Mr Robert Malcolm Burt

RmB Healthcare (Unit 1035)

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

Overall summary

This inspection took place on 16 April 2015 and was announced. RmB Healthcare (unit 1035) is a domiciliary care service and at the time of the inspection was providing personal care for three people living in their own homes.

At the time of the inspection the provider managed the service. The provider is a person who has registered with the Care Quality Commission to run a service and is a 'registered person'. 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.

At the last inspection on16 June 2014 we told the provider, by means of a warning notice, to keep accurate records of care provided each person, keep accurate records for staff and ensure all records could be promptly

Summary of findings

located. These actions had been completed. People's individual care records were up-to-date and accurate. Records for staff employed by the service were available and contained any necessary information.

At the last inspection on 16 June 2014 we told the provider that he must undertake appropriate training. This action had been completed. The provider had enrolled on a leadership and management course at the local college.

The quality of the service was monitored by the provider, informally, on a daily basis as he delivered care. People confirmed they were always asked if they were happy with the service.

At the last inspection on 16 June 2014 we told the provider to ensure there were enough staff available at all times, particularly in an emergency situation. This action had been completed. The service had two staff who worked on a permanent basis and one staff member who covered shifts as necessary. People were very happy with the care staff and the continuity of care they were offered.

People told us they felt safe with care staff and, ''trusted them completely''. Staff were trained in and understood how to protect people in their care.

At the last inspection on 16 June 2014 we told the provider to ensure staff received appropriate support to carry out their work. This action had been completed.

Staff received comprehensive induction training and their work was reviewed on a regular basis. The provider enlisted the help of an external trainer to assist with the induction, supervision and training of staff. Staff told us they felt supported by the provider.

The provider understood the Mental Capacity Act (2005) but the service supported people who managed their own care and did not lack capacity. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. Staff and people understood consent issues and people told us they made all their own decisions.

People told us they were very happy with the care they received and used words such as, ''marvellous'' and ''excellent'' to describe the service. Staff were called, ''considerate'', ''kind'' and ''caring''. People told us they particularly liked the consistency of care given by the service.

People told us that the service was very flexible and met their needs in the way they wanted. They said visits were always on time and the service never let them down. People told us they knew how to make complaints and would be comfortable to talk to the provider if they had any concerns They were confident he would take the appropriate action.

Summary of findings

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.

Staff knew how to protect people from abuse or harm. People and their relatives felt they were safe when using the service.

Any health and safety or individual risks were identified and action was taken to keep people as safe as possible. Risk management plans were not always detailed but staff knew people really well and knew how to care for them safely.

There were enough staff to offer safe care to people.

Good

Is the service effective?
The service was effective.

Staff understood consent and did not undertake any care without people's permission. .

People's needs were met by properly trained staff who knew them very well.

Staff were supported and supervised by the provider and an external trainer to make sure they were providing appropriate care.

Good

Is the service caring?
The service was caring. People told us they were treated with kindness and respect.

People told us that the care staff were like friends.

People made all the decisions and choices about their care.

Good

Is the service responsive?
The service was responsive.

People had their needs assessed and planned their care with the provider.

People were offered individual care which suited them and their needs.

People knew how to make complaints and were comfortable to discuss any concerns with the provider.

Good

Is the service well-led?
The service was well-led.

The service was very small and managed by the provider. The team of three staff (including the provider) worked well together.

There was an open culture in the service. People and staff found the provider approachable. He regularly asked them their views of the service.

Good

RmB Healthcare (Unit 1035)

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 16 April 2015 and was announced. The provider was given notice because the location provides a domiciliary care service with three staff (including the provider). We needed to be sure that the provider would be available in the office to assist with the inspection.

The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service which included any notifications they had sent us. A notification is information about important events which the service is required to tell us about by law. We also spoke with a local authority representative who confirmed they had reviewed a client who was receiving care. They raised no concerns with us.

On the day of the inspection we spoke with the provider. Following the inspection we spoke with two staff, two people who use the service and one relative of a person who uses the service. We looked at records relating to the management of the service including three people's care plans, policies, one staff recruitment file and training records.

Good

Is the service safe?

Our findings

At our inspection of 16 June 2014 the provider was not meeting the requirements of Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 staffing. The registered person had not ensured there were staff available at all times. The provider sent us an action plan on 28 August 2014 describing how they were going to make improvements to meet the requirements. At this inspection the provider had met the requirements of the regulation.

People told us they almost always received care from the same two carers. They knew the carer who 'covered' when the usual carers were away or ill. People told us they liked the consistency of care, one person said, ''it's lovely to have the same people coming to help you''. The service had two staff including the provider who worked on a permanent basis and one staff member who covered in event of illness, holidays and emergencies. The cover member of staff knew the people well and described how they could take over care and organise the service in event of an emergency arising. They gave examples of sudden illness or injury to care staff or the provider. The provider told us he was not increasing the numbers of people the service supported unless he increased staffing levels.

People were supported by staff who had been recruited safely. There was a robust recruitment procedure which included the taking up of references, criminal records checks and checks on people's identity prior to appointment. The application form for the most recently recruited staff member was fully completed and there were no gaps in work histories.

People told us they felt safe using the service, one person said, "of course I'm safe, I never feel safer than when [name of carer] is here". Another said, ''I feel totally safe with the carers, I really trust them''. Staff knew how to protect people in their care. Training records showed that the three staff had received safeguarding training. Staff confirmed that they had received training relating to safeguarding. They were able to tell us the action they would take in response to witnessing or being made aware of abuse. The service had a robust whistleblowing policy in place.

People's care plans included the identification of risks for the individual. The risk management plan was incorporated into specific care plans relating to the area of care that may present a risk. These were not always detailed but the three staff who provided care had 'in-depth' knowledge about the needs of people. People's homes were risk assessed for any environmental risks.

The provider had a medication policy but did not, currently, administer medicines to people. Some people were 'prompted' to take their medicines and how this was done was clearly recorded in care plans.

The provider had a system to monitor accidents and incidents and staff were aware of the reporting processes they needed to follow if either occurred. No incidents or accidents had been reported since the last inspection.

Good

Is the service effective?

Our findings

At our inspection of 16 June 2014 the provider was not meeting the requirements of Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 supporting workers. The registered person had not ensured staff received appropriate training, supervision and appraisal. The provider sent us an action plan on 28 August 2014 describing how they were going to make improvements to meet the requirements. At this inspection the provider had met the requirements of the regulation.

People had their needs met by staff who had the knowledge and skills required. One person said, "they always seem to know what they're doing". Staff received induction training when they began work. Staff were assisted to work through a comprehensive induction check list by an appropriately qualified external trainer and the provider. New members of staff completed a number of shadow shifts before visiting people on their own. A staff member told us that they had 'shadowed' the provider and he had 'shadowed' them for a period of eight weeks. They said they felt confident and competent to work on their own after this and completing e-learning and induction training.

Staff had regular one to one meetings with the provider. These generally consisted of the provider observing the care staff were giving people and telephone meetings. Performance reviews were completed as necessary and at least annually. The written record of the reviews noted the training and development needs of the staff member. One staff member had been enrolled on a training course as identified in the review process.

The provider had a good knowledge of the Mental Capacity Act (2005) but told us that they did not provide care for people who lacked capacity. The people supported by the service received care via the direct payments scheme. They decided where to purchase care from and what form it should take. Staff understood consent and told us that people make their own decisions and choices on a daily basis. People told us that the carers always do what they are asked to do and they make all their own decisions.

Staff were available to support people to healthcare appointments when necessary but people generally managed these alone. People told us they were confident that staff would make the correct decisions if there was a medical emergency or they were unwell. One person gave an example of feeling unwell and staff making an extra visit to check they were alright. People told us that staff contacted their GPs or other health professionals if they asked them to.

Good

Is the service caring?

Our findings

People told us they were very happy with the care they received. One person said, "they're very good, excellent, good and helpful". Another person told us staff were respectful and always treated them with kindness. A relative told us that the care staff treated the whole family with respect. They described it as a, ''super service''. One person said, ''it's a marvellous service, it's absolutely wonderful, I wouldn't want care from anyone else. I have an excellent relationship with Rob (the provider)''. A relative told us the care staff were, ''more like friends than paid carers''.

People told us they had consistent members of staff who visited them. They said they had the same two staff and occasionally another staff member who they knew from their previously working in the service. One person said, ''we love the consistency of staff because they know us and we know them so well''.

People told us the staff showed them respect and their privacy and dignity was protected at all times. One person said, ''they are always mindful of my privacy and dignity''. Staff described how they maintained people's privacy and dignity, especially for those people who lived with other family members. For example, ensuring curtains were pulled and doors were shut.

People told us that if their needs changed and more time was needed to support them they would discuss this with the provider. This was then discussed with the appropriate health and social care professionals. People told us they had regular contact with the provider as he provided 'hands on' care on a daily basis. They said they made all the decisions about their care.

The service provided a service user guide and contract to people. This enabled them to understand what the service would and could offer them. The people who used the service signed the contract along with the provider.

Good

Is the service responsive?

Our findings

People told us that the service was very flexible and responded to their requests and needs as quickly as they were able. One person gave an example of the service changing the time of visit to enable them to attend an appointment. One person said, ‘‘Rob (the provider) makes sure things are done to suit you not to suit him’’. A staff member described how flexible the service was and how they responded to the person’s needs on their visits.

People’s care needs were fully assessed before the service began providing support. This included their personal history and details of their religious and cultural needs, if any. People told us they had been involved in the initial assessments and their care plans were reviewed as necessary. The care plans were developed from the assessment. They were individualised and fully described what people wanted and needed from the service. Daily notes, called communication sheets, were of good quality and up-to-date. The provider had initiated a system to return the communication sheets to the office base every month.

Care staff were aware of the importance of their visits to people. People told us, ‘‘they are more like friends than paid carers, they make us feel we are important to them’’. People told us they always received their visits on time or at the time requested by them. One person said they could not remember a time when staff had been late and they had never, ‘’not turned up’’.

People told us they knew how to make a complaint and would do so, if necessary. One person said, ‘I have absolutely no concerns about the service, but would talk to Rob if I did. I know he would take action at once’’. A relative told us that they would be, ‘‘very comfortable to talk to Rob if they had any complaints, but they didn’t’’. The provider had a complaints policy which was available to people in the care folders kept in people’s homes and in the office. People told us that the provider always asked if they were happy and if they had any concerns. They said he especially checked on the care new staff were giving and listened to any of their comments.

The service had not recorded any complaints since the last inspection. They had received two written compliments from people’s families and two recommendations of good care on a local care website where people were invited to rate the care services gave.

Good

Is the service well-led?

Our findings

At our inspection of 16 June 2014 the provider was not meeting the requirements of Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records. The registered person had not ensured that accurate records of care provided were kept for each person. The registered person had also failed to keep accurate records for staff and failed to ensure records could be promptly located. A warning notice was issued on 30 June 2014 because of a repeated breach of this regulation. The provider sent us an action plan on 28 August 2014 describing how they were going to make improvements to meet the requirements. At this inspection the provider had met the requirements of the regulation.

People's records were accurate. Care plans noted the time that care staff were to visit them. Staff rotas and daily visit notes for January showed that people had been visited at the specified times unless they had requested a change in the visiting times. If a visit was at a different time, longer or shorter than noted in the care plan this was explained in the daily records. If the change was long term the care plan was appropriately amended. Records for people employed by the service were available and contained the necessary information to show the recruitment process, induction, training undertaken and reviews of staff performance.

At our inspection of 16 June 2014 the provider was not meeting the requirements of Regulation 7 HSCA 2008 (Regulated Activities) Regulations 2010 Registered person: training. The registered person had not undertaken appropriate training. The provider sent us an action plan on 28 August 2014 describing how they were going to make improvements to meet the requirements. At this inspection the provider had met the requirements of the regulation. The provider/manager had enrolled on the level 5 Diploma in leadership and management of care services at the local college. He was currently working on three of the units included in this course.

Staff told us that they were able to speak openly with the provider and he would listen to them. They worked alongside him and said they felt very much part of the team. The provider told us that he met with staff at performance supervisions (when he observed staff's practical work) and he kept in close contact via E-mail. Staff understood the aims of the service which were detailed on the Statement of Purpose. Staff adhered to the objectives noted on the statement of purpose such as, ''promoting a dignified, respectful approach to our clients and stakeholders'' and ''providing a caring and professional person centred approach to our service users care and their needs''. People told us they were always treated with respect, their dignity was maintained and their needs were always met. Staff were able to describe how they met these objectives.

The quality of the service was monitored by the provider speaking to people regularly when he was delivering care. People confirmed they were asked if they were happy with the service and if they would like to change anything. The service had a quality monitoring policy which listed the monitoring systems to be used. However, because of the small size of the service and the provider's daily contact with people they were not currently in use.