Retons Care and Training Services Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
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
Retons Care and Training Services Ltd is a domiciliary care service that provides care and support to people living in their own houses or flats in the community.
Not everyone using the service receives a regulated activity. CQC only inspects where people received personal care. This is help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection, there were 16 people receiving a regulated activity.

People's experience of using this service and what we found
Risk assessments were in place to prevent or reduce the risk of people being harmed. However, appropriate management plans were not in place specifically with risk related to pressure ulcers

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, information in people' care plans was not clear in relation to people's capacity to make decisions for themselves.

There were systems in place to assess and monitor the quality of the service provided. However, these were not effective and did not identify the concerns found during this inspection.

People's care plans were not person centred and were task focused.

We have made a recommendation about person centred care planning.

People spoke positively about the service. They told us they felt safe and their needs were being met. Assessments were carried out to ensure people's needs could be met.

Medicines were managed safely. Staff followed appropriate infection control practices. Appropriate numbers of suitably skilled staff were available to meet people's needs. Accident and incidents were recorded and acted upon. Any lessons learnt were used as opportunities to improve the quality of service

Staff had the knowledge and experience to support people's needs. They were supported through induction, training and supervision to ensure they performed their roles effectively. People were supported to maintain good health and access healthcare services when needed. People were supported with their nutritional and hydrational needs. People's privacy, dignity and independence was promoted. People told us care workers were kind and caring. There were procedures in place to respond to complaints. The provider had investigated and responded promptly to any concerns received.

Rating at last inspection (and update)
The last rating for this service was Requires Improvement (published 20 July 2018). The provider took action

after the inspection to make improvements. At this inspection, enough improvement had not been sustained and the provider was in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified breaches in relation to safe care and treatment, person centred care and good governance at this inspection.
Please see the action we have told the provider to take at the end of this report

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Retons Care and Training Services 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 Care Act 2014.

Inspection team
This inspection was completed by an inspector and an Expert by Experiences. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Retons Care and Training Services Ltd is a domiciliary care service that provides care and support to people living in their own homes.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection
This inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager would be in. Inspection activity started on 18 July 2019 and ended on 23 July 2019. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures.

Before the inspection
We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse, and accident and incidents. We used the information the

provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with two people who used the service and seven relatives to gain their views about the service. We spoke with four members of staff and the registered manager.

We reviewed a range of records. This included five people's care plans, risk assessments and medicine records. We looked at five staff files in relation to recruitment, training and supervision. We also looked at records relating to the management of the service such as audits and a variety of policies and procedures developed and implemented by the provider.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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.

Assessing risk, safety monitoring and management

At the last inspection on the 7 June 2018, we found risk assessments were not always carried out in relation to falls, there were no 'PRN' protocol (medicines that had been prescribed to be taken 'as required) in place and the Medicine Administration Records (MAR) for 'PRN' medicines had not been completed accurately.

At this inspection not enough improvement had been made. Falls risk assessment were in place, however there were no risk assessments and management plans in place for people at risk of developing pressure ulcers.

• Risk assessments were in place to prevent or reduce the risk of people being harmed which covered areas including moving and handling, medicines, diabetes, falls and environment. However, there were no risk assessments and management plan providing guidance for staff to manage and minimise risks safely, in relation to people at risk of developing pressure ulcers if their skin integrity was not maintained.
•For example, in one person's care plan, it stated '[Person] leg skin is very thin so [person] is prone to have a pressure sore in their heels'. Two people were assessed as at 'medium risk' with their pressure area and skin care. However, there were no risk assessments and management plans in place to show the support people would need to minimise this risk or how staff should support them in a safe way. Another person's care plan showed they used pressure relief aids for support and they needed to be repositioned daily, their risk level had not been assessed and no risk assessment and management plan was in place.
•The registered manager told us they would ensure risk management plans for skin care were in place.
•Relatives told us care workers supported people in a safe way. A relative told us "[Person] has a hoist and a wheelchair and they [care workers] manage those competently." Another relative told us "Yes, they have got to get [person] out of bed and use a frame to walk and they [care workers] are very careful."
•Care workers understood where people required support to reduce the risk of avoidable harm. A care worker told us "When using the hoist, we clear the area and make sure nothing is in the way. There is always two of us to help [person] and make sure they are safe from any harm. We make sure the sling is clean and intact and always inform the person what we are doing."
•Records showed any changes in people's care was reported and acted upon. For example, for one person, redness on their skin was observed by care workers. This was promptly reported to the registered manager and the local authority to ensure they were able to put in place the care and support the person needed for this. This support is now in place and the person's skin integrity is maintained.

Risk assessments and management plans were not in place for pressure area and skin care which meant

people were at risk of receiving unsafe care and treatment. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely
• Medicines were managed safely. Medicines administration records (MARs) showed people received their medicines as prescribed. A person told us "Yes, they [care workers] do support me with my medication and this is fine." A relative told us "They do, and it works well."
• PRN protocols were in place which detailed when people may need these medicines. MAR sheets accurately reflected whether PRN medicines were taken or refused.
•The registered manager completed monthly medicines audits to ensure any discrepancies and/or gaps in recording on people's MARs were identified and followed up on.
• Care workers completed training to administer medicines and their competency was checked. Care workers were aware of their responsibilities when administrating medicines. One care worker told us, "We make sure the medicine charts are signed. There is list of medicines and we cross reference this to make sure we are giving the correct medication. Any issues we report it to the manager."

Systems and processes to safeguard people from the risk of abuse
• People were protected from the risk of abuse. There were safeguarding and whistleblowing policies in place and care workers had completed safeguarding adults training.
• Care workers were aware of the different types of abuse and reporting procedures to follow if they had any concerns of abuse. One care worker told us, "I would report it to my manager and report it immediately. I will contact the local authority and CQC."
• Where there were concerns of abuse, the registered manager had notified relevant healthcare professionals, including the local authority safeguarding team and CQC. Care workers were confident, the registered manager would act upon any concerns of abuse or neglect. A care worker told us "The manager always takes action if we report anything to her. If I report anything or any changes, she will come herself to check what has happened and sort it out."
•People and their relatives told us they felt safe using the service. A person told us, "Yes I am very safe."

Staffing and recruitment
• The majority of people told us their care workers turned up on time and there was consistency with their care workers. A person told us, "My regular one [care worker] is fantastic." Another person told us care workers were "Always on time."
•However, we received some feedback about instances of lateness and timekeeping issues. Relatives told us "Timekeeping is not good at all… worse in the evening than the morning", "This is the big problem, the timekeeping is terrible….they were very late and stayed fifteen minutes" and "This is a big problem, the timing is very erratic and it means that sometimes there is a huge gap between the late visit and the morning one that follows, completely unpredictable, if they are very late, the office phone us."
•We raised the concerns about the timekeeping with the registered manager who was aware of the timekeeping issues and acknowledged that current systems in place were not effective. In response to this, the registered manager had implemented a new electronic monitoring system which would help manage and monitor calls more effectively. The registered manager told us they were also looking into different initiatives to help care workers using public transport to help minimise any disruption they have in attending their calls and improve timekeeping.
• Care workers told us they received details about their shifts on time and they had regular people they supported and cared for which they could get to easily.
•The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before care workers were employed.

Preventing and controlling infection

• Measures were in place for infection prevention and control. The service had an infection control policy in place. Care workers had received training and were aware of safe infection control practices. They told us they had access to gloves, aprons and other protective clothing which was kept securely in the office.

• People using the service and their relatives told us care workers always wore protective clothing when supporting them with personal care.

Learning lessons when things go wrong

•The service had policies and procedures in place for reporting and recording of accidents and incidents.

• The registered manager provided examples of lessons learnt from accidents and incidents and changes implemented to promote good practices. For example, one person recently displayed behaviours that challenged the service. We saw that measures were put in place and staff completed additional training to ensure they had the knowledge and skills to provide safe care and support.

• There was evidence to demonstrate that where accidents and incidents occurred, lessons were learnt to improve the quality of the service and prevent repeat occurrences. The registered manager told us "I always relay any issues to care workers straight away. Any issues and complaint, I take as chance to use as an improvement and make sure we are better next time for people."

Requires Improvement

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

•The service was not working within the principles of the MCA. Care plans contained unclear and contradictory information on people's mental capacity to make specific decisions for themselves. We could not be assured that decisions were being made in people's best interests.
•For example, in one person's care plan, it stated the person was able to comprehend what is being told to them, however then goes onto state, the person suffers from short term memory loss/dementia. In another person's care plan, it stated they had capacity and then goes onto state the person is often confused due to a short term memory problem. Both people had signed a consent form, however it was not clear whether they had capacity to do so and what support they received to enable them to make an informed decision.
•In some instances, relatives had signed on behalf of people and it was not clear why they had done so. For example, in one person's care plan, it stated the person was unable to sign and their relative had signed the consent form. The registered manager told us the person had dementia, however there was no information detailing this was the reason why they were unable to consent for their care. In another person's care plan, it stated the person could communicate their needs clearly and able to comprehend issues. However, a relative had signed the consent form. There was no information detailing why the person could not consent and why their relative had signed on their behalf.
•Care plans contained no assessment of people's level of capacity to make decisions and the best interest process was being followed, in areas where people may lack capacity to make specific decisions about their care.

It was not clear consent had been provided by the relevant persons. This is a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

•We raised this with the registered manager who told us she would ensure the care plans and consent forms were updated to accurately reflect people's capacity and decisions made in their best interest.
•Care workers had received training and understood the principles of the MCA. People and relatives confirmed care workers asked for people's consent before providing care.

Staff support: induction, training, skills and experience
• People and their relatives told us staff had the skills to carry out their roles effectively. A person told us, "Yes, they [care workers] seem very well trained and know what they are doing." Another person told us "Yes, really good at the job."
•Care workers had completed an induction programme based on the Care Certificate and shadowed experienced staff before they provided care and support to people. The Care Certificate is the benchmark that has been set for the induction standard for people working in care.
• Records showed care workers had completed training the provider considered mandatory in areas such as safeguarding, moving and handling, health and safety, medication, fluid and nutrition and first aid. A care worker told us "Yes we get the training. I have really learnt a lot." Another care worker told us "Training is very good and helpful."
•Care workers also received supervision and appraisals and told us they felt supported in their roles. A care worker told us "We discuss things. If we have any issues, you can raise it, work or personal, she [registered manager] makes you feel relaxed and you can talk to her." Another care worker told us "They [registered manager] finds out how you are feeling and if you need any training. It is a great way to catch up on things."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Assessments were carried before people started using the service to ensure their needs could be met. People and relatives were involved in the assessments to enable them to make an informed choice about their care. A relative told us, "[Person] and I were both involved."
• During the assessments, expected outcomes for people's care were identified and were used to develop people's care plans.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to eat, and drink based on their individual preferences. People's care plans contained guidance on how to manage identified areas where they were at potential risk of poor nutrition and dehydration, and/or if they had swallowing difficulties.
• People and relatives spoke positively about the support they received with their food and drink. A person told us, "We provide the food and they [care workers] prepare and serve it and it is all good."
• Care workers were aware of the level of support people required with their food and drink. One care worker told us "When one person didn't take any drinks, I reported it, and this got sorted. We always make sure people finish their meals as much as they can and have something to drink."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Records and feedback from people and relatives demonstrated people were supported to access healthcare services where required. The provider worked in partnership with other services, and health and social care professionals such as social workers, occupational therapists and GPs to deliver effective and timely care. A person told us "Yes, they [care workers] help me to sort out appointments." A relative told us "The carers tell me when someone [healthcare professional] is needed, and I sort it out.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant that 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 spoke positively about the care they received and told us care workers were kind and caring. One person told us, "They [care workers] are brilliant and we have some laughs too." A relative told us "They [care workers] are very respectful and communicate well, lovely people."
•Feedback from people using the service and their relatives indicated positive caring relationships had developed between people and care workers. One person told us, "We have a really good relationship and we talk to each other." A relative told us "[Person] can communicate a bit and enjoys their [care workers'] company."
• People's equality and diversity needs were detailed in their care plans. Care workers had a good understanding of equality and diversity. A care worker told us "Everyone is equal and have equal rights. We are all humans and diverse with different backgrounds and experiences and can't impose anything. We should respect the person as a person and be considerate of our differences and what makes us unique."

Supporting people to express their views and be involved in making decisions about their care
• Records showed people and their relatives were involved in decisions about their care. People and their relatives confirmed this.
• People received information in the form of a 'service user guide' prior to joining the service. This guide detailed the standard of care people could expect and the services provided.

Respecting and promoting people's privacy, dignity and independence
• People told us their privacy and dignity was respected. One person told us this "The carers are so good, they make potentially embarrassing situations absolutely fine." A relative told us "Yes, she [care worker] is mindful of dignity."
• Care workers were able to tell us how they maintained people's privacy and dignity, and ensure they were comfortable when providing people with personal care. A care worker told us "I make sure the blinds are closed. We need to tell them why and what we are doing. We make sure there is constant communication and encouragement such as 'let's get you ready bright and ready for the day' and this helps them to feel comfortable."
• People were supported with their independence and encouraged to do as much as they could for themselves. One person told us "Yes, my carer always encourages me to do a little more and I get to choose what I do." A relative told us "Very respectful and they [care workers] try to get [person] to do little things."
• Care workers understood the importance of promoting people's independence. A care worker told us "I always ask what they want to do, for example, do you want to wash your face and always ask them and

encourage them to do as much as they can, and they are happy with that as you are involving them."

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People and their relatives spoke positively about the service they received which met their needs and preferences. A person told us "Well of course it is personal, they treat me like family." Two relatives told us "They treat [person] as a person with interests and a history" and "Yes, they care for [person] as an individual."
• However, care plans were mainly task focused and lacked detailed guidance on how people should be supported safely. For example, options were circled, rather than detailing guidance on how people were to be supported. In one person's care plan, for washing, it had circled 'flannel wash, bed, fully assist', however did not provide any further details as to what 'fully assist' meant. Another care plan, we reviewed was in another format compared to the previous care plan but also included statements such as 'assist with washing and dressing, toileting' with no further details as to what 'assist' meant and how the person should be supported.
•In some instances, information in people's care plans was not always accurate. For example, in one person' care plan, it stated care workers to apply cream for a person, when we enquired about this with the registered manager, she told us this was incorrect and care workers did not apply the creams. In another person's care plan, the assessment stated the person needed support with their 'oral care, grooming i.e. carers to brush my hair after personal care, and continence – pad change.' However, the care plan only stated, 'personal care and grooming' and 'carers to support in transferring [person] from bed to the commode and commode to chair in the mornings. There was no information in relation to the support the person needed with brushing their hair, oral and continence care.
•Care plans were also difficult to follow due to them being hand written and there was limited space that could be used to complete clear and detailed information on how people were to be supported.

We recommend the provider seeks advice from a reputable source on care planning documentation which would reflect personalised and person centred care.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
• People's care plans contained information which showed how they communicated and how staff should communicate with them.

Improving care quality in response to complaints or concerns
• There were procedures for receiving, handling and responding to comments and complaints.

• Records showed complaints had been investigated and responded to promptly by the registered manager. A person told us "I was concerned about a very late evening visit and I phoned, and I was treated like an adult with honesty and was told that they would be here in 10 minutes and they were."

End of life care and support

• No one at the service currently received end of life care. The registered manager told us, where required they would work with people, family members and other healthcare professionals to ensure people's end of life wishes were met.

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same 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.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.
• The provider completed a number of audits including areas such as care plans and risk assessments. However, these had not identified the issues that we identified at this inspection, regarding the lack of risk assessments in place for skin integrity, unclear information about people's capacity to make decisions and care plans lacking detail on how people be supported safely.

The current auditing systems in place were not robust enough to assess and improve the quality and safety of the services being provided to people. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• The registered manager told us she would implement measures to address the concerns.
• There was a registered manager in post who knew of their responsibility with regard to health and social care and duty of candour. The registered manager had notified the CQC of any significant events at the service.
•People and relatives spoke positively about the service and the way it was managed. A person told us the service was "Excellent." A relative told us "Absolutely everything (they do well), they are fantastic." "Another relative told us "They are wonderful, they always have time to discuss things, and they communicate well." A third relative told us the service was "Really brilliant."
• There was an organisational structure in place and staff understood their individual roles, responsibilities and the contribution they made to the service. Care workers spoke positively about the registered manager. A care worker told us, "She is supportive, any problems, she does listen to you. You can call her, and she will be available for you and will sort it out immediately." Another care worker told us, "Retons is like my family. The manager is very kind, supportive and a very lovely person."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care
• The provider obtained feedback from people and relatives about the service via feedback surveys, telephone questionnaires and review meetings. The registered manager told us they were in progress of sending surveys to people and relatives for this year to receive feedback, so they could improve the service where needed. A relative told us "They communicate well and always have time and nothing is overlooked."
•The service promoted an inclusive and open culture, and management staff recognised care workers

contributions in a positive way. A care worker told us "[The registered manager] is a brilliant person to work with. She takes your needs into consideration. She is interested in your views and listens to what you have to say. The manager is a good person. People really like her, and her employees admire her too. She is great and a people's person."
• The registered manager told us and showed us a staff survey which had recently been conducted to seek care workers views about the service. The registered manager told us she was going to review the results and hope to implement some of the suggestions in the future.
• Staff meetings were held to discuss the management of the service. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. A care worker told us "Anything we feel we can raise it, what's not going well, any suggestions, if you suggest anything, they look it into it. You feel you are part of the company." Another care worker told us "We all talk about what we are doing and any challenges we have. Everyone speaks openly, we advise each other, rub minds together and share ideas and views. You learn from each other."

Working in partnership with others
• The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide effective joined up care.

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 11 HSCA RA Regulations 2014 Need for consent Care plans contained unclear and contradictory information on people's capacity to make specific decisions for themselves. Regulation 11 (1) (3) (4

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk management plans were not in place for identified risks in relation to pressure care. People were at risk of receiving unsafe care and support. Regulation 12 (1) (2) (a)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The current systems in place were not robust enough to assess, monitor and improve the quality and safety of the services being provided to people. Regulation 17 (1) (2) (a)