people and relatives for feedback about the services provided. We reviewed the records held for these checks. People and the relatives told us the staff were checking if everything was alright. They were happy with the service they had received. The provider took appropriate disciplinary action if they needed to address poor performance. The provider reviewed all reported incidents and accidents related to falls, health and any errors made when providing care. All the information was recorded and actions taken to address any concerns.

The provider sought feedback from people and their relatives to help them monitor the quality of service they provided and pick up any issues or prevent incidents. People's experience of care was monitored through daily visits, care reviews, regular contact with people and their relatives and surveys. The provider had sent out a survey recently but had not completed an action plan after analysis of responses. Thus they could not provide us with any feedback at this point. The survey carried out last year had identified a few themes that people identified as issues. There were lots of positive comments. The provider sent out letters informing people and relatives of the results and action taken. People and relatives were encouraged to always call the office if they needed anything which they confirmed to us, as well. The registered manager supported staff to visit people by providing staff cover in staff absence. It also gave them an opportunity to chat to people and an insight into how people were supported and picked up any issues or concerns.

The provider was aware their current challenges were around recruitment. The provider was looking at various ways to find the right people. Current staff were encouraged to get involved in the recruitment process. They were rewarded if they recommended someone and the person was then employed by the service.

Staff meeting minutes and records showed that the staff team discussed various topics related to the service

and ensured people were supported appropriately. Although the meetings were annual, the registered manager and staff communicated regularly to discuss various matters. The registered manager and staff were interested and motivated to make sure people were well looked after and able to live their lives the way they chose. People and relatives said they could contact the office at any time and that the office staff were always helpful and friendly.

The provider encouraged open and transparent communication in the service. They continuously spoke to staff and asked if there was anything concerning them. The management team worked with people, relatives, staff and other health and social care professionals to ensure best practice was always present in the service. The provider valued how staff worked well together and were using different ways to ensure they felt valued and appreciated. They said, "Our staff love the service users and bring out the best of them. Staff listen to us. If they know there is an issue, they will back it up". People and relatives were happy with the support and care they received. They said, "I cannot fault them in any way", "I cannot think of anything that they could do better" and "I have recommended them to lots of people".