

Restgarth Domiciliary Care Limited

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Inspection report

Cott Yard Rural Resource Centre
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Date of inspection visit:
22 January 2018
24 January 2018

Date of publication:
20 February 2018

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

We carried out this inspection on 22 and 24 January 2018. The inspection was announced a few days in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. At the last inspection, in November 2015, the service was rated Good. At this inspection we found the service remained Good.

Restgarth Domiciliary Care (DCA) provides personal care to people living in their own homes in the community. It provides a service to older adults in the Liskeard, Looe and surrounding areas of Cornwall. This includes people with physical disabilities and dementia care needs. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals. At the time of our inspection 52 people were receiving a personal care service. These services were funded either privately, through Cornwall Council or NHS funding.

People, and their relatives, told us they were happy with the care they received and believed it was a safe service. People and their relatives commented, "On the whole a good service", "Perfectly happy" and "Very happy with the service I get."

Staff treated people respectfully and asked people how they wanted their care and support to be provided. People told us they received a reliable service and had regular staff who visited them. People had agreed the times of their visits and were kept informed of any changes. No one reported ever having had any missed visits. People told us, "Staff are very good", "Staff are patient and don't rush me" and "I need staff who know me well and I have regular staff who understand my needs."

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. People who needed help taking their medicines were appropriately supported by staff.

The service had robust recruitment practices, which meant staff were suitable to work with vulnerable people. People were supported by stable and consistent staff teams who had received appropriate training specific to meet their needs. Training records showed staff had been provided with all the necessary training which had been refreshed regularly. Staff told us they had "lots of training" and found the training to be beneficial to their role. Staff said they were encouraged to attend training to develop their skills, and their career.

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected. There were sufficient numbers of suitably qualified staff available to meet the needs of people who used the service.

Staff completed a thorough induction programme prior to providing people's care. The Induction of new members of staff was effective and fully complied with the requirements of the Care Certificate. People told us they were introduced to new staff before they supported them in their home. People confirmed they had regular staff to support them and had built up positive relationships with care staff.

Care plans provided staff with direction and guidance about how to meet people's individual needs and wishes. These care plans were regularly reviewed and any changes in people's needs were communicated to staff. Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person.

People's rights were protected by staff who understood the Mental Capacity Act 2005 and how this applied to their role. Nobody we spoke with said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age.

Staff told us they enjoyed their work and were well supported through supervision, appraisals and training. In addition 'spot checks' by management were completed regularly to help ensure each member of staff was providing appropriate standards of care and support. The registered manager spoke highly of the staff team describing them as committed and compassionate in their approach to work. Staff were complimentary about the management team and how they were supported to carry out their work. The management team were also clearly committed to providing a good service for people. Comments from staff included, "If I make any comments they (managers) always listen to me" and "Brilliant, we are really supported."

The management team strived to continually improve the quality of service provided. There were robust processes in place to seek people's views on the service and monitor the quality of the service. Feedback from people through surveys and complaints were used to continuously drive improvement. People told us they were regularly asked for their views about the quality of the service they received. People had details of how to raise a complaint and told us they would be happy to make a complaint if they needed to.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Restgarth Domiciliary Care Limited

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 of Restgarth Domiciliary Care took place on 22 and 24 January 2018. The inspection was announced a few days in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we kept about the service and previous inspection reports. This included notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

During the inspection we went to the provider's office and spoke with the registered manager, rota writer and administrator. We looked at three records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

We visited three people in their own homes and met one relative and two care staff. Following the visit to the provider's office we spoke with two people who used the service, two relatives and three care staff.

Is the service safe?

Our findings

People, and their relatives, told us they were happy with the care they received and believed it was a safe service. People and their relatives commented, "On the whole a good service", "Perfectly happy" and "Very happy with the service I get."

People were protected from the risk of abuse because staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff had received training to help them identify possible signs of abuse and understand what action to take. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures inside and outside of the organisation. If staff had any concerns they were confident the registered manager would take the appropriate action.

There was an equality and diversity policy in place and staff received training in the Equality Act legislation. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

The service ensured there were enough staff to safely meet people's needs by constantly monitoring the care packages being delivered. For example, where people required two staff to support them, the service made sure those staff were working together to deliver the support at the allocated time. Staff were matched to the needs of people using the service and new care packages were only accepted if suitable staff were available. Staff mostly had regular 'runs' of visits in specific geographical areas and when gaps in 'runs' occurred these were identified. This meant the service knew the area and times where new packages could be accepted.

There were suitable arrangements in place to cover any staff absence. The management team regularly covered visits when staff were unable to work and because people knew the members of the management team this meant people still received a consistent service. A staff rota was produced each week to record details of the times people required their visits and which staff were allocated to go to each visit. Staff told us their rotas allowed for realistic travel time, which meant they arrived at people's homes as close to the agreed times as possible. If staff were delayed, because of traffic or needing to stay longer at their previous visit, management would always let people know or find a replacement care worker if necessary.

People had a team of regular, reliable staff, they had agreed the times of their visits and were kept informed of any changes. No one reported ever having had any missed visits. People told us, "I need staff who know me well and I have regular staff who understand my needs" and "I have a list each week telling me the names of staff and the times of the visits."

There were suitable arrangements in place for people and staff to contact the service when the office was closed. The service provided people with information packs containing details of their agreed care and telephone numbers for the service so they could ring at any time should they have a query. People told us telephones were always answered, inside and outside of the hours the office was open.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about environmental risks in the person's home, directions of how to find people's homes and entry instructions. Staff told us information about any potential risks, associated with the environment or the tasks to be undertaken, were given to them before they completed their first visit to people.

Staff were aware of the reporting process for any accidents or incidents that occurred and there was a system in place to record incidents. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident.

People were safely supported with their medicines if required. The arrangements for the prompting and administration of medicines were robust. Care plans clearly stated what medicines were prescribed and the level of support people would need to take them. Medicine administration records (MAR) were kept of when people took their medicines. We saw these were completed appropriately and regularly audited by a manager. All staff had received training in the administration of medicines which was regularly refreshed. The service had a medicines policy which was accessible to staff.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Is the service effective?

Our findings

People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. There was a programme to make sure staff received appropriate training and refresher training was kept up to date.

There was a system in place to support staff working at Restgarth DCA. This included regular support through one-to-one supervision, work based supervision and annual appraisals. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff told us they felt supported by the management. They confirmed they had regular one-to-one meetings and an annual appraisal to discuss their work and training needs.

The induction of new members of staff was effective and fully complied with the requirements of the Care Certificate. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had shadowed other workers before they started to work on their own. People told us they were introduced to new staff before they supported them in their home.

People's needs and choices were assessed prior to, or very shortly after, starting to use the service. This helped ensure people's needs and expectations could be met by Restgarth DCA. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs. Nobody we spoke with said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age.

Care plans recorded the times and duration of people's visits. People and their relatives told us they had agreed to the times of their visits. They also told us staff always stayed the full time of their agreed visits. Care records in people's homes showed that staff stayed for the agreed length of the visit.

Staff supported some people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included healthcare professionals such as GPs, occupational therapists, dentists and district nurses to provide additional support when required. Care records showed staff shared information effectively with professionals and involved them appropriately.

Management and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. We checked whether the service was working within the principles of the MCA.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Staff told us they asked people for their consent before delivering care or support and they respected people's choice to refuse support. People told us they were able to control how their care was provided and that staff always asked for permission before providing care or support. Care records showed that people, or their legal representative, signed to give their consent to the care and support provided.

Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. When decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible.

Is the service caring?

Our findings

Everyone we spoke with told us staff were caring in the way they supported them. Family members told us they were confident their relative received consistent care and support which did not discriminate against them in any way. People and their relatives spoke positively about staff, commenting, "Staff are very good", "Staff are always polite" and "Staff are patient and don't rush me."

When we visited people's homes we observed staff providing kind and considerate support, appropriate to each person's care and support needs. Staff were friendly, patient and discreet when providing care for people. People were treated respectfully and staff asked them how they wanted their care and support to be provided.

People received care, as much as possible, from the same care worker or team of care workers. People and their relatives told us they were very happy with all of the staff and got on well with them. New staff were introduced to people before they started to work with them and because management covered for sickness and absences they knew everyone who used the service. This meant people always received care from staff they had previously met. People told us, "I always have staff who know me well and understand what I need" and "I know all the staff who come to me, including from the office. They are all good."

Staff were motivated and clearly passionate about making a difference to people's lives. Comments from staff included, "I really like the job" and "We all work together well, care staff and the office."

We found staff had a good knowledge and understanding of people, respected their wishes and provided care and support in line with those wishes. One person said, "When I am not well I sometimes cannot speak. Staff just know what I need doing and calmly get on with it. This gives me piece of mind knowing that I will get the care and support I need even when I cannot communicate my needs."

Staff supported some people to achieve their goals and ambitions. For example, one person wanted to lose weight to enable them to use a wheelchair, so they could move around their home and go out to the shops. Staff had helped the person to plan meals and encourage them to eat healthy snacks. The person proudly told us that they had lost five stone and they were waiting to be measured for a wheelchair. They also explained how this had lifted their mood now they had something to look forward to as they had been confined to one room in their home for some time.

People told us staff always checked if they needed any other help before they finished the visit. For people who had limited ability to mobilise around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

Care plans contained detailed information so staff were able to understand people's needs, likes and dislikes. People told us they knew about their care plans and the care coordinator or senior care worker regularly asked them for their views on the service provided. Care plans detailed how people wished to be

addressed and people told us staff spoke to them by their preferred name. For example, some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname.

Is the service responsive?

Our findings

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

People's care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Details of people's daily routines were recorded in relation to each individual visit they received or for a specific activity. This helped staff to identify the information that related to the visit or activity they were completing. Each care plan included details of the person's background, life history, likes and interests as well information about their medical history. This information helped staff to understand how people's background effected who they are today and provided useful tips for staff on topics of conversation the person might enjoy. Care plans also identified if people had specific communication needs and this was shared with other agencies when necessary. For example, where people had memory difficulties or impairments of sight and/or hearing. This was clearly set out in the care plan with guidance for staff about the most appropriate way to communicate with the person.

People told us they were aware of their care plans and a member of the management team reviewed their care plan with them to ensure it was up to date. Staff told us care plans contained the information they needed to provide care and support for people. Any changes in people's needs were updated in their care plans and communicated to staff by phone, text messages or through weekly memos. Staff were encouraged to update the management team as people's needs changed and they told us that management always acted on any information given.

The service was flexible and responded to people's needs. For example, the service provided twice daily visits for one person who liked to go out each day to local shops and cafes. The person had some memory difficulties and would sometimes forget to go home at the time of their visits. This meant the person could be at risk if they had forgotten how to return home and would also not receive the care they needed. There were several occasions where staff asked the office to cover some of their calls so they could go out to look for them. The service also updated the person's family on a daily basis so they could be assured the person was safe while still maintaining their independence.

People also told us the service responded if they needed additional help, such as providing extra visits if they were unwell and needed more support, or responding in an emergency situation. An example of this was where a care worker was worried about a person they regularly visited who was unwell that day. The worker was passing by the person's house and decided to call in, even though it was not at the time of a scheduled visit, just to check if they were alright. The worker found the person on the floor because they had fallen and were unable to summon help. An ambulance was called and another worker was sent by the office to help. The two workers stayed with the person for one and a half hours until the ambulance arrived, to help ensure they were as comfortable as possible. This action meant the person was helped much sooner than if they the worker waited until the next planned visit and staff were redeployed for additional support.

In the service's compliments folder there were several comments about how the service had provided additional help. One relative had commented recently, "Thanks to all [person] carers for her care, especially to [staff names] for their extra visits this week."

The service worked closely with the local authority to provide timely support to people. The registered manager told us that if people's needs could not be met their care packages were not accepted. Staff told us if they found people's visits were too long or too short this information was reported to the office so a reassessment of the person's needs could be undertaken. The registered manager told us there were good relationships in place with local health care professionals and with the local authority

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. The records also included details of any advice provided by professionals and information about any observed changes to people's care and support needs.

There were times when staff supported people at the end of their life. At the time of this inspection the service was not supporting anyone with end of life care. However, staff talked to us about situations where they had cared for people at the end of their life. This included working alongside community nurses to help ensure people experienced a comfortable and pain free death. Staff were clearly passionate about enabling people to remain comfortable in their familiar, homely surroundings and with their families.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. People told us they were able to tell the service if they did not want a particular care worker. Management respected these requests and arranged permanent replacements without the person feeling uncomfortable about making the request. The people we spoke with did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint. Relatives also felt their concerns would be taken seriously.

Is the service well-led?

Our findings

There was a registered manager in post who had the overall responsibility for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager was supported, in the running of the service, by a management team that consisted of a rota writer, two administrators, two team leaders and a compliance quality assessor. Within the management team there was a strong emphasis on valuing staff and providing good working conditions. Each staff member had a contract for a set numbers of hours per week. The contracts covered all the hours staff were actually working, which meant staff were paid for their travel time and to attend/complete training.

The registered manager spoke highly of the staff team describing them as committed and compassionate in their approach to work. There was a positive culture within the staff team and staff spoke passionately about their work. Staff were complimentary about the management team and how they were supported to carry out their work. The management team were also clearly committed to providing a good service for people. Comments from staff included, "It all runs really smoothly" and "Brilliant, we are really supported."

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place. Staff were required to read this as part of the induction process. Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act. One worker told us how management had happily accommodated a request to change their working hours when they returned from maternity leave.

The registered manager advised us that the recruitment of new staff had not been as successful as they would have ideally wanted. This had meant the size of the service had remained static, with new packages only being taken on to replace packages as they ceased. The registered manager recognised the benefits of a smaller service was that management team knew all the people using the service. The registered manager told us they tried to match staff skills to people's needs and provide a consistent and reliable service. People told us they felt their staff had been matched to meet their needs and were complimentary about the service's recruitment practices. They also commented that when they had replacement staff they were of the same high standard.

There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with management, regular staff meetings, supervisions and when working with members of the management team. Staff said that management listened to their feedback and acted upon

it. One member of staff said, "If I make any comments they (managers) always listen to me."

The management team strived to continually improve the quality of service provided. There were robust processes in place to seek people's views on the service and monitor the quality of the service. Feedback from people through surveys and complaints were used to continuously drive improvement. For example, the results from the most recent surveys showed that some people reported that the timings of their visits were inconsistent. The registered manager identified that this related to one particular care worker. Additional training and monitoring was put in place to support the worker to manage their work better.

People and their families told us someone from the office rang and visited them regularly to ask about their views of the service and review the care and support provided. The management team regularly worked alongside staff to monitor their practice. They also carried out unannounced spot checks of staff working to review the quality of the service provided. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed.

People's care records were kept securely and confidentially, in line with the legal requirements. We asked for a variety of records and documents during our inspection. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.