

The Regal Swan Care 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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 06 and 07 February 2018 and was announced. We gave the registered manager notice of our intention to undertake an inspection. This was because The Regal Swan provides personal care for people who live in their own homes and we needed to be sure that someone would be available at the office.

This was the first inspection of this service since it was registered in October 2016.

The Regal Swan is a domiciliary care agency. They provide personal care to people living in their own houses and flats in the community. They provide a service to older adults and people who have dementia. At the time of our inspection four people received personal care in their own homes.

Not everyone using The Regal Swan may receive the regulated activity, personal care. CQC only inspects the service which provides 'personal care' to people, such as, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in place at the time of our inspection. The registered manager was also the provider 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 2008 and associated Regulations about how the service is run.

People told us they felt safe with the care they received from the staff who supported them. Staff demonstrated good knowledge in how they were to protect people from harm, they recognised the signs of abuse and knew how to report this. The registered manager had identified potential risks to people and had put plans in place to support staff in how to manage this risk. There were enough staff to support people's care needs, however, the registered manager had put people at potential risk of unsafe staffing numbers. This was because the registered manager did not have a contingency plan should they or their care staff member become unavailable to support people. People were supported with their medicines in a safe way, however the recording of people's medicines put them at potential risk of harm. Staff understood the importance of reducing the risk of infection to keep people safe.

Staff received support and some training from the registered manager. However staff were not supported to receive more formalised training and the registered manager did not keep themselves up to date with best practice. We found where people required support to prepare meals staff supported them with this. Staff worked with external healthcare professionals and followed their guidance and advice about how to support the person.

People's views and decisions they had made about their care respected by staff who supported them. People and relatives felt the staff team were kind and friendly and treated them with respect.

People received personalised care which met their needs in a timely way. People told us they were happy with the service and had no complaints. The registered manager confirmed that no complaints had been received. However we found that the registered manager had not ensured people had access to information about how they could complain about the service.

We found that some of the systems and processes in place were not established to ensure the service was consistently well-led. With only the registered manager and one care staff member, the registered manager had put people at potential risk of missed or unorganised care calls should they become unavailable as no contingency plan was in place. We found the registered manager did not have formalised systems for ensuring staff were knowledgeable of fundamental information, or keeping up to date with best practice.

People told us they had the opportunity to raise their suggestions and ideas about how the service was run. People felt they could ring the registered manager when they wanted to and they would listen to them. Staff said they felt supported by the registered manager to carry out their roles and responsibilities effectively, through regular meetings and daily contact. Staff felt involved in the service and said they felt able to share their ideas in the way in which the service was run. People, relatives and staff felt the registered manager was approachable and listened to them. We found checks the registered manager completed on the service focused upon the experiences of people.

You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe.

People were cared for by staff who had the knowledge to protect people from the risk of harm. People were placed at potential risk of late, missed or unorganised care calls as the registered manager did not have a contingency plan in place should they become unavailable to provide care or manage the service. People medicine records were not recorded in line with best practice to minimise medication error.

Requires Improvement ●

Is the service effective?

The service was not always effective

People were not supported by staff who had formalised training. There were no systems in place to ensure staff kept up to date with their knowledge and skills. Where necessary people received support from staff to maintain their food and drink in take. People's health care needs were met where needed.

Requires Improvement ●

Is the service caring?

The service was caring.

Peoples were involved in their care and made decisions about they were supported. People were supported by staff who were kind and caring towards them and their family members. People's privacy and dignity were maintained throughout.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

People had not been given adequate information about the complaints policy and procedure. People received care that met their individual needs and were confident in the service they received.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

People were included in the way the service was run and were listened to. Staff were supported by clear and visible leadership so people received quality care to a good standard. However, there were not established arrangements in place to ensure it was consistently well-led.

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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 06 and 07 February 2018 and was announced. The registered manager was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

We gave the registered manager notice of the inspection visit because we needed to be sure that they would be in. Inspection activity started on 06 February 2018 and ended on 09 February 2018. It included speaking with people and staff over the telephone. We visited the office location on 06 and 07 February to see the registered manager in the office to review care records and policies and procedures. The inspection team consisted of one inspector.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority to understand if they had any relevant information to share with us.

We spoke two people who used the service and one relative. We also spoke with one care staff and the registered manager. We looked at aspects of four people's care records and medication records. We also looked at staffing rotas, the registered manager's complaints procedure, one staffs recruitment record and checks of records completed by the registered manager.

Is the service safe?

Our findings

People and a relative we spoke with confirmed that staff always arrived when they expected them to. As this was a small service, people received consistent support from the care staff. People told us care staff knew their care needs well. The care staff member we spoke with told us they had enough time to spend with people, and did not feel rushed. The registered manager knew each person's care and support needs to ensure staff had sufficient time to meet people's needs. We saw how staff rotas had been organised to ensure staff had enough time to get to each person and that staff spent the allocated time with each person.

The care staff member we spoke with told us they could contact the registered manager at any time who was always available for guidance should an emergency arise. They told us what they would do in a medical emergency to ensure people were safe. This included calling the emergency service and reporting issues about people's welfare to the registered manager, people's family members or the person's doctor. However, the registered manager is the sole provider, who is always on call, along with providing 45 hours of care to people and manages the service. The registered manager only had one care staff member working for them. While the registered manager had demonstrated they only supported people who required only one staff member; they did not have any form of contingency plan in place should they be unable to attend the calls or manage the service. This put people at risk of being left without someone to organise their care and provide guidance to staff.

The registered manager told us they were not supporting any further people until more staff had been recruited. The registered manager told us they were holding care staff interviews in the coming weeks to recruit a large staff team so they could expand their service and ensure there were enough staff available to cover unplanned sickness and annual leave.

One person we spoke with required support with their medicines. They told us that staff gave them at the right time and supported them to do this. Staff assisted some people with prescribed creams and people told us this was done in the right way. The staff member told us they had been supervised by the registered manager for the administration of medicine and they had only done this alone when they and the registered manager felt they were ready. The staff member had a good understanding about the medicines they gave people and the possible side effects.

We found the recording of medicine administration was not done through best practice, which put people at a potential risk of harm. For example, the registered manager had hand written people's prescriptions and dosage; the registered manager could not demonstrate that these medicines and dosage amounts were in-line with the doctor's prescription. We found that where one person had received a one off medicine that was given only when the person required it, there was no written record of this medicine on the medicine chart or a protocol to explain to staff when it should be administered. We raised this with the registered manager at the time of our inspection. They advised they would liaise with the pharmacy so that people's medicine description and dosage were sent with the person's medicines.

People we spoke told us they felt safe with the staff who supported them. A relative we spoke with did not express any concern of any discrimination against their family member. The staff member and the registered manager demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns. The care staff member felt confident the registered manager would take action if they did raise any concerns and knew what external agencies they could contact themselves. The registered manager had worked with external agencies to ensure people were being kept safe from harm when concerns had been identified.

Staff supported people in a way which kept them safe and maintained their independence. One person told us they spoke with the registered manager first about the support they would need to help keep them safe before any care took place. They told us how staff had supported them to feel safe and told us, "I would not have been able to manage without them, they keep me safe". A relative we spoke with told us the staff who supported their family member knew the person's needs well and were satisfied the person was kept safe while in their care.

We looked at how the registered manager had assessed the potential risks to people. We could see that aspects of people's safety had been considered, such as environment, the person's mobility, the equipment they would need and how staff were to support the person to remain safe. This had been clearly communicated with the care staff member.

The staff member we spoke with understood people's care needs and what potential risks each person may have and how to minimise these risks. They told us they had been supported by the registered manager to learn about each person's care needs and how to protect them from harm. The staff member understood their role in identifying new potential risks and how these needed to be communicated to the registered manager to ensure they continued to deliver safe care.

People and the relative we spoke with told us staff used gloves, aprons and washed their hands when required. People did not raise any concerns to us about the way staff ensured they protected them from risk of infection. The staff member we spoke with told us they were completing the courses for food hygiene and infection control, they confirmed they had access to equipment that protected them and people they supported. The registered manager told us they carried out supervisions of their staff member to ensure they were following best practice in regards to preventing infections.

The registered manager showed us the process for monitoring accidents and incidents; however people had not experienced any accidents or incidents since they had received support from the service. The registered manager told us if a person was to have a fall or injury when they were alone, their risks would be reviewed and appropriate action taken to reduce this.

We looked at one staff's recruitment records and saw checks were completed by the registered manager to ensure they were suitable to deliver care and support before they started work.

Is the service effective?

Our findings

People we spoke with told us they felt the staff who supported them had the training and skills required to understand and meet their needs. One person said, "Of course, the [staff] are very good at what they do." Another person told us how they had been supported with the right care and support.

The staff member we spoke with told us they had worked closely with the registered manager when they first started working. They told us that the registered manager observed and advised them of their practice, until they both felt confident they could work alone. However, while the staff member felt they had the skills to support people in the right way they had not done any formalised training before they began working for the registered manager and had not completed formalised training when they began working at the service. They told us they had not done their Care Certificate but were beginning this soon. The Care Certificate sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment.

We spoke with the registered manager who advised they checked the staff members practice through supervisions and spot checks to ensure they continued to follow best practice. However the registered manager had not ensured they continued their own training to ensure they kept up to date with best practice. The registered manager had not fully understood their responsibility to provide new staff with formalised training, nor had plans for continued training support.

All of the above information demonstrates there was a breach in regulation which was Regulation 18 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Staffing.

Where people needed support with preparing food and drink, they told us staff always supported them in a way that they wanted. One person told us how staff always made sure they had enough food to eat and were given food they enjoyed. A further person told us, "They always pop the kettle on for me". Staff knew how to support people who had specific dietary needs or were at risk of losing weight. For example, staff said that if people were at risk of poor nutrition, the GP and dietician could be involved. Staff said they would monitor and record people's food and fluid intake, if this was part of their care plan. This ensured people were supported where needed with maintaining their food and fluid intake.

People told us that if they were not well staff would contact the doctor for them. Staff told us that most people could contact the doctor for themselves, but if someone was not well, they would call the GP with the person's permission, or report to the office so that the office staff could call the GP and inform family members.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People we spoke with told us staff always asked for consent before they provided any aspect of their care and support and told us they felt involved in the decision making process. The registered manager told us they were supporting a person who had been reluctant for care and support from the beginning of their care package. The registered manager assured us they would not provide personal care to the person if they did not want it, and would spend time chatting with them so they could build a trusting relationship with the staff. A staff member we spoke with told us they would spend their time talking with the person and assisting them with meal preparation. They confirmed they always asked the person about what support they wanted and would not provide personal care when the person refused. The staff member told us that if they had any concerns about people's ability to give consent to receiving care they would report it to the registered manager, so that the person's needs could be re-assessed.

Is the service caring?

Our findings

Individual staff were kind and caring towards the people they supported, however we found the service had not always been managed in a way which promoted people's welfare. We had found that people had been placed at potential risk of not receiving the care and treatment as planned as the registered manager had not ensured they had sufficient staff. This was because there was no formalised contingency plan that was shared with staff to ensure there were always enough staff on duty to meet people's needs. We found that staff had not been fully supported with developing their skills and knowledge as they had not been received formalised training to ensure staff followed best practice and kept the skills and knowledge up to date. The registered manager had not identified these issues through their own checks and did not have any of their own structured plans in place to improve and review the quality of the service. This meant the registered manager could not demonstrate the service would be able to consistently meet people's needs with staff they had known and trusted.

People and relatives we spoke with told us staff were kind and caring. One person said, "They [staff] are very good. I would be lost without them". A relative told us how staff took their time to support their family member, and maintained the person's wishes, they told us, "I am very satisfied, they [staff] are very good". All the people and relatives we spoke with felt staff not only supported with their care and support needs, but also understood the emotional needs and offered comfort and reassurance. People felt the care they received was of a good standard and felt the staff were very caring.

People and their relatives we spoke with told us they were involved in agreeing their care and support needs. People told us that staff did what they wanted them to do. Two people told us how the registered manager had involved them from the beginning and had supported them with their care the way they wanted this. While we found that the registered manager had been supporting one person who had refused care, the registered manager told us and we could see from care records that they had offered support to the person at the person's pace. The registered manager told us that to begin with they helped them with watering their plants and spent time talking with the person, before they begun offering more care and support needs.

Staff spoke about people with compassion and felt they understood people well because they had time to get to know them. Staff told us caring for the same people on a regular basis meant they got to know people and their families well. The staff member we spoke with told us how they chatted about the local community and different services they could access as they knew the area well, and felt this helped the person be at ease when receiving personal care.

People felt staff maintained their independence as much as possible. One person said about staff, "They are keeping me as independent as I can. It means I can stay in my own home". They continued to say, "I have a shower every morning. I get everything ready for them. We have a system". Relatives we spoke with felt they had the right balance of support from staff, and staff recognised what the family needed support with. Staff spoke about people as individuals and told us about how they promoted people's independence. One staff member said, "People like things done their way, and that's what helps keep them independent".

People told us they were treated with dignity and respect. One person felt staff were kind to them and said, "They treat me very well. I do not feel rushed". While a further person told us about their care needs and felt staff supported them in the right way which protected their dignity. The relative we spoke with told us their family member was treated with dignity by staff and the person's privacy was maintained. Staff shared with us examples of how they maintained people's dignity and privacy for example, by always involving them in their care, closing doors and curtains, asking family members to leave the room whilst providing personal care and making sure people are kept covered up.

Is the service responsive?

Our findings

All the people we spoke with told us they would raise a complaint with the registered manager if they needed to and felt confident the registered manager would resolve this. One person told us, "I don't need to complain, but would speak with the [registered] manager if I need to." A relative confirmed they had no complaints of the service. There were no complaints on record when we inspected the service and the registered manager told us that they had not received any written or verbal complaints to date.

There was a complaints policy in place, however the procedure of how complaints would be handled was not clear; time scales for responding to and investigating people's complaints and concerns had not been given. The registered manager also told us that the complaints policy and procedure had not been shared with people who used the service. We also saw that the complaints policy and procedure had not been developed into an accessible format should people who used the service require this. This meant that while the people we spoke with felt confident the registered manager would manage their concern, clear and informative information was not always given to people. The registered manager told us they would review their complaints policy and procedure and ensure all people and staff who used the service would have a copy of this.

People told us they had been involved in their care from the beginning. People said they thought the service was flexible and would do their best to accommodate their needs. One person told us that if they had an appointment, staff would ensure they arrived at a suitable time so they were ready in time for their appointment. Relatives told us their family member and where appropriate, themselves, were involved in the development and review of their care from the start. People and the relative we spoke with confirmed the registered manager had discussed how their care should be provided. People told us communication with the registered manager was good following this to ensure people received care that was appropriate to their needs. Records looked at showed that people had been involved in assessing and agreeing their needs and how they wanted to be cared for. This showed that people were involved in deciding their care needs, so the care provided suited their individual needs.

The staff member we spoke with told us they were kept up to date with people's changing needs and told us the communication with them and the registered manager was good. They told us as they supported the same people daily they were aware of how people were and recognised if their health had deteriorated. The registered manager told us that where a person they supported also had support from the district nurse they worked with them to ensure they were supporting the person in the right way. We saw from people's care records that the registered manager regularly reviewed people's care plans and updated staff if there were any changes to the people's care.

Is the service well-led?

Our findings

People using the service and their relatives were confident that the service they received was of a good standard. People said they would have no hesitation in recommending the service. The registered manager had some systems in place for ensuring people were receiving a good service. For example, talking with people to see if they were happy with the support offered or whether any changes were required. They also completed spot checks of their staff member to ensure they were providing the care and support in the planned way.

However, we found the registered manager did not have checks and reviews in place to ensure they were providing a good service in all areas. Shortfalls in some areas had not been identified by the registered manager that needed to be addressed to ensure the service was consistently well managed. For example, the registered manager had put people at potential risk of missed, late or unorganised care calls, as there was no contingency plan should they or their only staff member become unable to work. We also found there were shortfalls in people's medication procedure to ensure this was being done in a safe way. Furthermore we found the registered manager had not put their own systems in place to ensure their staff members received formalised training, or identified areas where staff may need further development. The registered manager had not kept their training up to date to ensure they kept up to date with best practice and refreshed their knowledge. This showed that the registered manager did not have systems in place to identify, change and review the way the service was run.

The registered manager had recognised that while they enjoyed caring and supporting people, they also required more time in their management role. They explained that they were recruiting more staff and would ensure all new staff received the training required for their role. The registered manager told us they had not completed further training to keep up to date with good practice and their regulatory responsibility since they began running the service. They told us this had begun to change and had attended some training following a visit from the local authority. This shows that the registered manager was not fully aware of their responsibilities in ensuring they received enough training and support to keep up to date with best practice.

People and their relatives we spoke with felt enabled to make decisions in how the service was run. One person told us how the registered manager had made regular checks with them to understand if they were happy with the service provision. People and the relative that we spoke with felt they received a good quality service. People spoke highly of the registered manager and said she was respectful and open. We saw the registered manager completed spot checks of their staff and followed this up with the people who received care as to whether they were happy. We saw from records people's responses and found this to be positive. People we spoke with told us they felt included and that the registered manager listened and responded to them.

The care staff member told us the registered manager was very supportive and they could raise issues with them and were confident they would be dealt with. They told us the registered manager knew people's needs very well, and felt this knowledge helped when there were changes with people's care. The staff

member told us the registered manager was very approachable and supportive and met with them regularly to discuss what support they may require. The registered manager showed us how they regularly met with the care staff member to identify any potential learning needs. They told us they felt listened too and were asked their opinions about the way the service was run and told us they were happy with the way the service was run.

We spoke with the registered manager about the checks they made to ensure the service was delivering high quality care. The registered manager told us communication with people, their relatives and staff was key to ensuring the service was delivering good quality care. They also visited people so they would ask if they were happy with their support. They said this gave them an opportunity to see how their staff interacted and supported people.

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 18 HSCA RA Regulations 2014 Staffing Staff did not always receive appropriate support, training and professional development to ensure they carried out their duties in the right way. There were no formalised plans to ensure staff adhered to best practice and refreshed their knowledge.